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: 3769

FolderID:

Folder Title:
March Chron Files 1994 [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	2	3

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Respond to Your Concerns (1 page)	03/01/1994	b(6)
002. letter	To: Kristine Gebbie et al; re: Need for Intervention (1 page)	01/08/1994	b(6)
003. letter	From: Kristine Gebbie; re: Apologize for Delay (1 page)	03/01/1994	b(6)
004. letter	To: Kristine Gebbie; re: October Correspondence (1 page)	01/05/1993	b(6)
005. memo	From: SG; re: Medical Evaluation Requirements (2 pages)	11/95/1993	b(6)
006. letter	To: Kristine Gebbie; re: Hardship (2 pages)	10/28/1993	b(6)
007. resume	re: Career Employment in a Management or Supervisory Position (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

National Aids Policy
Kristine Gebbie

4 of 9

MARCH, APRIL, & MAY 1994
CHRON FILES

ENCLOSURES FILED OVERSIZE ATTACHMENTS 3769

NARA 2628

MARCH CHRON FILES
1994

THE WHITE HOUSE

WASHINGTON

March 1, 1994

Ms. Maureen E. Shekleton, D.N.Sc., R.N.
President
Respiratory Nursing Society
First Floor
5700 Old Orchard Road
Skokie, Illinois 60077-1057

Dear Ms. Shekleton:

Thank you for the invitation to attend the Respiratory Nursing Society's annual educational conference reception on Friday, March 11, 1994. Unfortunately, my schedule does not permit me to participate. If I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

RNS **Respiratory Nursing Society**
5700 Old Orchard Road, First Floor, Skokie, IL 60077-1057
Fax 708/966-9418 708/966-8673

yes - fit
fits calendar

February 1, 1994

Kristine Gebbie, RN MN
National AIDS Policy Coordinator
750 17th Street NW
Suite 1060
Washington, DC 20500

NO regrets.

Dear Ms. Gebbie:

The Respiratory Nursing Society is an organization of professional nurses who work with individuals who have respiratory problems. We will be holding our annual educational conference in the Washington area, and are planning a reception for national nursing leaders on Friday, March 11 from 6:00-8:00 pm in the Charleston Room at the Stouffer Concourse Hotel, 2399 Jefferson Davis Highway, Arlington, Virginia. We would be honored if you could attend.

The reception will be an opportunity to meet leaders in the field of respiratory nursing, and for respiratory nurses to meet nurses and others who are key players on the national level in all areas of nursing policy. It will be an exciting opportunity to interact with practitioners in the field from a variety of backgrounds. Respiratory care is a critical area in healthcare now more than ever; we hope our conference participants would be able to provide you with helpful information about this specialty. Attendees will represent many areas of respiratory nursing practice; primarily clinicians, educators, researchers, and administrators.

The Respiratory Nursing Society was formed in 1990 and is a growing, dynamic organization with members from across the country. The society provides a quarterly clinical newsletter, educational programming, and networking opportunities to its members. We will be publishing standards of respiratory nursing practice later this year with the American Nurses Association, plan to institute a journal in 1995, and hope to develop a certification program for respiratory nurses in the coming years.

Because of your perspective on and involvement in the healthcare arena, we would greatly value your attendance at the reception. Please contact Assistant Karen Smith at our office (708/966-8673, extension number 2222) with your response. We will be contacting you in the next week to answer any questions you may have about the event. I hope to meet you this March.

Sincerely,

Maureen E Shekleton MKS

Maureen E. Shekleton, DNSc RN
President

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Respond to Your Concerns (1 page)	03/01/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Kristine Gebbie et al; re: Need for Intervention (1 page)	01/08/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	From: Kristine Gebbie; re: Apologize for Delay (1 page)	03/01/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	To: Kristine Gebbie; re: October Correspondence (1 page)	01/05/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. memo	From: SG; re: Medical Evaluation Requirements (2 pages)	11/95/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

_____
(Date)

SUBJECT: Tender of Resignation

(This letter is affected by the Privacy Act of 1974)

TO: Air Reserve Personnel Center/DPAAD, Denver CO 80280-5000

AUTHORITY: 10 U.S.C., Section 1162, Reserves: Discharge.
PRINCIPAL PURPOSE(S): To process member's tender of resignation. Use of Social Security Account Number is necessary to make positive identification of the individual and records.
ROUTINE USES: Air Force personnel use information to process resignation from all appointments in the Air Force. Information contained hereon may be disclosed to any DOD component and upon request, to other Federal, state and local agencies in the pursuit of their official duties. It may be used for other lawful purposes, including law enforcement and litigation.
DISCLOSURE IS VOLUNTARY: If not provided, the Air Force cannot act on reservist's request.

1. I, _____, under AFR 35-41, Volume III, paragraph 4-9, hereby voluntarily tender my resignation from all appointments held by me at this time.

2. The reasons for the submission of this resignation are: _____

_____

_____

3. I understand that if this resignation is accepted, I will be honorably discharged from all appointments held by me.

4. I (am) (am not) accountable or responsible for public property or funds.

_____
(Signature)

_____
(Address)

_____
(City, State and Zip Code)

_____
(Print Name, Grade and Social Security Account Number)

FL 53/DEC 82

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 2087 DENVER CO
POSTAGE WILL BE PAID BY ADDRESSEE

ARPC/ SGS
PO BOX 203001
DENVER CO 80220-9942

DES

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. letter	To: Kristine Gebbie; re: Hardship (2 pages)	10/28/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. resume	re: Career Employment in a Management or Supervisory Position (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
March Chron Files 1994 [1]

2018-0756-F
jp4813

RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

Apparently lost in the shuffle

March 1, 1994

Alice J. Dan, Ph.D.
Director
Center for Research on Women and Gender
The University of Illinois at Chicago
Second Floor
1640 West Roosevelt Road
Chicago, Illinois 60608-6900

Dear Dr. Dan:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to attend the Summer Institute on Women's Health on July 20-29, 1994 in Chicago. Ms. Gebbie's busy schedule does not permit her to attend all ten days of the institute, however, she may be available to give a presentation on one of the days. Please consider this option and let me know if you are interested. Once I receive an indication of your interest, your request will be given to Ms. Gebbie for consideration, and I will contact you approximately sixty (60) days before your event to confirm whether or not she will be able to attend.

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

UIC The University of Illinois at Chicago

Center for Research on Women and Gender (M/C 980)
1640 West Roosevelt Road, 2nd Floor
Chicago, Illinois 60608-6900
(312) 413-1924

January 25, 1994

Kristine Gebbie, RN, MN
AIDS Policy Coordinator
750 W. 17th Street, NW
Washington, DC 20500

Dear Ms. Gebbie,

In October of 1992, the Center for Research on Women and Gender held a conference called "Reframing Women's Health: Multidisciplinary Research and Practice." The conference provided a venue and focus for the intense national interest and energy surrounding women's health and was a resounding success. As a follow-up to that conference, we are planning an intensive ten-day Summer Institute on Women's Health for July of 1994. The workshop is being planned to meet the needs of educators, researchers, practitioners, policy-shapers, and advocates for a multidisciplinary in-depth forum. An "Institute Within an Institute" is also being planned by and for women of color and other traditionally marginalized women.

Enclosed is a flier that lists the Institute's objectives as well as a grid with a preliminary schedule for the Institute. I have also enclosed a list of participating institutions and organizations. We are currently recruiting speakers and workshop coordinators for the Institute. Would you be interested in speaking on AIDS policy issues and their effect on women?

We would ideally like presenters to participate throughout the ten-day Institute, though we realize this may not be feasible for some. Although our budget for the Institute is not yet finalized, we anticipate a conference registration fee of $500 for the full ten days. We are planning to offer a waiver of this fee to workshop coordinators and plenary speakers, although not to all presenters. We will have only very limited funds to cover other expenses, but do let us know if you can participate only if your transportation and/or other expenses are subsidized.

Please review the enclosed information and consider participating in this exciting venture. Feel free to call us if you have any questions or concerns regarding our plans for the Institute. We will contact you in the near future about your potential participation.

Sincerely,

Alice J. Dan, Ph.D.
Director

Zylphia L. Ford, M.P.H.
Project Coordinator

Enclosure

REFRAMING WOMEN'S HEALTH: AN INTENSIVE SUMMER INSTITUTE

Focusing on Multidisciplinary Approaches for Educators, Researchers, Practitioners, Policy-shapers, Advocates and Others

July 20 - 29, 1994
Chicago, Illinois

SAVE THE DATES!

Sponsored by the Center for Research on Women and Gender
The University of Illinois at Chicago
1640 W. Roosevelt Road, M/C 980
Chicago, Illinois 60608

PHONE: (312) 413-1924 FAX: (312) 413-7423

This ten-day multicultural and multidisciplinary summer institute will advance the theory and practice of women's health policy, activism, education and research. Examining the impact of the political, cultural, economic, social, psychosocial, and spiritual aspects of women's health is essential. These aspects must be integrated into the development and design of all women's health programs. This summer institute will allow us to work together to forge a new, comprehensive and inclusive vision of the future of women's health.

CONFERENCE OBJECTIVES:

- ♀ Reconnecting the women's health movement. Gathering resources and exploring alternatives for women's health practice, education and research
- ♀ Outlining the guiding concepts underlying the principles of women's health
- ♀ Stimulating and fostering multidisciplinary collaboration in women's health
- ♀ Enabling participants, according to the needs of their situation and target population, to develop curricula or programs
- ♀ Including women of all communities and their self-identified health concerns in the development of all women's health programs
- ♀ Setting directions for policy development in women's health
- ♀ Exploring options and mechanisms for promotion of excellence in women's health

Through a combination of general sessions and small working groups, participants will be able to focus on their specific areas of interest.

For more information
call (312) 413-7721

UIC The University of Illinois at Chicago

SUMMER INSTITUTE ON WOMEN'S HEALTH

SESSION ONE (Wednesday through Sunday)

Wednesday 7-20-94 VISIONS	Thursday 7-21-94 RESEARCH	Friday 7-22-94 EDUCATION	Saturday 7-23-94 PRACTICE	Sunday 7-24-94 POLICY
AM: Welcome Speak-out: "This is my vision of women's health." Panel presentation on where we've been, where we are, where we're going	AM: Plenary panel Response panel	AM: Working groups (Select one of a number)	AM: Plenary panel of providers, places, programs Response panel	AM: Plenary panel on translating issues into policy Response panel
PM: Keynote: Articulating and Owning Our Vision Breakout/workshops:	PM: Breakout sessions/ roundtables Institute w/in an Institute and other smaller group meetings	PM: Working groups (Select a second)	PM: Small working groups, randomly assigned: create a program meeting conference objectives Institute w/in an Institute and other smaller group meetings	PM: Breakout sessions/ workshops Institute within an Institute and other smaller group meetings
Evening Event:	Evening Event:	Evening Event:	Evening Event:	Evening Event: Wrap-up session with presentation from Institute w/in an Institute and keynote address

Session Two (Monday through Friday) will consist of intensive workshops for development of curricula, research programs, cross-disciplinary collaborations, community projects, health care modalities and policy. The workshops will focus on critical women's health issues like HIV/AIDS, reproductive rights and abuses, breast cancer, and lesbian health, among others.

CENTER FOR RESEARCH ON WOMEN AND GENDER

SUMMER INSTITUTE ON WOMEN'S HEALTH

THE UNIVERSITY OF ILLINOIS AT CHICAGO

JULY 20 - 29, 1994

_____

Name

_____

Organization (if any)

Please check one or more:

_____ I would like to present on a panel at the Summer Institute

Topic: _____

_____ I would like to coordinate a workshop at the Summer Institute

Topic: _____

If you would need a subsidy to present at the Institute, what dollar amount would you require?

Travel Yes _____ Amount $_____ No _____

Other Expenses Yes _____ Amount $_____ No _____

_____ I would like to recommend another speaker or workshop coordinator for the Institute.

Name: _____

Phone/Fax: _____

_____ I am willing to make the initial contact with this potential participant.

PLEASE RETURN THIS FORM TO:
CENTER FOR RESEARCH ON WOMEN AND GENDER
FAX: (312) 413-7423

CENTER FOR RESEARCH ON WOMEN AND GENDER

SUMMER INSTITUTE ON WOMEN'S HEALTH

LOCAL PLANNING COMMITTEE

Ranjana Bhargava	Apna Ghar, Shelter for Asian Women
Alice Dan	UIC Center for Research on Women and Gender
Zylphia Ford	UIC Center for Research on Women and Gender
Gloria Elam	UIC Department of OB/GYN, Mile Square Health Center
Aida Giachello	Midwest Latino Health Research, Training & Policy Center; Jane Addams School of Social Work
Tonda Hughes	UIC Prevention Research Center; Department of Psychiatric Nursing
Ginger Lane	Access Living; Health Resource Center for Women with Disabilities
Margie Schaps	Health and Medicine Policy Research Group
Nanette Silva	Chicago Foundation for Women
Peg Strobel	UIC Departments of Women's Studies & History
Sharon Todd	Women's Health Education Project
Carole Warshaw	Cook County Hospital

NATIONAL ADVISORY COMMITTEE

Carol Bogard	Chicago Community Midwives
Olivia Cousins	Project COPE/National Women's Health Network
Novella Dudley	Association of Women and Resources
Michelle Harrison	
Janet Henrich	Yale University; Office of Research on Women's Health
Eileen Hoffman	The Women's Health Project
Karen Johnson	The Women's Health Project
Anne Kasper	Campaign for Women's Health
Basia Klincewicz	MANA/Homebirth International
Marcia Wells Lawson	National Black Women's Health Project
Mary McCauley II	Lesbian Community Cancer Project
Kate McLachlan	Illinois Caucus for Adolescent Health
Melinda Noonan	Association for Women's Health, Obstetrical & Neonatal Nursing (AWHONN)
Virginia Olesen	University of California at San Francisco
Florence Parkinson	Women's Studies Department College of Staten Island
Judy Panko Reis	Health Resource Center for Women with Disabilities
Andy Smith	WARN/Quetzal Center
Nada Stotland	University of Chicago Department of Psychiatry
Pat Taylor	Older Women's League
Kate Weger	Health Resource Center for Women with Disabilities
Mariamne Whatley	University of Wisconsin
Nancy Worcester	National Women's Health Network
Debbie Wygal	College of St. Catherine

CENTER FOR RESEARCH ON WOMEN AND GENDER

SUMMER INSTITUTE ON WOMEN'S HEALTH

JULY 20-29, 1994

CURRENT PARTICIPATING ORGANIZATIONS

As of January 24, 1994; We plan to approach many more organizations

American Medical Women's Association

Association for Women and Resources

Association of Women's Health, Obstetric and Neonatal Nurses

Campaign for Women's Health

Center for Women Policy Studies

Health Resource Center for Women with Disabilities

Illinois Caucus for Adolescent Health

Illinois Older Women's League

International Council on Women's Health Issues

National Council for Research on Women

THE WHITE HOUSE

WASHINGTON

March 1, 1994

Mrs. Patricia Lee
135 West Second
Genoa, Illinois 60135

Dear Mrs. Lee:

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

January 10, 1994

Ms. Kristine M. Geddy
757 17th Street NW
Washington DC 20050

To Ms Kristine Geddy:

The condom ads on the television has proven to be tasteless in my home with little children. I am surprised that the government is sponsoring the ads which has been proven by experts that condoms do not stop the spread of aides.

A study was made whare 100 aides patients used condoms with their sexual partners. Over half of their partners contracted aides. Condoms did not help their partners.

Please stop the ads for we do not want aides to be spread to any more innocent victims.

Sincerely,
Mrs. Patricia Lee
Mrs. Patricia Lee

Mrs. Patricia Lee
135 West Second
Genoa, IL 60135

Ms. Kristine M. Geddy
757 17th Street NW
Washington DC ~~20059~~ 20006

THE WHITE HOUSE

WASHINGTON

March 1, 1994

Mr. Joel A. Goldman
835 Sheridan Avenue
Columbus, Ohio 43209

Dear Mr. Goldman:

Thank you for the invitation to participate in the Sigma Alpha Mu Leadership Conference on Friday, August 13, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

Regrets

JOEL A. GOLDMAN
835 Sheridan Avenue
Columbus, OH 43209
(614) 235-2639

February 15, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington D.C. 20500

Dear Kristine:

Thank you for your November letter of encouragement concerning my program, "Friendship In The Age Of AIDS. Aside from speaking on college campuses I volunteer for my National Collegiate Fraternity, Sigma Alpha Mu, as Chairman of the annual Leadership Conference. This five day program brings together 200 student leaders from 85 campuses to learn leadership skills and about issues that effect young people today, including AIDS.

While many national fraternities and sororities have been slow to respond to the AIDS epidemic, Sigma Alpha Mu has jumped in feet first. Our fraternity was the first fraternal organization to adopt an AIDS cause as the official philanthropic project (Pediatric AIDS Foundation). And since my own HIV diagnosis, the fraternity has asked me to address the members three times to let them know that AIDS effects everyone, including Sigma Alpha Mu. I have shared "my story" at the 1993 Leadership Conference, and two regional meetings this year.

Every year the fraternity has a turn over in undergraduate leadership, and every year we must re-address important topics at the Leadership Conference. We have made a committment to make one of those reoccurring topics AIDS. On Friday, August 13, at the L'Enfant Plaza in Washington D.C., the 1994 Leadership Conference will educate on AIDS from 3:00 to 4:15 p.m. It would be an honor and learning experience for the antendees, and for me, if you would share that time slot with me. Jeff Perkins, your office intern, and a member of my fraternity tells me that one of your forte's is the the college audience.

I have spoken with Jeff, who is putting together a proposal for you about speaking at our conference. I just wanted to invite you myself as well.

Keep up the great work! We hope you can join us in August.

Sincerely yours,

Joel A. Goldman

cc: Jeff Perkins

THE WHITE HOUSE

WASHINGTON

March 1, 1994

MEMORANDUM

TO: Phil Lee
Jo Boufford
Patsy Fleming
Marty Davis

FROM: Kristine M. Gebbie

SUBJECT: Gay Young Men

Just to be sure we're all remembering the same things, three of us (Boufford in DC, Fleming in San Francisco, Gebbie in New York) will take the lead on focus group-type meetings with young gay men, seeking information on the following topic:

> Given that HHS is already investing a good deal of money in HIV prevention activities and research (and we are doing a complete inventory of that investment now), what are they (the community groups) doing, and how can we better help them?

In addition, PHS agency heads will be asked for a quick inventory of their programs/research specific to gay young men.

Following completion of the focus groups and the inventory, this group will meet again to identify next steps, which will probably include a meeting of some leaders from the community with the Secretary.

If I've gotten this wrong, please let me know. Thanks!

3/15 @ 8:25

March 1, 1994

INTERVIEW PROPOSAL
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Paul Gurrola
DATE/TIME OF EVENT:	Any time in March (Preferably next Tues. or Wed.) - 8:30am to 8:50am
LOCATION:	Via telephone
ORGANIZATION:	"Good Day U.S.A."
CONTACT:	Tawana Warren (703)790-8700
PURPOSE:	Interview for morning drive time radio talk show
OTHER PARTICIPANTS:	Co-Hosts Ellen Ratner and Doug Stephan
MEDIA COVERAGE:	Nationally syndicated radio show
REMARKS REQUIRED:	You will be asked basic questions about your job, goals and expectations for the future.
BACKGROUND:	"Good Day U.S.A." is a nationally syndicated talk show produced by the Independent Broadcasting Network (IBN) out of Florida. The target audience is adults who listen to the show on their way to work. The show will consist of an interview by the two hosts followed by a viewer call-in. The Producer, Tawana Warren, described Ellen Ratner as a liberal and Doug Stephan as a middle of the road conservative. However, neither host will be attacking your opinions or policies.

Good Day USA
2514 Mill Road NW
Washington, DC 20007
Office (202) 337-8715 FAX (202) 337-1174

TO: Steve Lee
Office of the National AIDS Policy
Executive Office of the President
750 17th Street Nw, Suite 1060
Washington, DC 20500
(202) 632-1090

This will serve to confirm our interview with:

GUEST:	Kristine M. Gebbie National AIDS Policy Coordinator
DATE:	Tuesday, March 15, 1994
TIME:	8:30-8:45 AM (EST)
FORMAT:	Telephone interview (LIVE BROADCAST)
PHONE NUMBER:	(202) 632-1090

If there are any discrepancy with the details as listed regarding this interview, please call me at (703) 790-8700.

Sincerely,

Tawana D. Warren

THE WHITE HOUSE
WASHINGTON

MAR 1 1994

Dear Linda —

Congratulations on your ~~appointment~~ as NIOSH director! I think it's wonderful, and I wish you well. I know you'll have your hands full, but also that you have the wherewithal to make things happen.

If I can ever be of any help, please let me know — all the best —

Lautenberg

conditions. At the same time, she has demonstrated impressive vision and leadership in promoting safer working conditions on national and international fronts."

CDC
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30333
Mailstop D-25

FACSIMILE TRANSMISSION

TO: Kristine Gebbie
White House office

FROM: Office of Public Affairs

PHONE #: _____

PHONE #: (404) 639-3286

FAX #: 202/632-1096

FAX #: (404) 639-1623

DATE: 2/24

NUMBER OF PAGES: *(Not counting this one)*

SUBJECT: MMWR

COMMENTS:

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending February 19, 1994, and February 20, 1993 (7th Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-Shock Syndrome	Tuberculosis		Tularemia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994
UNITED STATES	2,212	3,817	27	1,648	1,749	1	26	10	497
NEW ENGLAND	29	70	1	31	15	-	5	-	188
Maine	-	2	-	-	3	-	-	-	-
N.H.	-	5	-	1	-	-	-	-	19
Vt.	-	-	-	-	-	-	-	-	10
Mass.	6	37	1	7	1	-	3	-	74
R.I.	4	2	-	2	-	-	-	-	-
Conn.	15	24	-	21	11	-	2	-	85
MID. ATLANTIC	137	291	4	172	343	-	1	-	51
Upstate N.Y.	12	26	3	9	51	-	-	-	-
N.Y. City	98	215	-	115	209	-	-	-	-
N.J.	-	39	-	27	38	-	1	-	33
Pa.	27	11	1	21	45	-	-	-	18
E.N. CENTRAL	242	514	6	173	210	-	3	1	2
Ohio	107	163	4	34	22	-	-	-	-
Ind.	39	45	1	13	14	-	1	-	-
Ill.	89	251	-	85	160	-	1	-	-
Mich.	32	80	3	35	13	-	1	1	-
Wis.	5	75	-	6	11	-	-	-	2
W.N. CENTRAL	150	229	6	38	30	1	-	-	14
Minn.	6	14	-	10	-	-	-	-	-
Iowa	9	14	6	3	5	-	-	-	8
Mo.	133	198	-	18	17	1	-	-	1
N. Dak.	-	-	-	-	1	-	-	-	-
S. Dak.	-	-	-	4	2	-	-	-	1
Nebr.	-	3	1	-	2	-	-	-	-
Kans.	-	-	-	3	3	-	-	-	4
S. ATLANTIC	766	1,070	-	260	250	-	7	6	194
Del.	1	20	-	-	6	-	-	-	2
Md.	30	57	-	31	42	-	2	-	62
D.C.	25	44	-	20	15	-	1	-	1
Va.	79	75	-	-	-	-	-	-	45
W. Va.	1	1	-	6	6	-	-	-	7
N.C.	266	304	-	-	61	-	-	4	13
S.C.	97	179	-	49	40	-	-	-	17
Ga.	126	184	-	133	91	-	-	2	44
Fla.	143	196	-	22	-	-	4	-	3
E.S. CENTRAL	513	440	-	82	105	-	-	1	22
Ky.	35	48	-	20	35	-	-	-	-
Tenn.	112	87	-	1	-	-	-	-	8
Ala.	97	118	-	46	52	-	-	-	13
Miss.	269	190	-	15	18	-	-	1	-
W.S. CENTRAL	350	982	-	84	15	-	1	1	8
Ark.	54	133	-	25	13	-	-	-	3
La.	291	340	-	-	-	-	-	-	-
Okla.	5	82	-	7	3	-	-	1	5
Tex.	-	447	-	52	-	-	1	-	-
MOUNTAIN	28	19	2	51	43	-	3	-	9
Mont.	-	-	-	-	-	-	-	-	-
Idaho	-	-	1	4	-	-	-	-	-
Wyo.	-	-	-	1	-	-	-	-	2
Colo.	15	9	1	-	-	-	2	-	-
N. Mex.	-	1	-	9	-	-	-	-	-
Ariz.	9	8	-	33	36	-	-	-	7
Utah	4	-	-	-	-	-	1	-	-
Nev.	-	1	-	14	7	-	-	-	-
PACIFIC	1	202	8	747	737	-	6	1	29
Wash.	1	6	-	33	32	-	1	-	-
Oreg.	-	7	-	14	7	-	-	-	-
Calif.	-	188	8	668	660	-	4	1	17
Alaska	-	-	-	5	3	-	-	-	12
Hawaii	-	1	-	27	35	-	1	-	-
Guam	-	-	-	-	1	-	-	-	-
P.R.	54	66	-	-	-	-	-	-	8
V.I.	1	11	-	-	1	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	1	-	-
C.N.M.I.	-	-	-	11	1	-	-	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending February 19, 1994 (7th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	711	528	107	48	14	14	65
Boston, Mass.	194	125	34	21	8	6	30
Bridgeport, Conn.	38	32	7	-	-	-	4
Cambridge, Mass.	22	17	4	1	-	-	1
Fall River, Mass.	36	27	6	3	-	-	1
Hartford, Conn.	59	43	9	5	-	2	1
Lowell, Mass.	32	23	7	2	-	-	3
Lynn, Mass.	12	10	-	2	-	-	1
New Bedford, Mass.	21	19	-	2	-	-	2
New Haven, Conn.	63	45	10	5	1	2	1
Providence, R.I.	50	38	6	3	3	-	1
Somerville, Mass.	5	4	1	-	-	-	-
Springfield, Mass.	40	33	4	-	-	3	4
Waterbury, Conn.	56	48	6	1	1	-	3
Worcester, Mass.	82	65	11	3	1	1	13
MID. ATLANTIC	2,669	1,758	516	286	57	48	116
Albany, N.Y.	57	44	9	2	-	2	3
Allentown, Pa.	38	33	5	-	-	-	1
Buffalo, N.Y.	106	78	26	3	3	1	3
Camden, N.J.	53	36	12	2	1	3	3
Elizabeth, N.J.	25	19	3	3	-	-	-
Erie, Pa.§	56	31	14	6	1	2	4
Jersey City, N.J.	45	24	13	7	3	1	2
New York City, N.Y.	1,429	899	292	186	24	27	44
Newark, N.J.	60	26	17	14	3	-	6
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	307	199	57	31	16	5	16
Pittsburgh, Pa.§	92	69	15	5	2	1	6
Reading, Pa.	16	12	1	2	1	-	2
Rochester, N.Y.	125	92	23	9	1	3	7
Schenectady, N.Y.	30	26	2	2	-	-	3
Scranton, Pa.§	41	35	5	1	-	-	2
Syracuse, N.Y.	109	82	16	3	3	1	11
Trenton, N.J.	41	33	6	1	-	2	-
Utica, N.Y.	U	U	U	U	U	U	U
Yonkers, N.Y.	35	23	5	7	-	-	3
E.N. CENTRAL	2,677	1,727	475	273	142	60	196
Akron, Ohio	67	46	11	6	2	2	-
Canton, Ohio	44	34	7	3	-	-	3
Chicago, Ill.	644	280	129	127	94	14	55
Cincinnati, Ohio	202	147	35	10	4	6	25
Cleveland, Ohio	181	110	37	16	7	11	3
Columbus, Ohio	212	158	34	9	5	6	12
Dayton, Ohio	128	97	23	4	3	1	13
Detroit, Mich.	295	181	53	40	15	6	14
Evansville, Ind.	66	54	7	3	1	1	2
Fort Wayne, Ind.	73	54	10	6	-	3	6
Gary, Ind.	21	12	3	3	2	1	1
Grand Rapids, Mich.	39	24	7	4	1	3	13
Indianapolis, Ind.	152	101	33	15	1	2	10
Madison, Wis.	49	36	9	4	-	-	2
Milwaukee, Wis.	153	118	26	6	1	2	9
Peoria, Ill.	53	43	5	3	1	1	2
Rockford, Ill.	60	48	9	2	1	-	7
South Bend, Ind.	44	36	5	2	1	-	7
Toledo, Ohio	128	92	25	6	2	1	10
Youngstown, Ohio	66	56	7	2	1	-	-
W.N. CENTRAL	587	446	132	59	22	28	76
Des Moines, Iowa	142	110	19	6	1	7	16
Duluth, Minn.	18	8	5	1	-	2	2
Kansas City, Kans.	47	30	6	8	2	1	1
Kansas City, Mo.	134	93	20	13	5	3	4
Lincoln, Nebr.	U	U	U	U	U	U	U
Minneapolis, Minn.	153	133	25	13	4	7	19
Omaha, Nebr.	95	71	15	6	2	2	10
St. Louis, Mo.	118	88	16	8	4	2	14
St. Paul, Minn.	72	50	15	3	3	1	4
Wichita, Kans.	79	63	9	4	1	2	6
S. ATLANTIC	1,701	1,077	327	176	57	52	115
Atlanta, Ga.	243	161	49	21	4	8	23
Baltimore, Md.	270	178	46	36	10	2	30
Charlotte, N.C.	85	55	16	8	5	1	5
Jacksonville, Fla.	129	86	30	6	4	1	7
Miami, Fla.	134	91	21	29	3	-	-
Norfolk, Va.	72	40	16	5	2	9	7
Richmond, Va.	120	76	19	10	5	10	9
Savannah, Ga.	91	41	10	4	3	3	5
St. Petersburg, Fla.	75	55	11	6	2	1	2
Tampa, Fla.	176	121	28	13	8	5	18
Washington, D.C.	314	168	79	35	20	12	8
Wilmington, Del.	22	15	2	4	1	-	-
E.S. CENTRAL	836	592	168	45	22	10	91
Birmingham, Ala.	131	90	27	7	4	3	9
Chattanooga, Tenn.	79	54	17	5	-	3	9
Knoxville, Tenn.	112	75	29	5	3	-	23
Lexington, Ky.	88	70	16	4	2	4	11
Memphis, Tenn.	137	98	22	7	7	3	16
Mobile, Ala.	70	44	12	7	3	4	1
Montgomery, Ala.	60	49	9	2	-	-	1
Nashville, Tenn.	151	112	27	7	3	2	19
W.S. CENTRAL	1,672	1,061	335	181	57	44	124
Austin, Tex.	91	45	25	14	5	2	8
Baton Rouge, La.	71	54	12	3	2	-	4
Corpus Christi, Tex.	76	52	14	7	2	1	8
Dallas, Tex.	209	136	34	28	5	6	6
El Paso, Tex.	84	56	11	13	2	2	5
Ft. Worth, Tex.	106	69	22	9	2	4	2
Houston, Tex.	452	268	100	63	20	11	49
Little Rock, Ark.	88	53	22	8	4	1	8
New Orleans, La.	120	74	25	9	4	4	-
San Antonio, Tex.	192	122	38	15	9	9	15
Shreveport, La.	66	48	12	4	1	1	9
Tulsa, Okla.	115	84	22	7	1	1	13
MOUNTAIN	892	630	151	83	16	11	93
Albuquerque, N.M.	106	80	16	7	1	2	7
Colo. Springs, Colo.	41	33	4	3	1	-	8
Denver, Colo.	140	93	29	13	3	2	16
Las Vegas, Nev.	121	77	31	8	3	1	9
Ogden, Utah	31	24	6	1	-	-	5
Phoenix, Ariz.	171	114	26	28	4	1	23
Pueblo, Colo.	31	26	4	1	-	-	1
Salt Lake City, Utah	100	68	16	9	3	4	11
Tucson, Ariz.	161	115	19	15	1	1	15
PACIFIC	1,965	1,347	320	185	53	52	169
Berkeley, Calif.	16	14	2	2	-	-	2
Fresno, Calif.	78	47	13	8	4	6	10
Glendale, Calif.	14	11	1	1	1	-	1
Honolulu, Hawaii	83	66	13	8	3	0	8
Long Beach, Calif.	105	70	18	7	1	9	14
Los Angeles, Calif.	431	287	77	43	12	4	36
Pasadena, Calif.	U	U	U	U	U	U	U
Portland, Oreg.	162	115	28	11	2	6	6
Sacramento, Calif.	184	132	28	16	4	4	19
San Diego, Calif.	148	100	16	20	7	5	18
San Francisco, Calif.	172	103	31	31	6	1	8
San Jose, Calif.	222	156	39	16	5	6	27
Santa Cruz, Calif.	40	32	4	3	-	1	5
Seattle, Wash.	153	100	30	17	4	2	1
Spokane, Wash.	59	47	8	1	1	2	6
Tacoma, Wash.	98	77	12	4	3	-	6
TOTAL	14,010¶	9,356	2,524	1,338	450	328	1,045

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fatal deaths are not included.
†Pneumonia and influenza.
§Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 8 weeks.
¶Total includes unknown ages.
U: Unavailable.

Health and Nutrition Examination Surveys — Continued

Editorial Note: The findings from NHANES III in this report update national population estimates of daily dietary fat and TFEIs. Since NHANES II (1976–80), the mean percentages of TFEI derived from total dietary fat and from saturated fat have decreased (*7*), sustaining a trend observed since the mid-1960s (*8*). Mean serum cholesterol level for adults also decreased from NHANES II to NHANES III (*9*).

One national health objective for the year 2000 is to reduce dietary fat intake to an average of 30% or less and average saturated fat intake to less than 10% of calories among persons aged ≥2 years (baseline: 36% of calories from total fat and 13% from

TABLE 2. Mean daily total food-energy intake (TFEI)* and percentages of TFEI from total dietary fat† and from saturated fat, by age group and sex — Third National Health and Nutrition Examination Survey, Phase 1, 1988–91

Sex/Age group (yrs)	Sample size	Daily TFEI		% TFEI from total dietary fat		% TFEI from saturated fat	
		No.	(SE§)	%	(SE)	%	(SE)
Males							
2–11 mos¶	439	903	(± 13.3)	36.9	(±0.4)	15.8	(±0.2)
1– 2¶	601	1339	(± 26.3)	33.6	(±0.5)	13.8	(±0.2)
3– 5	744	1663	(± 26.6)	32.8	(±0.4)	12.6	(±0.2)
6–11	868	2036	(± 44.4)	33.9	(±0.3)	12.8	(±0.2)
12–15	338	2578	(± 75.4)	33.1	(±0.8)	12.4	(±0.3)
16–19	368	3097	(±114.4)	34.6	(±0.7)	12.6	(±0.2)
20–29	844	3025	(± 66.6)	34.0	(±0.5)	12.0	(±0.2)
30–39	735	2872	(± 88.4)	34.6	(±0.6)	11.9	(±0.3)
40–49	626	2545	(± 54.4)	33.9	(±0.5)	11.4	(±0.2)
50–59	473	2341	(± 51.5)	35.7	(±0.6)	11.8	(±0.2)
60–69	546	2110	(± 57.7)	33.3	(±0.6)	11.3	(±0.3)
70–79	444	1687	(± 39.7)	33.8	(±0.5)	11.6	(±0.2)
≥80	296	1776	(± 35.7)	33.3	(±0.6)	11.4	(±0.2)
Total	7322	2478	(± 30.3)	34.1	(±0.3)	12.1	(±0.1)
≥2	6594	*2518*	*(± 29.5)*	*34.1*	*(±0.3)*	*12.0*	*(±0.1)*
Females							
2–11 mos¶	432	850	(± 15.0)	37.6	(±0.5)	15.9	(±0.2)
1– 2¶	630	1236	(± 26.5)	34.0	(±0.5)	13.9	(±0.2)
3– 5	803	1516	(± 23.8)	33.1	(±0.4)	12.6	(±0.2)
6–11	877	1753	(± 20.4)	34.2	(±0.5)	12.7	(±0.2)
12–15	373	1838	(± 48.4)	33.7	(±0.7)	12.0	(±0.2)
16–19	397	1958	(± 70.3)	34.4	(±0.7)	12.3	(±0.4)
20–29	838	1957	(± 32.3)	34.0	(±0.4)	11.9	(±0.2)
30–39	791	1883	(± 37.0)	34.2	(±0.4)	11.9	(±0.2)
40–49	602	1764	(± 35.7)	34.9	(±0.7)	11.8	(±0.2)
50–59	456	1629	(± 32.2)	33.8	(±0.6)	11.4	(±0.2)
60–69	560	1578	(± 36.3)	32.8	(±0.6)	11.0	(±0.3)
70–79	407	1435	(± 28.5)	32.3	(±0.7)	10.8	(±0.4)
≥80	313	1329	(± 26.8)	31.3	(±0.4)	10.8	(±0.2)
Total	7479	1732	(± 14.5)	33.9	(±0.3)	11.9	(±0.1)
≥2	6720	*1751*	*(± 15.0)*	*33.8*	*(±0.3)*	*11.8*	*(±0.1)*

*Defined as all nutrients (i.e., protein, fat, carbohydrate, and alcohol) derived from consumption of foods and beverages (excluding plain drinking water), measured in kilocalories (kcal).
†Defined as all fat (i.e., saturated and unsaturated) derived from consumption of foods and beverages, measured in grams.
§Standard error.
¶Excludes nursing infants and children.

Health and Nutrition Examination Surveys — Continued

saturated fat for persons aged 20–74 years in 1976–80; 36% and 13%, respectively, for women aged 19–50 years in 1985) (objective 2.5) (*1*). Although the findings in this report indicate a decline in the mean percentage of TFEI derived from total dietary fat and from saturated fat, these intake levels remain higher than the year 2000 objective.

At least three changes in the dietary methodology used for NHANES III may account for the differences in total dietary fat and saturated fat intakes when compared with NHANES II. First, automated data collection for NHANES III standardized and improved data quality. Second, the NHANES III protocol was specifically designed to probe for information about food sources of dietary fat; additional questions ensured that a complete 1-day recall of food intake could be obtained. Third, different nutrient databases were used for NHANES II and NHANES III; therefore, the impact on nutrient estimates of changes in food-composition data could not be readily assessed. In the future, completion of the trends database for the SNDB and redesign of the National Nutrient Data Bank should facilitate interpretation of changes in food-consumption patterns.

Previous studies have documented that, when large-scale surveys of food-consumption employ 24-hour recalls, TFEI is underreported by as much as 25% (*10*). However, the differential effect of this underreporting on specific food components and on population subgroups is not well understood. During NHANES III, Phase 1, mean TFEIs were approximately 100–300 kcal higher for persons aged ≥12 years of both sexes and in all age groups compared with those during NHANES II (1976–80), suggesting either a true increase in TFEI or substantial improvements in the collection of more complete dietary-recall data during NHANES III. The hypothesis of real increases in TFEI during NHANES III is supported by a substantial increase in overweight among U.S. adults.

The findings in this report can assist in tracking progress toward achieving the goals of public health initiatives aimed at reducing and modifying total dietary fat and saturated fat intakes. Additional changes in diet are necessary for the U.S. population to further reduce total dietary fat and saturated fat intakes as well as serum cholesterol levels and overweight. Subsequent analyses of NHANES III will be used to elucidate differences and changes in dietary fat intakes by socioeconomic status and race/ethnicity; identify population subgroups at risk for high dietary fat intakes; assess food sources of dietary fat; and examine the interrelation between total dietary fat and saturated fat, serum cholesterol level, and other health variables.

References

1. Public Health Service. Healthy people 2000: national health promotion and disease prevention objectives. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (PHS)91-50213.
2. Public Health Service. The Surgeon General's report on nutrition and health. Washington, DC: US Department of Health and Human Services, Public Health Service, 1988; DHHS publication no. (PHS)88-50210.
3. Woteki CE, Briefel R, Hitchcock D, Ezzati T, Maurer K. Selection of nutrition status indicators for field surveys: the NHANES III design. J Nutr 1990;120(suppl):1440–5.
4. Ezzati TM, Massey JT, Waksberg J, Chu A, Maurer KR. Sample design: Third National Health and Nutrition Examination Survey. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, NCHS, 1992. (Vital and health statistics; series 2, no. 113).
5. McDowell M, Briefel RR, Warren RA, Buzzard M, Seskanich D, Gardner S. The dietary data collection system: an automated interview and coding system for NHANES III. In: Proceedings

Health and Nutrition Examination Surveys — Continued

of the 14th National Nutrient Databank Conference. Ithaca, New York: CBORD Group, Inc, 1990.
6. Westat, Inc. NHANES III dietary interviewer's manual, prepared for the National Center for Health Statistics. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, September 1992.
7. Life Sciences Research Office, Federation of American Societies for Experimental Biology. Nutrition monitoring in the United States: an update report on nutrition monitoring. Washington, DC: US Department of Health and Human Services, Public Health Service, 1989; DHHS publication no. (PHS)89-1255.
8. Stephen AM, Wald NJ. Trends in individual consumption of dietary fat in the United States, 1920–1984. Am J Clin Nutr 1990;52:457–69.
9. Johnson CL, Rifkind BM, Sempos CT, et al. Declining serum total cholesterol levels among US adults. JAMA 1993;269:3002–8.
10. Bingham SA. The dietary assessment of individuals: methods, accuracy, new techniques, and recommendations. Nutrition Abstracts and Reviews 1987;57:705–42.

Notice to Readers

Publication of Surgeon General's Report on Smoking and Health

The Surgeon General's report *Preventing Tobacco Use Among Young People* (1) was released on February 24, 1994. This report examines various aspects of adolescent behavior and is the first Surgeon General's report to focus exclusively on tobacco use among this age group.

The six major conclusions in the report are

- Nearly all first use of tobacco occurs before high school graduation; this finding suggests that if adolescents can be kept tobacco-free, most will never start using tobacco.
- Most adolescent smokers are addicted to nicotine and report that they want to quit but are unable to do so; they experience relapse rates and withdrawal symptoms similar to those reported by adults.
- Tobacco is often the first drug used by those young people who use alcohol, marijuana, and other drugs.
- Adolescents with lower levels of school achievement, with fewer skills to resist pervasive influences to use tobacco, with friends who use tobacco, and with lower self images are more likely than their peers to use tobacco.
- Cigarette advertising appears to increase young people's risk of smoking by affecting their perceptions of the pervasiveness, image, and function of smoking.
- Communitywide efforts that include tobacco tax increases, enforcement of minors' access laws, youth-oriented mass media campaigns, and school-based tobacco-use prevention programs are successful in reducing adolescent use of tobacco.

Additional information about the report or a free copy of the executive summary is available from CDC's Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Mailstop K-50, 4770 Buford Highway, NE, Atlanta, GA 30341-3724; telephone (800) 232-1311. Copies of the full report (stock no. 017-001-00491-0) can be purchased for $19 from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9328; fax (202) 512-2250. The

Notices to Readers — Continued

executive summary of the report will be published as an *MMWR Recommendations and Reports.*

Reference

1. US Department of Health and Human Services. Preventing tobacco use among young people: a report of the Surgeon General. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.

Notice to Readers

International Course in Surveillance and Applied Epidemiology for HIV and AIDS

CDC will cosponsor the fourth International Course in Surveillance and Applied Epidemiology for human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) September 12–30, 1994, in Atlanta. The course is designed for government public health and medical officials, primarily from developing countries, who are responsible for surveillance and epidemiologic assessment of HIV/AIDS. Lectures, discussion seminars and exercises, and hands-on computer training will teach basic epidemiologic skills, applied statistics, methods for surveillance of AIDS and HIV infection, and techniques to conduct applied research and to interpret and analyze data. Additional information about curriculum and course content is available from CDC's HIV/AIDS Course Coordinator, International Activity, Division of HIV/AIDS, Mailstop E-50, 1600 Clifton Road, NE, Atlanta, GA 30333; telephone (404) 639-6100; fax (404) 639-6118.

The deadline for submitting applications is April 1, 1994. Additional information about enrollment and applications are available from Visions, USA, Inc., 3485 N Desert Drive, Building 2, Suite 102, Atlanta, GA 30344; telephone (404) 768-3091; fax (404) 768-3594.

Notice to Readers

Course in Hospital Epidemiology

CDC, the Society for Hospital Epidemiology of America (SHEA), and the American Hospital Association will cosponsor a hospital epidemiology training course May 7–10, 1994, in Washington, D.C. The course, designed for infectious disease fellows, new hospital epidemiologists, and infection-control practitioners, provides hands-on exercises to improve skills in detection, investigation, and control of epidemiologic problems encountered in the hospital setting and lectures and seminars on fundamental aspects of hospital epidemiology.

Additional information is available from SHEA Meetings Department, 875 Kings Highway, Suite 200, Woodbury, NJ 08096-3172; telephone (609) 845-1720; fax (609) 853-0411.

14

Erratum: Vol. 43, No. 3

In the article "Hantavirus Pulmonary Syndrome—United States, 1993," on page 48, some references were misnumbered. Reference 6 should be numbered 10, and references 7, 8, 9, and 10 should be numbered 6, 7, 8, and 9, respectively.

Erratum: Vol. 43, No. 5

In the article "Foodborne Outbreaks of Enterotoxigenic *Escherichia coli*—Rhode Island and New Hampshire, 1993," in the third paragraph of the editorial note, the first sentence should read "In contrast to illness caused by ETEC, gastroenteritis from infection with Norwalk virus is usually characterized by vomiting *in addition to diarrhea*."

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
February 23, 1994

CDC Press Office
(404) 639-3286

HHS Secretary Donna E. Shalala announced today that Dr. Linda Rosenstock will be appointed director of the National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC).

As director of NIOSH, Dr. Rosenstock will lead the federal health agency responsible for promoting health and preventing disease and injury among the nation's 120 million workers.

NIOSH was created by an Act of Congress in 1970, together with the Occupational Health and Safety Administration (OSHA). NIOSH has research and public health mandates and serves as a scientific partner to OSHA and the Mine Safety and Health Administration, the Department of Labor agencies responsible for regulating the safety and health of working conditions.

Secretary Shalala said of Dr. Rosenstock, "She is a world-class scientist in occupational health, a teacher and mentor in occupational medicine, and a physician with 13 years of experience devoted to treating workers with occupational conditions. At the same time, she has demonstrated impressive vision and leadership in promoting safer working conditions on national and international fronts."

"Occupational health and safety are major priorities of the Public Health Service and we are fortunate in having such an outstanding selection as Dr. Rosenstock to oversee the efforts of the Public Health Service in this area," said Dr. Philip R. Lee, assistant secretary for health and director of the nation's Public Health Service.

CDC Director David Satcher, M.D., said, "She is eminently suited to lead NIOSH in its mission of improving the safety and health of our workforce as we approach the 21st century. Among the challenges facing Dr. Rosenstock are increasing the visibility of occupational safety and health and working more closely with important partners, including industry, labor and other federal agencies. To enhance our efforts to meet these challenges, Dr. Rosenstock and the NIOSH central headquarters will be located in the PHS/CDC offices in Washington, D.C."

Dr. Rosenstock, well-known as a scientist, professor and practicing physician in occupational and internal medicine, is currently professor of medicine and environmental health and director of the Occupational and Environmental Medicine Program at the University of Washington.

(more)

At the University of Washington, Dr. Rosenstock conducted research and published extensively on occupational diseases, including asbestos-related disease and effects of exposure to pesticides and other neurotoxins. She has written two occupational medicine textbooks and founded one of the first hospital-based, university-affiliated occupational medicine clinics in the country.

Her national responsibilities include chairing the United Auto Workers/General Motors Occupational Health Advisory Board and serving as a member of the Brotherhood of Teamsters Medical Advisory Committee. She has also served on several Institute of Medicine committees that brought national attention to the shortage of occupational medicine physicians and the inadequacy of occupational health training in medical schools.

Dr. Rosenstock has been active internationally in teaching and research in occupational health. She has served as an advisor to the World Health Organization, taught in many developing countries, and is currently engaged in pesticides health effects studies in Latin America.

Dr. Rosenstock was born Dec. 20, 1950, in New York City. She received her M.D. and master's degree in public health in 1977 from Johns Hopkins University School of Medicine and School of Hygiene and Public Health. She completed her medicine and preventive medicine residencies at the University of Washington and is board-certified in both internal and occupational medicine. Dr. Rosenstock is expected to assume the NIOSH director's position in mid-April.

MAR 1 1994

THE WHITE HOUSE

Mike —

The pin arrived in good shape — thank you! I hope you got caught up on your rest —

Please stay in touch, & let me know when issues arise I should tend to ——

H Rodham

Michael E. Reynolds
1964 Rodney Drive
Los Angeles, California 90027

Dear Ms. Libbie -

I want to thank you very much for taking a moment of your time yesterday. It was again a pleasure to speak once more with you.

I also want to thank you for your work and dedication. Again I offer my services in any way I can.

I've enclosed the pin you requested. Were you in good health? My tendency is to want to call you Libbie & I hope you don't mind.

Sincerely,
Mike

THE WHITE HOUSE

WASHINGTON

March 1, 1994

Mr. Orie Vander Boon
1850 Grand River Drive, N.E.
Ada, Michigan 49301

Dear Mr. Vander Boon:

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

Dear Kristine Debbie, 2/17/94

Your efforts to indoctrinate young people to use condoms (I believe) is a tragic error. Your campaign is breaking down what little was left of the "invisible" moral wall that implied disapproval of sex outside of marriage. It deals callously with a very sacred intimate act that has great emotional impact especially on girls.

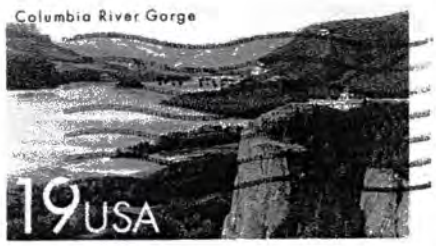
As a father of 9 and grandfather to 37 I believe you are destroying what is left of the moral fibre of our young people. Please cancel that sick condom Campaign

Sincerely
Orie Vander Boon

ORIE VANDER BOON
1050 GRAND RVR DR NE
ADA, MICHIGAN 49301

GRAND RAPIDS, MI 495
PM
18 FEB
1994

RECEIVED
FEB 24 1994



Kristine Debbie

DEPT: 60252202 ** CR 0100
***** AUTOMATED MAIL (MUM) *****

- DEPT HEALTH HUMAN SER
WASHINGTON DC 20201-0002

©USPS 1992

THE WHITE HOUSE

MAR 1 1994

Dear Rick —

Many thanks, for the transportation service, and for the chance to see the new Family HIV Center. I was also impressed by your team — and appreciated sitting in on the case reviews —

All the best — Christine Gebbie

KRISTINE M. GEBBIE
SCHEDULE FOR
FEBRUARY 23-25, 1994
(as of February 23, 1994)

FRIDAY, FEBRUARY 25, 1994
Chicago/Washington.

9:00a Pick-up by Dr. Rick Novak for travel to University of Illinois Hospital family Center HIV clinic for tour.

11:00a Travel to Chicago Illini Union for Maternal and Child Health Conference.

1:00p Keynote speech on women, children and HIV/AIDS. (30m).

3:00p Depart for Chicago O'Hare.

5:00p Depart Chicago.

8:00p Arrive Washington National.

THE WHITE HOUSE

WASHINGTON

March 1, 1994

Mr. Eric Steel
Editor
Simon and Schuster Consumer Group
1230 Avenue of the Americas
New York, New York 10020

Dear Mr. Steel:

Thank you for sharing with me a copy of Abraham Verghese's book My Own Country: A Doctor's Story of a Town and its People in the Age of AIDS. I look forward to reading it, and expect to find it a useful addition to the growing number of voices on AIDS.

Sincerely,

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

this should have gone to him at his Texas address (was on the book)

THE WHITE HOUSE
WASHINGTON

March 1, 1994

Abraham Verghese, M.D.
c/o Simon and Schuster Consumer Group
1230 Avenue of the Americas
New York, New York 10020

Dear Dr. Verghese:

Simon and Schuster shared with me an advance copy of your book My Own Country: A Doctor's Story of a Town and its People in the Age of AIDS. It is a fascinating record of your personal journey with this epidemic, as well as a record of individuals lost to the virus. Thank you for sharing your story with us.

My best wishes to you in your continuing work.

Sincerely,

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

cc: Eric Steel

SIMON & SCHUSTER

Simon & Schuster Consumer Group
1230 Avenue of the Americas
New York, NY 10020
212-698-7335
Fax: 212-698-7035

Trade Division

RECEIVED
JAN 24 1994

January 20, 1994

Ms. Kristine M. Gebbie
White House AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie,

I am pleased to be sending you the special advance readers' edition of Abraham Verghese's MY OWN COUNTRY, a remarkable, moving and compelling work which Simon & Schuster will be publishing in May.

Abraham Verghese is the first doctor to write at book length about his work with AIDS patients. As he describes how AIDS penetrates his practice and his soul and pierces the fabric of a small town in Eastern Tennessee, we come to see how this disease and our reactions to it reveal not only our presumptions about ourselves and the world around us, but also the depths -- and shadows -- of the human spirit.

I think you will agree that MY OWN COUNTRY is more than just another book about AIDS. Verghese is an exceptional talent. He is a graduate of the Iowa Writers' Workshop and his fiction and essays have appeared in THE NEW YORKER and GRANTA. Praise for the book has already been received from Peter Kramer, Kaye Gibbons, Gail Godwin, Ferrol Sams, Mary Fisher, Clifton Cleaveland MD, and Frank Browning.

I hope you will share my enthusiasm. In light of your recent announcements regarding primary health providers, I think it is most timely. I welcome your comments.

Most sincerely,

Eric Steel
Editor

Advance Praise for *My Own Country* by Abraham Verghese

"*My Own Country* is a remarkable testament, and Dr. Verghese writes with the novelist's exacting eye for the memorable character trait and an irresistible narrative drive, even though the story he is telling is not fiction and his poignant characters are, alas, real people. Despite its subject, I found myself uplifted. Verghese makes it seem possible to get behind the petty borders of our ignorances and fears and enter that larger citizenry of the kind and the caring. It is an astonishing feat he has performed and gives me hope for us all in the next century and the new millennium"

-- Gail Godwin,
author of *A Southern Family*
and *Father Melancholy's Daughter*

"Abraham Verghese has an impeccable knowledge of his test tubes and his medicine, but he also writes lucid, beautiful English prose in the tradition of Conrad and Nabokov. This warm wanderer, in search of home, bares his own soul until the reader is shaken, challenged, repulsed, repentant, exultant and finally at peace. *My Own Country* has probably changed my life, made me a better person, for it has spelled out the nobility that exists in some physicians. It makes me proud to be one. Verghese reaffirms that the kingdom of heaven is within you."

-- Ferrol Sams,
author of *When all the World Was Young*

"Some stories are important because they are true; some because they are so wonderfully and wisely told. *My Own Country* is both: stunningly truthful and brilliantly written. This is an amazing story of gripping human drama. Here's a physician's story that could help heal the soul of America, if only we would listen."

-- Mary Fisher,
author of *Sleep With the Angels*
(Founder of the Family Aids Network)

"Verghese's intimate and unsentimental portraits of his patients and their friends -- gay, straight and in-between -- open up an unexamined American territory. Even more stunning is the grace and honesty with which he examines his own search for a sense of place in the world. For gay people who have tired of self-important manifestos, for any people who are looking for literature of contemporary America, *My Own Country* is vital reading."

-- Frank Browning
author of *The Culture of Desire*

"With unflinching honesty and unwavering compassion, Dr. Verghese gives us a powerul story of individuals learning to cope with AIDS, a story of community and all its interlocking parts. We are reminded that there are no backwaters, either of community or of individuals, where this disease is concerned."

-- Clifton Cleaveland, M.D., FACP
President, American College of Physicians

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Michael Reynolds
1964 Rodney Drive
Los Angeles, CA 90027

Dear Michael:

Thanks so much for taking the time to meet with me during your recent trip to Washington, D.C. I found our conversation informative and I look forward to working with you in the future.

Furthermore, thanks for having Bob and Rod stop by. Kristine Gebbie and I both enjoyed meeting them.

Please let me know if I can ever be of assistance. I can be reached at (202)632-1090.

Very Truly Yours,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

MAR 2 1994

Sent MAR 2 1994

THE WHITE HOUSE
WASHINGTON

John —
enclosed is a tape of
Rusty Jacobs' interview
on HHV talk radio - the
President would probably
be interested in it, if he
has time to listen —

Thanks
Tim Mathews

THE WHITE HOUSE

WASHINGTON

March 2, 1994

MEMORANDUM

TO: George Stephanopoulos, Senior Advisor to the President for Policy and Strategy

FROM: Kristine M. Gebbie, R.N., M.N. W. Steve Lee for
National AIDS Policy Coordinator

SUBJECT: AIDS Project Los Angeles (APLA) Fundraiser

Sent via fax 456-6703

In preparation for the March 4, 1995 radio message for the APLA fundraising event, the following talking points might be helpful.

Budget
The President has proposed an HIV/AIDS budget increase of nearly 10% (detail attached).

Health care reform (detail attached)
- Universal coverage
- Community ratings
- Prescription drug coverage
- Ryan White services not lost
- Discrimination prohibited
- Essential providers to treat HIV/AIDS

President's HIV/AIDS Advisory Council
Nominees are amidst the vetting process, and Los Angeles is well-represented on the Council. Moreover, David Mixner has seen and approved the list, and is in regular contact with this office.

Since your talk is brief, I hope this information suffices. If not, please call me at 632-1090.

Attachments (16 pages)

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Greg T. Madsen
Director of Business Development
Midway Hospital Medical Center
5925 San Vicente Boulevard
Los Angeles, California 90019

Dear Greg:

It was very nice to meet you during my stay in Los Angeles. It's always good to know another Manhattan Beach "Dude."

Good luck in the future, I wish you every success. Please don't hesitate to contact me if you are ever in Washington, D.C. or if I can ever be of service. I can be reached at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Paul Kawata
National Minority AIDS Council
300 I Street, N.E.
Suite 400
Washington, D.C. 20002-4389

Dear Mr. Kawata:

Thank you so much for taking the time to meet with me recently. I learned a great deal from our conversation and it was a pleasure to get to know you better.

I have since had conversations with Greg Adams and had lunch with Vince Rodriguez. I will continue to keep dialogue alive with them.

I took your advice and comments to Kristine Gebbie and she appreciated your input. We both look forward to continued dialogue between our organizations.

If I can ever be of service, please don't hesitate to call me at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Bob and Rod Jackson-Paris
3213 W. Wheeler #261
Seattle, WA 98199

Dear Bob and Rod:

It was nice to meet you during your recent trip to Washington, D.C. It is so refreshing to meet such celebrities as yourselves and find that you are so down to earth and pleasant to speak with.

I enjoyed our conversation and I admire the critical work that you are involved in. Keep it up! You are saving lives while making people happier and bringing them home to the American family.

I look forward to our next meeting and if I can ever be of service, please don't hesitate to call. I can be reached at (202)632-1090.

By the way, don't forget that you promised to do a comerical for us.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Cornelius Baker
National Association of People with AIDS
1413 K Street, NW
8th Floor
Washington, D.C. 20005

Dear Cornelius:

Thanks so much for taking the time to meet with me recently. I learned a great deal from our conversation and I was very impressed by your knowledge of the overall big picture.

I shared your concerns directly with Kristine Gebbie and she was receptive to them. She appreciates your advice and we both look forward to continued dialogue with you in the future.

Once again, thank you for your advice. Please don't hesitate to call if I can ever be of service. I can be reached at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

March 2, 1994

Mr. Paul Kawata
National Minority AIDS Council
300 I Street, N.E.
Suite 400
Washington, D.C. 20002-4389

Dear Mr. Kawata:

Thank you so much for taking the time to meet with me recently. I learned a great deal from our conversation and it was a pleasure to get to know you better.

I have since had conversations with Greg Adams and had lunch with Vince Rodriguez. I will continue to keep dialogue alive with them.

I took your advice and comments to Kristine Gebbie and she appreciated your input. We both look forward to continued dialogue between our organizations.

If I can ever be of service, please don't hesitate to call me at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Robert Thayer
Price/Thayer Productions
P.O. Box 262
Wye Mills, Maryland 21679

Dear Mr. Thayer:

Thank you for sharing your AIDS Awareness P.S.A. with me. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS. I am also committed to finding a cure for AIDS as soon as possible.

I am very encouraged by your interest in the area of HIV/AIDS prevention. In my work to stop the spread of HIV/AIDS, I like to hear about new concepts and ideas that individuals may have on this subject, especially prevention education strategies that address the needs of those at risk. As you may know, on January 4, 1994, the Centers for Disease Control and Prevention (CDC) launched the Prevention Marketing Initiative, aimed at young adults 18-25. The message in the PSAs launched as part of the campaign is very simple: abstinence is the most effective way of stopping the spread of HIV, and for those who choose to be sexually active, the use of latex condoms consistently and correctly for every sexual act can significantly reduce the risk of HIV transmission.

I am glad to hear that you have forwarded a copy of your PSA to CDC. The staff of the National AIDS Information and Education Program will be able to determine whether they will be able to use your material for any national campaigns that may be contemplated in the future. I would like to encourage you to continue in your labor, we need more interested Americans like yourself. I would also like to encourage you to work with your local community and let me know of your progress.

Thank you again for sharing your PSA with me.

Sincerely,

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

Price/Thayer Productions
P.O. Box 262 Wye Mills, MD 21679
(410) 819-8225 (410)4791008
Jan. 25,1994

Carlos's
Draft reply

President Bill Clinton
Office of the Public Liaison
Old Executive Office Room 122
Washington, D.C. 20500

Mr. President,

We are pleased about your recent efforts to increase AIDS Awareness throughout the U.S.. We are independent filmmakers that are often overlooked when we seek funding for projects such as a PSA for AIDS Awareness. Therefore we fronted our own money and deferred payments to the cast & crew for their time and talents. We have come as far as a preliminary edit of our PSA that we hope you will find as effective as we do.

The music was donated without obligation by the pop/rock band "U2" and their publishers (Polygram/Island records) after reviewing our script. The entire project to this point from initial development has taken about two years to produce. The theme and message targeted to the ages of 18-24 is not to tell them what to do, (at those ages the risk is that they won't listen anyway) but why to be aware of the threat of contracting the deadly virus.

A copy has been forwarded to the CDC in Atlanta, GA to a Mr. Bob Kohmescher ((404) 639-0965) in hopes that he will have sufficient funds to first help us to complete the project, and also to hopefully have the funds to spread the message throughout the United States. We plan to market the project world-wide to make up the costs the CDC and their affiliates cannot.

If more money can be made available, more effective Ads can and will be more easily produced. With proper funds, the effectiveness of our efforts to warn and to educate, not just about HIV, but drugs, sexual abuse, rape....,will be made more possible through the most universal and powerful multi-media. We hope to be able to help in any way we can. As it stands now, we just don't have the funds to get our messages out. Best wishes in your efforts...

Sincerely,

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Linda C. Von Cannon, Col. USAFR
HIV Education Consultant
4216 Braganza Street
Miami, Florida 33133

Dear Col. Von Cannon:

Thank you for your offer to assist me in preventing HIV transmission in military settings. As you may know, the President signed on September 30, 1993 the Directive on AIDS in the Workplace. This document requires all employees in the federal system to be trained in HIV/AIDS prevention and AIDS in the workplace by December 1, 1994. The Directive encourages each department and agency to look at its own priorities in setting up the necessary training program for managers and staff.

I attended a senior staff training at the Department of Defense earlier this year, where we discussed the implementation of the program. It is my understanding that John Mazzucci, M.D. is the lead person on the implementation of this initiative for the Department of Defense. You may reach him at (703) 695-7116. I am sure he would be very interested to receive your input on the development of the program.

I would like to thank you again for your offer.

Sincerely,

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

cc: John Mazzucci, M.D.

CORPORATE FIRST AIDS

CORPORATE HEALTH MANAGEMENT CONSULTANTS, INC.

4216 Braganza Street, Miami, FL 33133 1-800-835-2246 Ext. 406

RECEIVED Carlos d. ft reply

FEB 14 1994

February 5, 1994

Kristine Gebbie
National AIDS Policy Coordinator
Domestic Policy Office
Old Executive Office Building
Washington, DC 20501

Dear Kristine:

This letter is to let you know that I am available and have the desire to function in any capacity where you might find my expertise useful to develop a National AIDS Policy.

I am Project Coordinator of the Air Force's grassroots efforts to develop HIV Resource Education/Prevention Teams on our bases around the world. In civilian life, I am an HIV Educational Consultant and a nurse in Miami.

As an Air Force Reserve Colonel with 27 years experience, I would like to help you coordinate a plan to prevent HIV Infection in the Military Community. I would like to help you translate this plan into a dynamic and evolving World-wide HIV Armed Forces Prevention/Education Plan.

The military has an opportunity to influence the social and physical environments, and ultimately thereby bring about change in societal norms. Since the military has a large population of adolescents, I would develop methods, ways and means for it to assume a leadership role in HIV Prevention.

Please allow me to discuss with you my thoughts on a Global Military Prevention/Education Model. I can be reached at 305-661-0517.

Sincerely,

Linda C. Von Cannon

Linda C. Von Cannon, Col. USAFR
HIV Education Consultant
4216 Braganza Street
Miami, FL 33133

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Elmer F. Clune
29 Broadmoor Drive
Tonawanda, New York 14150

Dear Mr. Clune:

Thank you for sharing your thoughts on HIV/AIDS prevention and cigarette smoking with Surgeon General Elders and me. As your comments on the HIV/AIDS epidemic were directed at me specifically, I will address only those. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV, provide adequate care for those already infected and find a cure for AIDS as soon as possible. I am encouraged by the interest of individuals like yourself on the complex issues of HIV/AIDS prevention.

As you correctly point out in your letter, HIV/AIDS prevention is very controversial. As the current Admistration's leader in the fight against HIV, I will disagree with you that mandatory testing is the only way to stop the spread of HIV. I have been entrusted by the President to take positive steps to end this epidemic. I believe that in order to stop the transmission of the virus, we must address the issues from a public health standpoint.

Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by testing all high school and college students, contact tracing and, I assume, isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact. Effective education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Under those circumstances, it would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those infected.

Programs aimed at changing behavior must specifically give individuals the information necessary to protect themselves. As a nation, our efforts at HIV prevention for young people

have been too timid to be able to impact behavior. Your letter contains a copy of language from a newspaper article citing figures from a report of the National Commission on AIDS. The Commission's conclusion is that what is needed are more linguistically specific prevention messages for young people where sexuality is discussed openly and condoms are made available to young people. Their recommendations do not include widespread testing of school and college students as you advocate.

A closer analysis of the data gathered by the Commission would also reveal that of the young people reflected in the figures, out-of-school youth constitutes a disproportionate number of those infected with HIV. This population requires an additional level of effort in our prevention activities. Current programs aimed at out-of-school youth provide for outreach workers to go to where they congregate for delivery of prevention information and individual interventions.

My primary aim is to promote programs and educational campaigns that are flexible enough to address the needs of those who choose to abstain and those who choose to be sexually active. In order to do this effectively, it is my belief that the messages must speak the language of those we are trying to reach. Based on statistical information obtained in communities where linguistically specific programs have been implemented in the last decade, I am supported in this belief as the most effective way of stopping the spread of HIV.

I would like to thank you again for your input.

Sincerely,

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

cc: Joycelyn Elders, M.D.

Carlos —
we have answered these points in earlier letters — pull up & draft & share my reply w SG's staff

JANUARY 94

Adults urged to kick habit for kids' sake

ASSOCIATED PRESS

WASHINGTON — Parents who smoke make children "innocent victims" of their addiction, Surgeon General Joycelyn Elders said Thursday. She urged adults to quit smoking inside their homes and cars.

Elders joined ear, nose and throat doctors in launching a campaign to dramatize the hazards of secondhand smoke and get smoking banned in and around day-care centers and schools.

Nine million children breathe secondhand smoke regularly, and at least half of all kids under 5 live in a home with at least one adult smoker, Elders and others told a news conference.

"Hundreds of thousands of children every year will suffer acute attacks of asthma ... brought on by secondhand smoke," said Dr. David R. Nielsen of Phoenix, a leader of the American Academy of Otolaryngology-Head and Neck Surgery campaign.

And tens of thousands of infants under 18 months are hospitalized each year with bronchitis and pneumonias "that probably could have been prevented without this exposure," Nielsen said.

The campaign was launched at a public elementary school, where children paraded in with Stop Smoking signs.

"People simply are unaware of the dangers to which they are exposing their children," said Joan Lunden, the host of *Good Morning America* and spokesperson for the campaign.

"Parents don't hesitate to keep their children out of an asbestos-filled school ... yet they will still allow smoking in elementary schools today and in day-care centers," said Lunden, daughter of a cancer surgeon.

"Secondhand smoke affects children for their entire lives. As adults they're twice as likely to develop lung cancer if their parents smoke," Elders said.

She said 750,000 children are exposed to smoke in day-care centers, and 83 percent of schools "still allow smoking someplace on the premises."

SURGEON GENERAL JOYCELYN ELDERS

COPY TO: MS. Kristine Gebbie, RN, MN, NAT. AIDS Coord.

SUBJECTS: SMOKING, AIDS & DRUGS.

IT'S ABOUT TIME THE U.S. GOT SERIOUS ABOUT THE ABOMINATION OF SMOKING, ESPECIALLY WHEN CHILDREN ARE FORCED TO BREATH 2ND HAND SMOKE. I URGE YOU TO HAMMER HOME THIS MESSAGE VIA WEEKLY SPOT PUBLIC-SERVICE ANNOUNCEMENTS!!! SERIOUS CONSIDERATION SHOULD BE GIVEN TO HOME VISITS BY HEALTH NURSES FOR INSPECTION & COUNCELING WHEN SCHOOL CHILDREN SHOW RESPIRATORY DIFFICULTIES!! ①

PLEASE OFFER YOUR WISE COUNCEL TO KRISTINE GEBBIE RE STOPPING THE AIDS EPIDEMIC. WE MUST HAVE WIDE-SCALE TESTING OF HIGH SCHOOL & COLLEGE STUDENTS FOR HIV WITH REPORTING TO HEALTH AUTHORITIES & CONTACT TRACING/FOLLOW-UP AS HAS BEEN CONDUCTED FOR ALL PREVIOUS SERIOUS FATAL EPIDEMICS. STOP THIS ABSURD POLITICAL SECRECY, LEST SOCIETY BE DESTROYED. ②

YES, YOU COULD DECRIMINALIZE THE MANUFACTURE & SALE OF DRUGS (NO, NOT LEGALIZE WITH GOVT. TAXATION, BLESSING etc Ad, NAUSEUM) & KEEP HEAVY FELONY PENALTIES ON USE OF DRUGS, ONLY. USE WIDE-SCALE TESTING IN SCHOOLS & WORKPLACES TO APPREHEND & BRING TO TREATMENT THE STUPID USER, PUTTING ALL FUNDS THERE. THE INCORRIGBLE WOULD LOSE THEIR Jobs (ALA THENEL) & be INCARCERATED for INCREASING TERMS. ③

PLEASE EXERT LEADERSHIP IN THESE THREE VITAL PROBLEM AREAS OF PERSONAL BEHAVIOR.

ELMER CLUNE, 29 Broadmoor Dr. ①,②,③ see other side
TONAWANDA, NY 14150

☆ USE FEDERAL LICENSING TO PROHIBIT?

Foot Notes

(1) LET'S TAKE THE HIPOCRACY OUT OF OUR ALLEGEDED CAMPAIGN TOWARD A "SMOKELESS SOCIETY" BY ELIMINATI ALL PRINT & SIGN BOARD ADVERTIZING ALONG WITH THE TOTALLY-ABSURD SUBSIDIES TO TOBACCO FARMERS! DOCTOR, DO YOU HAVE THE COURAGE OF YOUR CONVICTIONS??!!

(2) IN THE NATIONAL AIDS COMMISSION'S FINAL REPORT THE FOLLOWING IS STATED:

6/1/93

In its report on AIDS in adolescents, the commission said that as of March, 1,267 cases of acquired immune deficiency syndrome nationwide had been reported among teen-agers aged 13 to 19.

The number of cases among 20- to 29-year-olds, however, actually is of greater significance, because AIDS can take 10 or more years after infection to develop. As of March, 10,949 cases of the disease had been reported among 20- to 24-year-olds, and 44,171 among 25- to 29-year-olds, the panel said. These individuals represent about 20 percent of the nation's total caseload "and were probably infected as teen-agers," the report said.

THE LAST SENTENCE OF THE NEWS CLIP SAYS IT ALL. WE DESPERATELY NEED TO TEST THE MOST SEXUALLY-ACTIVE YOUNG HIGH SCHOOL & COLLEGE STUDENTS WITH REPORTING TO HEALTH AUTHORITIES & CONTACT TRACING/FOLLOW UP. THERE IS NO CHANCE OF STOPPING AIDS ANY OTHER WAY, ONE MUST KNOW WHETHER OR NOT YOUR PROPOSED PARTNER IS HIV POSITIVE. TO HAVE SAFE SEX WITH AN HIV POSITIVE PERSON REQUIRES NOT ONLY A PERFECT CONDOM, PERFECTLY WORN BUT ALSO THE USE OF LATEX GLOVES AND A PLASTIC KISSING SHIELD AS VAGINAL & MOUTH FLUIDS DO CARRY THE VIRUS & CAN BE PASSED ALONG THRU CUTS IN THE FINGER'S & SORES IN THE MOUTH CAVITY, FOR EXAMPLE. THE CURRENT RELIANCE ON CONDOMS ALONE IS QUITE SIMPLY ABSURD!

Note Especially: MS, Gebbie, Please start telling it like it is!!!

(3) DECRIMINALIZING THE MANUFACTURE & SALE TAKES THE MONEY & COST OF INTERDICTION OUT OF THE SCENE & ALLOWS THOSE MONEY'S TO BE USED TO STOP THE USER, THE REAL CULPRIT & FOOL! ANYONE CAUGHT PURCHASING OR POSSESSING DRUGS SHOULD BE IMMEDIATELY GIVEN A DRUG TEST ALONG WITH ROUTINE TESTING IN SCHOOLS & THE WORK PLACE.

Jan, Feb, March Address 567 Midway track UNIT M103
Silver Spring shores, OCALA, Florida 34472

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Kenneth N. Consentino
President
National Health Registry to Prevent AIDS
P.O. Box 350510
Ft. Lauderdale, Florida 33335-0510

Dear Mr. Consentino:

Thank you for sharing information about the National Health Registry with me. As you know, the President appointed me National AIDS Policy Coordinator to lead the federal government and the nation in the fight against the HIV/AIDS epidemic. The President and I are committed to stopping the spread of HIV, to provide adequate care for those already infected and to find a cure for AIDS as soon as possible.

I am encouraged to hear of your interest in HIV/AIDS prevention. As your letter indicates, our task is not an easy one. The most difficult part of our work to prevent the spread of HIV is to encourage individuals to protect themselves by adopting and retaining behaviors that will reduce their risk of contracting HIV. We are currently using a simple message in all our prevention activities: abstinence is the most effective way of stopping the spread of HIV, but for those who choose to be sexually active, using a latex condom consistently and correctly for every sexual act will reduce significantly the risk of HIV transmission. This message is the underlying message of the Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC), which was launched on January 4.

In your letter you ask that I give my committed support to the National Registry to Prevent AIDS. It my belief, and I am supported by research, that behavior change is the most effective way of stopping the spread of HIV. The National Registry that you mention in your letter may be useful for those individuals that have already changed their behavior, and who may have the level of self-determination needed to participate in all the activities necessary to make the registry an effective tool. As a health professional, I must also consider the needs of those that continue to engage in risky behavior who must be reached with prevention interventions that will effectively change their behavior.

Thank you again for sharing information about the National Registry with me.

Sincerely,

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

NATIONAL HEALTH REGISTRY
to Prevent AIDS
I (800) HALT-HIV

Fax Number
(305) 766-8470

NATIONAL HEALTH REGISTRY
to Prevent AIDS
I (800) HALT-HIV

P.O. Box 350510
Ft. Lauderdale, FL 33335-0510

National Coordinator
Ken Cosentino

FEBRUARY 3, 1994

NATIONAL AIDS POLICY COORDINATOR
KRISTINE M. GEBBIE
750 17TH STREET N.W.
SUITE #1060
WASHINGTON, D.C. 20503

DEAR MS. GEBBIE,

The National Health Registry to prevent AIDS is an organization dedicated to preventing the ravaging spread of AIDS! We have developed and are close to a start date in implementing our program that absolutely has the potential to substantially reduce the risk of contracting HIV, and will ultimately impact the over-all spread and devastation of this disease.

Until now most people have not wanted to or have not had a compelling reason to be tested for HIV because they feel their life would be completely devastated since there is no cure. Since it generally takes ten years or more for HIV to produce symptoms from the point of infection, an infected person will probably unknowingly infect many other people in that long period of time, which is the precise reason AIDS is likely to be spreading in geometric proportions.

There is no way to know just how fast or how wide AIDS has spread to date. Given the nature of AIDS and the possibility of geometric growth of infection, all published estimates are mostly based on irrelevant data, and information that leaves a tremendous potential for drastic gross inaccuracies in the number of people reportedly thought to be infected with HIV, which then would result in grossly inaccurate reports in the actual rate of its spread. There will be a compounding increase in future infection and devastation for every day, week, month and year that this dreadful disease is permitted to continue its spread. The truth is; the world will not know the true impact of AIDS for many years to come.

The only responsible action and immediate solution short of a cure is for the government to endorse and assist us in implementing our plan which will entice and

promote the essential widespread HIV testing that is desperately needed, and will then offer an effective way for people to avoid contact with HIV. This program will accomplish this easily and effectively, without discriminating against or exposing those people who are already infected.

Our program offers those at risk that "compelling" reason to want to be tested. Participation enables each person to interact with another person who they can easily verify has also tested negative for the HIV virus and the exact date of their most recent test, therefore greatly reducing their chance of contracting HIV/AIDS.

Participants are encouraged to maximize their protection within this program by requesting that each new sexual partner re-test prior to any sexual involvement. Now that people have a "compelling" reason to be tested we firmly believe most will want to take advantage of the included attractive simplicity within this unique program of being tested for HIV in the convenience of their own home or at their place of work. However, even if there is not a request for a participant to re-test and to provide a current result, at the very least it will be extremely valuable for that person to know that their potential sexual partner has tested HIV negative at the beginning of their membership period, and that they could not have been an HIV carrier for a prolonged period of time. Since the vast majority of HIV infected persons have been infected for a prolonged period of time, this program will be extremely effective in not permitting the largest percentage of all HIV infected persons from participating.

Within this program the level of risk is immediately reduced to only include those persons who have become infected with HIV and have been tested too soon before the virus could produce enough HIV antibodies to be detected by the test, which represents only a small fraction of present and all future HIV infected persons. (The HIV virus is generally detected by an HIV test within 2-12 weeks from the point of infection). In the scope of the AIDS epidemic and its spread there of, immediately eliminating roughly eighty to ninety percent or higher of all HIV infected persons from participating or interacting with participating uninfected persons, is certainly a dramatic reduction in risk that must not be ignored.

Many people in this country strongly support mandatory HIV testing for everyone and public disclosure of the test results. As effective as that would be, discrimination prevents its application and the moral and ethical questions it could raise. This program does not discriminate or expose infected persons, yet it provides a very similar degree of

protection as mandatory testing would offer. Even with mandatory testing, in addition to the window period causing a problem in detecting 100% of all HIV infected persons, the possibility still exists that an uninfected person will foolishly choose to interact with an infected person and then without malice of forethought infect other uninfected persons, ridiculous, yet possible! Therefore mandatory testing would not provide guaranteed protection either. The point is; no one can have complete control over everyone's actions and there will always be foolish people who do unthinkably foolish things. In light of that, we should still absolutely not ignore the dramatic potential for risk reduction within this program only because it cannot offer guaranteed protection. There is no better solution short of a cure that can guarantee protection, this is as close as it gets!

Aside from abstinence and maybe condoms, there is simply no other effective means of reducing the risk and spread of HIV/AIDS. Abstinence is not a realistic expectation and condoms are questionable because of the low percentage of use, the alarming percentage of leakage, breakage and improper use, and in addition condoms must be used and relied on for each and every act WITHOUT FAIL. Nevertheless, because there is a definite degree of protection, this program will heavily endorse and promote condom use in conjuction with this program.

This program does not match one person with another person, and is in no way a dating service of any sort, and certainly does not have any intention now or in the future to attempt to match any member with another member. Each participant will meet and interact with people in exactly the same way they always have in the past, the only major difference is they will now request for their potential sexual partner to be tested and then to "Register", if that person happens to already be participating and is registered, they can simply call to check and verify that person has tested negative for the HIV virus and the exact date of their test.

The fear that someone may become infected with HIV while participating with this program is essentially a futile fear. The fact is; people who were destined without this program to meet an infected person and unknowingly become infected, will now within this program have an excellent chance of not even meeting much less become infected by that person. However, if by some lack of detection and through no fault of our own, the infected person is enabled to participate with this program and should infect another participant, we have only failed to prevent the infection and are certainly not the cause of that infection

because it would have occurred regardless of this "Registry Service". We must not as you should not be deterred because of the relatively few people we may not be able to save, but encourage and determined by the potential masses of people we can save!

With this nations impenetrable and complex bureaucracy, it is extremely difficult to find someone with the authority and in a position who is willing and capable to convince those necessary to make the needed decisions that will give this program the chance it deserves. We believe this programs complete and widespread success may depend on the governments assistance.

Enclosed for review:

1. Brief program description,
2. Seven pages of the exact contents to be contained in our information brochure,
3. A two page document explaining our view of the liability involved within this program,
4. Contents of a disclaimer form that must be signed by each and every participant.

Please take the time to carefully examine and understand all materials.

Contact Mr. Kenneth N. Cosentino with questions and comments at (305) 523-7479

Sincerely,

Kenneth N. Cosentino
President

NATIONAL HEALTH REGISTRY

to Prevent AIDS

1 (800) HALT-HIV

THE FOLLOWING SEVEN PAGES CONTAIN THE PROPOSED CONTENTS OF OUR "INFORMATION BROCHURE".

THIS BROCHURE WILL INFORM THE PUBLIC AT RISK OF THE EXISTING DANGER, POTENTIAL DEVASTATION AND ELUSIVE NATURE OF THE HIV VIRUS.

THE MAIN PURPOSE OF THIS BROCHURE IS TO EXPLAIN EXACTLY HOW THIS PROGRAM WILL WORK AND CLEARLY OUTLINES ITS LIMITATIONS AND OBVIOUS BENEFIT.

EACH AND EVERY PARTICIPANT WILL RECEIVE THIS INFORMATION PRIOR TO BEING REGISTERED AND PRIOR TO BEING PERMITTED TO PARTICIPATE WITHIN THIS "REGISTRY SERVICE".

P.O. Box 350510 • Ft. Lauderdale, FL 33335-0510 • Fax Number (305) 766-8470

THE SOLUTION!

A SIMPLE AND EFFECTIVE WAY TO REDUCE YOUR RISK OF BECOMING INFECTED WITH HIV/AIDS!

CHECK AND VERIFY THAT YOUR POTENTIAL SEXUAL PARTNER HAS IN FACT TESTED NEGATIVE FOR THE HIV VIRUS BEFORE ANY SEXUAL CONTACT.

YOU WILL SUBSTANTIALLY REDUCE YOUR RISK OF CONTRACTING HIV!

Once you have been tested for HIV and have tested negative - we will obtain and verify the negative test result and enter your name and the exact date of the test into our computer based "Registry Service". You will be issued a personal ID# and ID card which will be promptly sent to you along with important membership information.

When you meet someone who is not yet "Registered", you should explain that you have registered your negative HIV test result with a "Service" that enables each of you to call and verify that the other has tested negative for the virus. Suggest that it is important and a good idea that they also Register! (WE CAN ARRANGE CONVENIENT IN HOME TESTING AND "REGISTER A PERSON WITHIN JUST A FEW DAYS.) *Give them our registration telephone number (1-800-HALT-HIV) and explain how simple and convenient it is to "Register, not to mention potentially life saving! The person you request this of will certainly respect your sense of responsibility and will very likely also want to "Register".*

Once that person is also "Registered", or; if the person you meet and are interested in is already "Registered", for only a $2.00 toll you will be able to call our verification telephone number to check and verify that persons HIV test result information.

When calling to check and verify HIV test information, you will be instructed to first enter in your own identification number, and then to enter in the other persons identification number who you wish to verify. Once both ID#s are entered properly you will listen to a computer verify and announce the other persons name and that they have tested negative for the HIV virus along with the exact date of their most recent negative HIV test result.

If the person you are interested in declines your request and does not wish to "Register" you should make a wise decision and also decline to persue a sexual relationship with that person.

However, since most people are very concerned and fearful of contracting HIV/AIDS, we strongly believe people will eagerly welcome the suggestion and opportunity, and want to "Register"!

FOR THIS TO WORK

" DON'T WE NEED EVERYONE TO REGISTER "?

NO! WHETHER TWO PERSONS OR TENS OF MILLIONS OF PERSONS PARTICIPATE WITHIN THIS "REGISTRY SERVICE", THERE IS NO DIFFERENCE IN THE AMOUNT OF PROTECTION RECEIVED. YOU ONLY NEED THE PERSON YOU INTEND TO PERSUE SEXUALLY TO BE "REGISTERED"! YOU SHOULD NOT BE CONCERNED ABOUT ANYONE ELSE EXCEPT YOURSELF AND YOUR POTENTIAL SEXUAL PARTNER!

PLEASE BE INFORMED THAT THE NATIONAL HEALTH REGISTRY CANNOT "GUARANTEE" PROTECTION AGAINST BECOMING INFECTED WITH HIV!

However, this "Registry Service" will provide you with valuable information that will "REDUCE" your risk and chance of becoming infected with the HIV virus!

The National Health Registry CANNOT GUARANTEE that any person participating with this "Registry Service" who tests negative for the HIV virus will currently be free of HIV. The NHR also CANNOT GUARANTEE that a person will not become infected with HIV while participating with this "Registry Service". If you decide to participate with this "Registry Service" you must understand that we can only 'REDUCE' your chances of contracting HIV and that we do not have control over how responsible a registered member will choose to be while participating with this "Registry Service".

You should continue to use condoms while participating with this "Service", and you should always inquire about your partners recent sexual history at least since their last negative HIV test. If your partner has not had a sexual relationship since their last negative HIV test, you are obviously at considerably less risk than if they had.

Your decision to engage in a sexual relationship should not be solely based on the information you receive from this "Registry Service".

THE FACT IS:

Even though we cannot guarantee 100% protection against HIV and after informing you of all the facts and existing risk;

IT IS ABSOLUTELY INDISPUTABLE THAT IT IS OF GREAT VALUE AND BY FAR BETTER TO KNOW THAT THE PERSON YOU ARE INTERESTED IN SEXUALLY HAS TESTED NEGATIVE FOR THE HIV VIRUS AND THE EXACT DATE OF THAT TEST,

RATHER THAN NOT KNOWING AT ALL!

Each NHR member will have the option to re-test and re-register as often as desired under these same terms, charges, and conditions.

When checking and verifying the HIV test information of another member, each NHR member has the responsibility to decide if you are sufficiently satisfied that the verified test date is current enough and whether or not you should request for that person to re-test and re-register before any initial sexual contact.

Regardless, each NHR member is required to re-test and re-register after expiration of the initial six month period. Thereafter each member will be required to re-test and re-register at least every twelve months.

You will be notified just prior to the expiration date of your membership.

* HIV TESTING *

According to the Federal Agency CDC (Center For Disease Control) in some areas around the country going to a doctor for counselling and an HIV test can cost more than $200.00

Most people are uncomfortable and anxious about making a doctor appointment or going to a crowded public health facility for the purpose of getting an HIV test.

* FOR THIS REASON WE HAVE MADE IT SIMPLE!

* WE CAN ARRANGE CONVENIENT TESTING FOR YOU!

THIS IS HOW IT WORKS:

TO REGISTER:

Choose one of the three test options on the following page and send a check or money order in the amount of the option chosen, made payable to; National Health Registry, P.O. BOX 350510 Fort Lauderdale, Florida 33335-0510

Be sure to include name, telephone number with area code and complete mailing address. Please specify option chosen.

* OR YOU CAN CALL

(1-800-HALT-HIV)

(1-800-425-8448)

OPTION I: COST $75.00- *(Includes HIV test and entry into the "Registry Service" with a negative test result).*

YOU WILL HAVE THE CHOICE AND CONVENIENCE OF BEING TESTED IN YOUR OWN HOME OR AT YOUR PLACE OF WORK.

If you choose this option a licensed professional paramedic will contact you and set an appointment at your convenience in your home or place of work in order to obtain a blood sample. The blood sample will be professionally handled and shipped to (Center For Laboratory Services) one of the largest and most respected laboratories in the country. Each HIV test result will be held confidentially and transferred to (SAMI) a respected counselling company staffed with physicians who will professionally contact and counsel any positive test result. All negative HIV test results will be held confidentially and transferred directly to National Health Registry for the purpose of registering only the HIV negative test results into our "Registry Service" along with the exact date of the HIV test.

OPTION II: COST $50.00- *(Includes HIV test and entry into the "Registry Service" with a negative test result).*

YOU WILL BE TESTED AT A PARTICIPATING PARAMEDICAL TESTING FACILITY NEAR YOU.

If you choose this option we will send you a requisition form listing all of the participating testing facilities in your area. By simply presenting the requisition form at any of the listed locations will entitle you to receive an HIV test at no additional charge. Any HIV positive tested person will be contacted and counselled the same as in Option I. All negative HIV test results will be held confidentially and transferred directly to National Health Registry for the purpose of registering only the HIV negative test results into our "Registry Service" along with the exact date of the HIV test.

OPTION III: COST $25.00- *(Does not include HIV test)*

THIS OPTION INCLUDES ENTRY INTO THE "REGISTRY SERVICE" ONLY WITH A NEGATIVE HIV TEST RESULT.

You can choose to be tested for HIV by your personal doctor or a testing facility of your choice at your own expense. If you choose to be tested on your own it is important to make sure the doctor or testing facility you choose can and will test you 'confidentially' not 'anonomously'. You must request for the facility to place your full name and address directly on the test form. When you choose this option you will receive a "Register Kit" containing all of the needed information and a medical release form that will enable us to obtain and verify the negative HIV test result. With a negative HIV test result we will enter you into our "Registry Service" along with the exact date of the HIV test.

SOME PEOPLE SAY

" I DON'T NEED THIS "

REGISTRY SERVICE

" BECAUSE I WILL JUST BE TESTED TOGETHER WITH MY NEW PARTNER WHEN I MEET THEM "

THE FACT IS; *The awkwardness of mentioning that you both be tested together, along with the inconvenience of making an appointment that agrees with both of your schedules, and then actually arranging to be tested when the relationship is new and just beginning,* USUALLY IS NOT THE CASE! *This "Registry" takes the awkwardness out of asking and puts the words in your mouth for you. This gives you an unawkward unoffensive way to suggest that you both find out each others* HIV *test status* BEFORE ANYTHING ELSE!

YOU DO NEED THIS "REGISTRY SERVICE"!

" COMMON MYTH "

Many people mistakenly think that if you are infected with HIV, *an* HIV *test may not detect the* AIDS *virus for years.*

THAT IS ABSOLUTELY FALSE!

ACCORDING TO THE CDC

According to the CDC (Center For Disease Control) "ALMOST ALL PEOPLE WHO ARE INFECTED WITH HIV WILL DEVELOP THE HIV ANTIBODIES AND TEST POSITIVE WITHIN 2 TO 12 WEEKS FROM THE POINT OF INFECTION". *In rare cases it can take as long as six months to detect from the point of infection. It is almost* UNHEARD OF *for the virus to go undetected by an* HIV *test longer than six months.*

TEN YEARS TO PRODUCE SYMPTOMS!

People confuse the fact that once someone is infected with the HIV *virus, it will likely take up to ten years or more to develop into "full blown* AIDS". FULL BLOWN AIDS IS GENERALLY WHEN SYMPTOMS FIRST OCCUR THAT PROMPT THE PERSON TO FINALLY GET TESTED AND THEN THEY ARE FINALLY DIAGNOSED. *Before an* HIV *infected person gets tested or finally gets sick, there is simply no sign to warn them they are* HIV *positive! For this reason, during that long period of time that person will unknowingly expose any sexual partner to the* HIV *virus!*

THREE EASY STEPS TO REDUCE YOUR RISK:

1.) TEST — YOU GET TESTED OR LET US ARRANGE CONVENIENT TESTING FOR YOU.

2.) REGISTER — ONCE WE VERIFY YOUR NEGATIVE HIV TEST RESULT, WE WILL AUTOMATICALLY REGISTER YOU INTO OUR "REGISTRY SERVICE".

3.) VERIFY — CALL TO VERIFY THAT YOUR PARTNER HAS TESTED NEGATIVE FOR THE HIV VIRUS AND THE EXACT DATE OF THEIR MOST RECENT TEST PRIOR TO ANY SEXUAL CONTACT.

To further reduce your risk: inquire about their recent sexual history and suggest they re-test and re-register if they have been sexually active with someone who has not recently tested negative for the HIV virus, or is not currently "Registered".

CONDOM USE

In order to maximize your protection against the HIV virus, it is highly recommended that you continue to use latex condoms while participating with this "Registry Service"! However we should also inform you that condoms alone are not sufficient protection because of the reported risk of condom breakage,leakage, and improper use. It is substantially safer to use a condom with someone who you know has tested negative for the HIV virus, as opposed to using a condom with someone who has not tested at all with the risk and possibility of having the condom fail in any way.

YOU CAN NOW CHECK YOUR PHYSICIANS OR DENTISTS HIV TEST STATUS

You can now easily check to see if your physician or dentist is "registered" with the NHR. Physicians and dentists all across the country are registering their HIV test result in order to ease their patients and potential patients fear that they may be infected with HIV in this manner. IT IS SIMPLE AND FREE TO CALL AND CHECK THIS INFORMATION! SIMPLY CALL (1-800-NEGATIVE), (1-800-634-2848) and enter any physicians or dentists complete ten digit telephone number.
(If your doctor is not yet "Registered", it is possible they are not aware that this service is now available. Please inform them and request that they "Register"!

"AIDS"

THE FRIGHTENING THING IS:

The nature of AIDS is such that most infected people are not aware that they have been exposed to HIV, in many cases they may go ten years or more before they start having symptoms, or finally get sick and finally get tested.

When AIDS was discovered in the United States in 1981, only a few cases were reported and confirmed. The numbers have continued to rise month by month, year by year in FRIGHTENING proportions.

It is truly frightening to think that there is a massive number of americans that have ABSOLUTELY NO IDEA THEY ARE INFECTED WITH THE HIV VIRUS.

And since it takes so long to produce symptoms that will finally prompt a person to get tested, each person out of that massive number of americans may go many years probably infecting other people who also may go many years probably infecting other people and so on. It is a form of geometric progression where the numbers can keep doubling, or growing geometrically. For example, when 10,000 infected people each only infect 1 person that number doubles to 20,000 people. Again, each one of those people infect just one person the number doubles again to 40,000 people, then to 80,000, then to 160,000, to 320,000, to 640,000, to 1,280,000, to 2,560,000 to 5,120,000, to 10,240,000, you get the idea. The numbers will keep growing geometrically until something is done to stop it. How long will it take to reach you? MUCH SOONER THAN YOU THINK!!

Keep in mind that this is happening to people without their knowing it!!!

Because of this it is extremely difficult to even begin to predict the number of people who are presently infected and more disturbingly how many more people will go on to be unknowingly infected!

Aids is already a leading killer of men and women ages 15 to 44 in this country.

As reported in the Surgeon Generals Report To The American Public On HIV And Aids, "about 1 american out of every 250 is currently infected with the HIV virus", and these are only the figures reflecting the people who have actually taken an HIV test and tested positive. It is anyones FRIGHTENING guess what the true numbers of HIV positive people really are!

ANOTHER TROUBLING TREND:

Teenagers seem to think they are not as at risk because they do not see many of their friends sick, but the fact is most people being diagnosed now are in their 20s and early 30s, that means the majority of those people were teenagers when they were infected.

NATIONAL HEALTH REGISTRY
to Prevent AIDS
1 (800) HALT-HIV

EACH AND EVERY PERSON WHO CHOOSES TO PARTICIPATE WITHIN THIS "REGISTRY SERVICE" WILL BE REQUIRED TO SIGN AND AGREE TO THE FOLLOWING DISCLAIMER STATEMENT PRIOR TO ANY PARTICIPATION WHAT SO EVER.

DISCLAIMER STATEMENT

I agree not to hold National Health Registry or any of its officers, directors, employees or agents, including specifically any third party with whom it may contract to perform any portion of the functions of the Registry Service (collectively "the Registry") responsible or legally liable should I become HIV positive while participating in the Registry Service and further agree to indemnify and hold harmless the Registry from any claims by myself or others arising out of myself or others becoming HIV positive.

P.O. Box 350510 • Ft. Lauderdale, FL 33335-0510 • Fax Number (305) 766-8470

NATIONAL HEALTH REGISTRY

to Prevent AIDS

1 (800) HALT-HIV

This "Registry Service" program has been designed with limiting liability as our first priority and concern.

Each and every person who registers with our "Registry Service" will receive our information brochure (enclosed for review) which informs in detail and is unmistakable that this "Registry Service" cannot guarantee protection against HIV infection. Our claims are clear that participating with this service will only reduce a persons chance of becoming infected with HIV.

Before any person is permitted to participate with our "Registry Service" they are required to sign a disclaimer statement form that will be kept on file with the National Health Registry. In addition, when a registered member calls to check and verify the negative HIV test result of another NHR registered member, the announcement will remind and inform them that "this negative HIV test result cannot guarantee that the person tested is currently free of HIV".

This program permits and encourages each member to update their negative HIV test result as often as they want or feel they need to, which is important because it puts the responsibility of letting each registered member decide if the test date of their potential sexual partners HIV test is current enough. They can now make their decision of whether or not to become sexually active with that person based on how current the test is, or they can request for that person to re-test and re-register in order to up-date the test information to be more current. In effect, each person will control their own degree of risk. However, the NHR requires each member to up-date their negative HIV test result initially after six months and there after at least every twelve months.

Through our information brochure, which each and every member receives, they are instructed to use condoms while participating within this "Registry Service". They are also instructed to use caution and inquire about a potential partners sexual history at least since their last recent negative HIV test. They are further directed not to make the decision to engage in a sexual relationship based solely on the information they receive from this "Registry Service".

It is important to note that the National Health Registry will only permit NHR registered members to participate with our "Registry Service". Only NHR registered members can receive verification of another registered members negative HIV test result information. This enables us to inform each and every participant properly and also enables us to obtain from each participant a disclaimer statement signature. In order for a person to access test information from our verification service, all callers will be instructed that they must first enter in their own identification number and then the identification number of the person they wish to check and verify. The announcement will instruct the caller to hang up if they are not an NHR registered member.

P.O. Box 350510 • Ft. Lauderdale, FL 33335-0510 • Fax Number (305) 766-8470

NATIONAL HEALTH REGISTRY
to Prevent AIDS
I (800) HALT-HIV

This program does not permit any of the general public who are not registered with the NHR to participate or to call and verify any NHR members test information which eliminates the liability that would be incurred by having people participate who were not informed properly, as well as eliminating the liability from not being able to obtain a signed disclaimer statement on file from each participant.

Registered members will be the only people participating within this program who will be very well informed of the facts and their remaining risk that is beyond our control while participating within this "Registry Service".

Because of the enormous economic strain caused by AIDS to many facets of our society especially the insurance industry due to increased health care and life insurance claims. This program represents a windfall and sure salvation for many of the effected companies, as well as the american public who ultimately has to pay for the rising cost of premiums. AIDS will surely be the economic downfall of this country if not stopped soon!

Because of the intentional structure of this program and the close attention paid to limiting the liability involved, the actual risk in liability is far less than may initially appear.

Please take your time to study and understand all aspects of this program.

Direct questions and comments to Mr. Kenneth N. Cosentino at (305)523-7479

Sincerely,

Mr. Kenneth N. Cosentino
President

P.O. Box 350510 • Ft. Lauderdale, FL 33335-0510 • Fax Number (305) 766-8470

NATIONAL HEALTH REGISTRY
to Prevent AIDS
I (800) HALT-HIV

Carlos/Draft reply

DEAR KRISTINE GEBBIE,

THESE MATERIALS AND THE PROGRAM DESCRIBED WITHIN SHOULD BE CAREFULLY READ, THOROUGHLY EXAMINED AND COMPLETELY UNDERSTOOD.

THIS PROGRAM REPRESENTS AND IS THE MOST VIABLE AND EFFECTIVE SOLUTION FOR THIS COUNTRY TO GREATLY EFFECT AND CONTROL THE SPREAD OF HIV/AIDS.

THE PURPOSE OF CONTACTING YOUR OFFICE IS TO INFORM YOU AND GAIN YOUR COMMITTED SUPPORT, AND TO ASK THAT YOU USE YOUR POSITION AND INFLUENCE AND DIRECT IT TO THE PROPER PERSON, PERSONS OR AGENCY TO PERSUADE EITHER THE FEDERAL GOVERNMENT OR INITIALLY THE STATE OF FLORIDA TO ASSIST US IN CERTAIN IMPORTANT AREAS THAT WILL INSURE THIS PROGRAMS COMPLETE SUCCESS.

DESCRIPTION:

HIV NEGATIVE TEST "REGISTRY SERVICE".

* Enables two HIV negative tested persons to expeditiously verify that each other has in fact tested negative for the HIV virus, thereby reducing their risk of contracting HIV/AIDS.

* This program offers to arrange convenient in-home HIV testing that will to a great extent relieve the hesitation and procrastination that is indicative of present attitudes toward HIV testing.

* This concept is simple and offers substantial "risk reduction" combined with convenience which will promote the essential HIV testing that is desperately needed in order to provide any type of effective solution short of a vaccine or cure.

* Discrimination is not a problem factor or issue because no HIV/AIDS infected persons will be publicly identified or exposed in any way.

P.O. Box 350510 • Ft. Lauderdale, FL 33335-0510 • Fax Number (305) 766-8470

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Harry R. Hagemann
1409 Dee Ann Drive
Brandon, Florida 33511

Dear Mr. Hagemann:

A letter including your thoughts on the use of the character "SNAFU" for HIV/AIDS Prevention was forwarded to me by the Honorable Sam M. Gibbons. I would like to thank you for sharing your insightful words. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS. I am also committed to finding a cure for AIDS as soon as possible. I agree with you that the most effective tool we have against the spread of HIV is education.

I am very encouraged by your interest in the area of HIV/AIDS prevention. As we work to stop HIV/AIDS, I want to hear about concepts and ideas that individuals may have on this subject. Through research we have learned that prevention education materials are most effective when they speak the language of those at risk. That means the message must speak the language of those it is intended for, taking into account the specific cultural background of the intended audience. We are constantly searching for new ways of reaching those who need to change their behavior to protect themselves.

I would like to thank you for your support of our efforts. It is with the insights of responsible individuals like yourself that we will be able to end this epidemic. I would also like to encourage you to work with your local community and let me know of your progress. I would be interested to hear of additional steps you take.

Thank you again for your thoughtful words.

Sincerely,

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

cc: The Honorable Sam M. Gibbons

WAYS AND MEANS
COMMITTEE
(VICE CHAIRMAN)

SUBCOMMITTEES:
TRADE (CHAIRMAN)
SOCIAL SECURITY

JOINT COMMITTEE
ON TAXATION

SAM M. GIBBONS
11th DISTRICT, FLORIDA

Congress of the United States

HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

PLEASE RESPOND TO:

☒ HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
TELEPHONE: (202) 225-3376

☐ 2002 N. LOIS AVE.
SUITE 260
TAMPA, FLORIDA 33607
TELEPHONE: (813) 870-2101

☐ 201 S. KINGS AVE., #6
BRANDON, FLORIDA 33511
TELEPHONE: (813) 689-2847

BARBARA TOFFLING
WASHINGTON OFFICE MANAGER

GREG WONDERS
FLORIDA OFFICE MANAGER

February 7, 1994

RECEIVED
FEB 10 1994

Carlos
Duffy

Ms. Christine Gebbie, Coordinator
Office of National AIDS Policy
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20500

Dear Ms. Gebbie:

Please find attached a copy of the letter I received from my constituent, Mr. Harry R. "Bud" Hagemann. I wanted to share with you his idea for incorporating the World War II caricature "SNAFU" into your AIDS education campaign.

With best wishes, I am

Sincerely,

Sam M. Gibbons

Sam M. Gibbons
United States Congressman

SMG:n
Enclosure

1409 Dee Ann Drive
Brandon, Florida 33511

January 14, 1994

Honorable Sam M. Gibbons
U.S. House of Representatives
Washington, D. C.

JAN 26 1994

Honorable Sam M. Gibbons:

I'm writing this letter to you concerning two different matters that I feel are important and that you may want to be informed of.

Recently the Administration, especially the AIDS Awareness - Education, etc. Director, has taken a lot of flak and comments on the public media advertising with the "condom" on its effectiveness and in whichever way it can be attacked. I don't really think this is fair and proper. I do offer a suggestion that might help out a little and possibly be a little more acceptable and effective.

We'll go back to the nostalgia of WW-II as we both share the experiences of you as an active enlisted Army soldier and I as an active enlisted Navy sailor. We both should remember the cartoon character of "SNAFU" (knowing this is the phonetic initial name of a certain phrase) and his poularity with the GI.

Anyway, back in those 1940 days in the Navy; ships would have "condom" packets available at the gangway for the crew rating liberty. There was a pakaging design with - SNAFU says - No is the best tactic; next the prophylactic (along with SNAFU's caricature). Also, free book matches (all us kids smoked then) passed out to the crew with this same picture and message as an educational reminder on the matchbook cover. (We also had the regular, mandatory VD warnings and information announcements some days at morning quarters while in port.)

The "SNAFU" designs and messages were effective and a little on the lighter side. At least it was a ready reminder and thought provoker.

I wonder if the AIDS Director could go back and use some of this simple nostalgia and put some "SNAFU" pictures and messages of this type on the media to get the message across without creating so many critics. The message is there and I think "SNAFU" would be just as popular in 1993 as he was in 1943 and bring a little attention. He'll have the appeal with the later generations as he had with ours. I think he can have the life and influence of "Smoky the Bear", "Mickey Mouse", etc..

~~The second thing of this letter is about "Income Tax".~~

I have received a ~~100% grade on my test~~ as a volunteer income tax assistor in the current VITA (Volunteer Income Tax Assistance) program for 1993 returns. This year will be my 24th year of participation; as the VITA program is 24 years old.

Participation in VITA at this level of assistor/preparer keeps me fully informed on the pulse of our Income Tax situation at the ground level where the rubber meets the road. Combine this with my practice as an Enrolled Agent - Tax and Accounting practitioner with the required continuing professional education since my retirement from a career with the Internal Revenue Service; I feel I have the credentials to speak on the way it is and of the real world facts and circumstances among the taxpayers and/or non-taxpayers. I just pass things along to you in sincere candor to aid your good and effective representation and especially in your serving on the House Ways and Means Committee.

In light of the foregoing; I am a strong proponent of the need for the VAT tax system you have brought out as a change that is necessary. I am also keenly aware of the muddied situation in the House Ways & Means Committee of matters of its Chairman. So, I feel and understand that now is not the time to make any ripples in the water by proceeding too strongly with VAT encouragement now. Its time will come. Just a little more patience and just enough stirring to keep the VAT idea alive and progressing; albeit slowly.

Very truly yours,

Bud Hagemann

Harry R. (Bud) Hagemann

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Ms. Clelia P. Garrity, LMSW-AP
Executive Director
Valley AIDS Council
2220 Haine Drive, Suite 31
Harlingen, Texas 78550

Dear Ms. Garrity:

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 comments about this Initiative, especially since we understand that community level organizations will play a pivotal role in encouraging behavior change among young people at risk. I understand your concerns about the need to address our messages to populations at high risk for HIV infection. I would like to point out initially that during the development of this campaign, CDC held focus groups with representative samplings of the various groups to be targeted. The reactions among the focus groups of gay men were very positive to the ads, in particular the one called "Automatic," where the lack of gender identification of the couple in the background was perceived to be inclusive of gay men.

CDC also held a meeting with gay activists in February to address concerns similar to yours on the target audience of public information campaigns sponsored by the Federal government. The staff of the National AIDS Education and Information Program (NAIEP) is currently determining what will be the best approach to provide this same type of information to gay, bisexual and other men who have sex with men on a national basis.

I am also a firm believer that the Community Planning Process that CDC is implementing in all the jurisdictions that receive federal prevention dollars will be the most effective way of

accomplished through direct personal interventions, and the Community Planning Process activities will go to reinforce those activities that are currently occurring on a local basis within the gay community and other communities at risk for HIV infection.

In order to have the greatest impact in the prevention planning process for your community, it is critical that you contact your state AIDS coordinator as soon as possible and signify your desire to be represented in this process. To obtain technical assistance on how to become involved in the process, you may also want to contact Manuel Magaz at the National Minority AIDS Council, (202) 544-1076 or Frank Beadle de Palomo at the National Council of La Raza at (202) 289-1380. Both of these organizations have received funding from CDC to provide technical assistance to communities on how to become effectively involved in the Community Planning Process.

Again, thank you for your comments and support of the Prevention Marketing Initiative.

Sincerely,

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

cc: Carlos Velez, J.D.

VALLEY AIDS COUNCIL

ADMINISTRATION

2220 HAINE DR., SUITE #31
HARLINGEN, TEXAS 78550
TELEPHONE (210) 428-9322
FAX (210) 428-5903

January 13, 1994

Kristine Gebbe, RN
National AIDS Policy Coordinator
The White House
750 17th Street NW
Washington, DC 20503

Dear Ms. Gebbe:

I have just finished viewing the new ad campaign produced by the CDC and am seriously disappointed. The PSAs are essentially unrelated to the majority of people who are at risk for HIV infection or who are already infected. The images portrayed in the campaign are those of the middle and/or upper middle class. A Black or Hispanic woman living in a ghetto or barrio, an adolescent struggling with peer pressure to participate in drug use and violence, a bi-sexual male furtively seeking sexual encounters - these people could only view the actors in the campaign as existing in another world or being "in the movies."

As the executive director of an AIDS service organization located in South Texas, I have absolutely no use for the CDC PSA campaign. I need images that the population in the Lower Rio Grande Valley can relate to and can understand. I need images that will help prevent the spread of HIV infection among Hispanic women who are frequently monolingual in Spanish, who live 100 to 200 % below the poverty line in homes that frequently lack such amenities as plumbing and electricity, and who have been taught that birth control measures are sacrilegious.

The HIV/AIDS epidemic is very real in the Lower Rio Grande Valley. Valley AIDS Council has a cumulative caseload of over 400, with an active caseload of 203. Six percent of our caseload is under the age of 18. All of these children became infected through perinatal transmission. Twenty-three percent of our active caseload is female. The majority of these women became infected through heterosexual contact. In the past six months, 8% of all those receiving the HIV antibody test were HIV positive.

I would like to suggest that as the National AIDS Policy Coordinator you consider ways to decentralize the National Ad Campaign. A model that would be very effective is the Ryan White Consortia. Community groups that come together, apply for funding, and administer the funding as a consortium. These communications consortia would be an excellent vehicle for local media to actively participate in creating community specific awareness campaigns.

I would also like to extend an invitation to you to visit with us in the Lower Rio Grande Valley. I would welcome the opportunity to introduce you to the many residents of our community who are HIV infected and who have AIDS and to discuss future ad campaigns with you.

I look forward to hearing from you.

Sincerely,

Clelia P. Garrity. LMSW-AP
Executive Director

cc: Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Ms. Betsy Lieberman
Executive Director
AIDS Housing of Washington
Market Place Two, Suite 300
2001 Western Avenue
Seattle, Washington 98121

Dear Ms. Lieberman:

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 change among young people at risk. I understand your concerns about the need to address our messages to gay, bisexual and other men who have sex with men. I would like to point out initially that during the development of this campaign, CDC held focus groups with representative samplings of the various groups to be targeted. The reactions among the focus groups of gay men were very positive to the ads, in particular the one called "Automatic," where the lack of gender identification of the couple in the background was perceived to be inclusive of gay men.

CDC also held a meeting with gay activists in February to address concerns similar to yours on the target audience of public information campaigns sponsored by the Federal government. The staff of the National AIDS Education and Information Program (NAIEP) is currently determining what will be the best approach to provide this same type of information to gay, bisexual and other men who have sex with men on a national basis.

I am also a firm believer that the Community Planning Process that CDC is implementing in all the jurisdictions that receive federal prevention dollars will be the most effective way of

addressing the prevention needs of individuals and communities that have been disproportionately impacted by the epidemic. I believe that behavior change is best accomplished through direct personal interventions, and the Community Planning Process activities will go to reinforce those activities that are currently occurring on a local basis within the gay community and other communities at risk for HIV infection.

I have shared a copy of your letter with Carlos Velez, J.D., the Prevention Lead in my office. As a gay man, he would be very interested in sharing some of your ideas on this issue. Please feel free to contact him at (202) 690-6248. Again, thank you for your comments and support of the Prevention Marketing Initiative.

Sincerely,

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

cc: Carlos Velez, J.D.

A I D S
HOUSING OF
WASHINGTON

Market Place Two
Suite 300
2001 Western Avenue
Seattle, WA 98121

Phone (206) 448-5242
FAX (206) 441-9485

January 11, 1994

RECEIVED
JAN 14 1994
JAN 14 1994

carlos
draft reply

Kristine Gebbie
National AIDS Policy Coordinator
Office of National AIDS Policy
200 Independence Avenue, SW
Room 729-H
Washington, DC 20201

Dear Ms. Gebbie;

I want to express my support for the Centers for Disease Control and Prevention's new AIDS prevention campaign specifically targeting adolescents and young adults with messages about the importance of protecting oneself from HIV/AIDS. For the first time, the CDC has launched a media prevention and education strategy including a direct call for the use of condoms as the most effective means of protection. This approach is 12 years overdue.

I am heartened by the current CDC approach and the Clinton Administration's commitment to health promotion and AIDS prevention. May this initiative prove successful and open the door for a far more intensified federal AIDS prevention effort. A strong voice of leadership from Congress, the White House and the CDC has been lacking for much too long, and these broad-scale AIDS education messages are not only refreshing, they will save lives.

I expect controversy, generated by the few and vocal Extreme Right, as a result of the CDC's bravest media strategy to date. I urge you to support and defend the CDC and their AIDS prevention efforts. Because we have yet to find a cure, a single vaccine or an effective drug for this disease, our best method of arming ourselves in this fight is education and prevention.

With my expression of support, I include significant and constructive criticism. Where is the commitment to deliver this critical AIDS education to those with the highest risk of infection, the same ones who were afflicted at the beginning of this pandemic: gay men? In our nation, AIDS continues to impact men who have sex with men in greater numbers and percentages than any other population. Yet, the messages do not reach, nor are they intended to reach gay men. Many communities are beginning to evidence a resurgence of high-risk sexual behavior and infection among young gay men. This community urgently needs the full force and commitment of an intensive, Federal AIDS prevention campaign. Where is the CDC message to the young gay male? Or is that message the same one that it always has been: You do not count, you are expendable. In light of the renewed vigor within the CDC, and the much applauded population-specific AIDS prevention strategies, the absence of any gay specific message is heard as clearly as if it were the only message. And that message is unacceptable.

Support the CDC population-specific AIDS prevention strategies which include condoms as an effective method of protection. Urge the CDC to broaden its scope to target gay men within its strategy of an otherwise highly commendable HIV/AIDS prevention message.

Warmly,

Betsy Lieberman

Betsy Lieberman
Executive Director
AIDS Housing of Washington

BL/GMR

THE WHITE HOUSE

WASHINGTON

March 2, 1994

Mr. Malcolm W. Ater, Jr.
Educational Comics
P.O. Box 845
Shepherdstown, West Virginia 25443

Dear Mr. Ater:

Thank you for sharing with me information on your educational comic book AIDS. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for young men and women is paramount in this effort.

I have closely looked at your comic book and am very encouraged by your interest in the area of HIV/AIDS prevention. As we work to stop HIV/AIDS, I want to hear about new concepts and ideas that individuals may have on this subject. To reach individuals at risk, we must use prevention education materials that speak the language of those at risk and are population specific. That means the message must take into account the specific cultural background of the intended audience. Twelve years of the epidemic have shown that blanket campaigns may not be as effective as targeted ones.

I have shared the information on your letter with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether they can use your comic book in their program operations.

Again, thank you for sharing your information. I wish you continued success in your endeavors.

Sincerely,

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

cc: Associate Director (HIV), CDC

Educational Comics

P.O. Box 845
Shepherdstown, WV 25443
304-876-6985

January 24, 1994

RECEIVED
JAN 31 1994

Ms. Kristine M. Gebbie
National AIDS Policy Coordinator
Department of Health and Human Services
200 Independence Avenue, SE
Room 725 -H
Washington, D.C. 20201

Carlos Del Rio

Dear Ms. Gebbie,

I have been reading with interest about your aggressive new health campaign concerning use of condoms and the need for more education about AIDS. You have become one of the leading advocates of health care and education in the nation, and I believe you might be interested in the educational comic our company produces called **AIDS**. As a junior high school teacher in Harpers Ferry, West Virginia, I know how important it is that we reach today's youth on the dangers of indiscriminate sex and the need for AIDS awareness and education.

Although this comic has been available since 1987, it seems that now everyone is finally paying attention to the need for serious education on AIDS. Our comic was recently updated to reflect our knowledge of this disease, with the entire script being reviewed and approved for scientific accuracy and educational input by Winnie Mitchell at the U.S. Surgeon General's Office and Dean Fenley at the Centers for Disease Control. All suggestions for changes, along with updated statistics, were carefully followed. Additionally, the message on the front inside cover was written by Dr. Joycelyn Elders specifically for use in our comic.

From a teacher's standpoint, I really feel that this particular comic could be a valuable source of information for educating our young people about AIDS. This comic is designed to educate in a non-threatening way, without so-called "preaching", yet still carry a message with high impact. I'd like to see it used as a resource guide in classrooms, and because of the manner it is presented, it has been found to be highly acceptable to parents, administrators, and the readers themselves. Especially with a comic of this nature, it is far more likely to be shared with peers than other types of reading material.

If a sponsor could be found (or perhaps through government funding or a grant), it would be possible for all two million teachers in the National Education Association to receive a copy of this

comic, in the mail, for less than 10 cents a copy. When taken to the classroom for students to use as a very informative source of needed education about AIDS, the cost of each child being able to read it would drop to less than half-a-cent per copy. That's a mighty tiny price to pay when you consider that AIDS education is something that every child absolutely must learn about, and that the HIV virus doesn't give people a second chance.

One reason this could be done so cheaply is because both the National Education Association and Educational Comics use Spartan Printing Company in Sparta, Illinois, to do our printing. Since the NEA publishes a monthly magazine for teachers (NEA TODAY), our comic could easily be inserted in NEA's magazine, at the factory, and mailed to all teachers without additional mailing costs.

While I have begun mailing out sample copies of our revised comic to different school systems and correctional institutions with extremely favorable results, I was wondering if you had any suggestions for national AIDS organizations or networks who you think might be appropriate to contact about our comic. (On any orders of 25,000 or more copies, organizations or sponsors can carry on-the-press personalized entire back covers with their own message.)

Also, would you know if there are any grants available, or an organization willing to sponsor, getting an educational comic of this nature into the classrooms? I'm certainly interested in any ideas you might have.

I look forward to hearing from you and hope you feel that our comic can play an important role in educating our young people about AIDS. I'm enclosing fifty complimentary copies of our comic for you to read and distribute as you feel appropriate.

Sincerely,

Malcolm W. Ater, Jr.

Malcolm W. Ater, Jr.
Special Education Teacher, Harpers Ferry Junior High School (304) 535-6359 and,
President, Educational Comics (304) 876-6985

Enc.

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

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

AIDS

(ACQUIRED IMMUNE DEFICIENCY SYNDROME)

THE DISEASE OF **AIDS** IS A WORLD-WIDE AFFLICTION INCREASING IN FRIGHTENING NUMBERS OF NEW VICTIMS. IT IS AN EPIDEMIC THAT **CAN** AND **MUST** BE CONTROLLED THROUGH EDUCATION... PLUS THE PRACTICE OF HEALTHY LIVING HABITS.

THE ILLUSTRATED NARRATIVE THAT FOLLOWS REVIEWS THE U.S. SURGEON GENERAL'S GUIDELINES FOR PREVENTING **AIDS** AND COPING WITH ITS MISUNDERSTANDINGS AND FEARS WITH THE HOPE THAT THE WISDOM OF BOTH HER ASSURANCES AND WARNINGS WILL BE HEEDED BY ALL.

THE WHITE HOUSE

WASHINGTON

March 3, 1994

Dan Bross, Executive Director
AIDS Action Council
1875 Connecticut Avenue, N.W.
Suite 700
Washington, D.C. 20009

Dear Mr. Bross,

Your February 17 letter to Kristine Gebbie was forwarded to me for a response. I wanted to get something in the mail to you right away as we have been trading telephone messages this week. Your letter addresses several important issues which I would like to discuss here. You can expect additional follow up in the coming weeks.

Your first issue regarding entitlement spending. As you recall, on February 7 we spoke on the telephone about the importance of separating for discussion appropriations from entitlement in talking about overall federal spending in AIDS. The attached chart which was utilized in our press package on February 7 and thereafter gained your approval when we spoke. I feel that this chart clearly separates appropriations from entitlement. I believe that the public's awareness of the total cost of AIDS, over $7 Billion, is an important realization of the economic impact of AIDS in our federal budget.

In regards to your concerns on the money that the Department of Housing and Urban Development (HUD) is spending in addition to the $156 Million for the AIDS Housing Opportunities Act, is real money earmarked for AIDS. HUD estimates that more than $101 Million of additional money will be spent in FY 94 alone. Additional money committed for this year includes $ 22 Million for Supportive Housing (homeless), $10 Million for Innovative Homeless Assistance, $39 Million for Disabled Housing new construction and $31 Million for Shelter Plus Care program.

As an example, under the Supportive Housing for the Homeless program, a grant was recently awarded for $2,353,155 for a residence to house 30 persons with AIDS in St. Louis, Missouri. Our office will be closely monitoring HUD's commitment, one which I know is genuine.

The Department of Health and Human Services has made a major commitment to continuing its efforts in the treatment of persons in substance abuse programs. The $10 million line item which had been allocated to the Substance Abuse and Mental Health Services Administration (SAMHSA) AIDS demonstration project no longer appears in the budget in part because the demonstration period has been completed. This funding has been reprogrammed for HIV and AIDS services within the new hard core substance abuser treatment program. We will be monitoring the funding in SAMHSA block grant programs and will assure that the agency works closely with State AIDS and substance abuse program offices to improve program coordination.

I appreciate the good working relationship you and your staff have had with our office this past year and look forward to working on these, and other issues, in the coming months as the appropriations process continues in Congress.

Please contact me at your convenience anytime you have any questions or concerns.

Sincerely yours,

Andrew E. Barrer III

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

Enclosure

cc: Kristine Gebbie, R.N., M.N.
Carol Rasco
Leon Panetta
Secretary Shalala
Secretary Cisneros

Office of National AIDS Policy

Federal HIV Funding

(In Millions of Dollars)

	FY 1994 Enacted	FY 1995 Budget	Dollar Increase FY 94 to FY 95	Percent Increase FY 94 to FY 95
Public Health Service	2,572	2,749	+177	+7%
Office of Civil Rights	3	3	+0	+0%
Veterans	331	349	+18	+5%
Defense	129	99	-30	-23%
Housing	253	257	+4	+2%
OPM-FEHB	193	213	+20	+10%
*Other	129	131	+2	+2%
Total Appropriations	***3610***	***3,801***	***+191***	***+5%***
Medicaid (Federal Share)	1,490	1,640	+150	+10%
Medicare	500	600	+100	+20%
Social Security	835	1,015	+180	+22%
Total Entitlement	***2,825***	***3,255***	***+430***	***+15%***
Total Spending	6,435	7,056	+621	+10%

* Includes USDAID, Bureau of Prisons, State, and Labor.

Note: Provided as draft by Office of Management and Budget 2/7/94.

Andrew/Art
we need work
reply - Steve
let them CC's
know we'll
have reply staff -

AIDS Action council

February 17, 1994

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

Dear Ms. Gebbie:

I am writing to voice concern about your presentation of the President's fiscal year 1995 AIDS budget at your February 7, 1994, press conference. The inclusion of entitlement funding as a component of overall spending and inaccuracies related to substance abuse and AIDS housing raised questions about the budget information being offered to the press and to AIDS constituency groups by your office.

For many years, opponents of AIDS funding have combined the totals of discretionary spending with entitlement spending in an attempt to prove that AIDS funding is disproportionate to other disease groups. At the same time, they would cite other disease spending without entitlement totals included. They were able to do this because AIDS is the only disease for which the federal government keeps track of entitlement spending. This was precisely the strategy of both the Reagan and Bush Administrations to keep AIDS spending down, while claiming that they were adequately funding AIDS programs.

We have spent many exhausting years educating the press and members of Congress about this ploy. The Department of Health and Human Services very clearly makes the distinction between domestic discretionary spending and entitlement spending in AIDS programs. We were therefore appalled that you included entitlement figures in your AIDS spending charts, and represented the President's FY 95 budget as a 10% increase in federal AIDS spending. This will be compared to heart disease, cancer, diabetes and other diseases, none of which will have entitlement spending referenced.

We are also concerned with the figure you included in your charts for AIDS housing of $257 million. The AIDS Housing Opportunities Act, unfortunately, is funded at a level of only $156 million. While there were some increases in incremental rental assistance which would include a set-aside for people with disabilities generally, we are at a loss to understand where your $257 million figure comes from. Moreover, the Department of Housing and Urban Development is proposing to eliminate McKinney Act programs such as Supportive Housing and Shelter Plus Care which may in fact result in reducing housing opportunities for persons living with HIV/AIDS. We continue to be

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

perplexed by the overall AIDS housing number reflected in your briefing materials and would appreciate some clarity on this point.

Finally, you have done a disservice to the AIDS community by being vague about specific AIDS program reductions. You must be aware that $10 million was cut from the Substance Abuse and Mental Health Administration for the AIDS outreach demonstration project. The fact that this funding was transferred to the Substance Abuse Block Grant does not justify not identifying this AIDS program reduction. We share your commitment and that of the Administration to enhancing funding available for alcoholism and drug treatment. To infer that money in that block grant is AIDS specific, however, is disingenuous. Although there is an AIDS set-aside, we know that there has been great resistance to using any of the block grant money for AIDS programs. We have no way to ensure that past or future money will be used to combat AIDS. Finally, the block grant is in no way a replacement for the innovative strategies for outreach to drug users and their partners at high risk for contracting HIV which are now funded through the AIDS outreach program.

We acknowledge and respect your obligation to support the President's budget. We only ask that you offer an adequate presentation of that budget and its assumptions, which will empower us, as advocates, to draw our own conclusions. We deeply regret the difficulties your budget presentation may create. We hope you will work with the AIDS community and the Department of Health and Human Services to arrive at a common understanding of the budget and how we can mutually support federal AIDS funding in the future.

Sincerely,

Dan Bross

Dan Bross
Executive Director

cc: William Jefferson Clinton, President of the United States
Carol Rasco, Assistant to the President for Domestic Policy
Leon Panetta, Director, Office of Management and Budget
Donna Shalala, Secretary, Department of Health and Human Services
Henry Cisneros, Secretary, Department of Housing and Urban Development

THE WHITE HOUSE

WASHINGTON

February 24, 1994

MEMORANDUM

TO: Carol Rasco
Leon Panetta
Donna Shalala
Henry Cisneros

FROM: Kristine M. Gebbie N. Steuchee for
National AIDS Policy Coordinator

SUBJECT: February 17 letter from the AIDS Action Council

Please note that a response to the attached letter is being drafted today in my office. I will send you a copy of the final.

Attachment

March 3, 1994

Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Gebbie,

Within the next few weeks you will be receiving letters sent by **Tel~Letter Services** on behalf of **individuals** who wish to express their views on issues of importance to them.

As a third party transcription service, we do not take a position on any of the issues we represent. Each letter we reproduce is written by the organization or individual who choose to utilize our services. Our purpose is to send letters requested by callers who do not have the time to draft their own. We work with many different and diverse organizations across the country who wish to facilitate the letter writing efforts of their membership and/or the general public at large. Each participating organization must notify their members of our existence. We never solicit our callers. Those who use and pay for our service do so as individuals, and thus we believe **their** letters represent a strong personal determination **equal** in kind to a handwritten letter.

If you have any questions or comments regarding our service, please feel free to contact me at your convenience.

On behalf of **Tel~Letter Services**, may I express our gratitude to you for your understanding and our best wishes for the new year.

Sincerely,

Ian Sebastian

IS/cl

P.O. BOX 1067, STUDIO CITY, CA 91614-0067 • 818-769-7111 • FAX: 818-761-3323 •

THE WHITE HOUSE
WASHINGTON

March 4, 1994

Stuart Nixdorff
44084 Rverside Parkway
Leesberg, VA 22075

Dear Mr. Nixdorff:

Thank you for your call requesting information on AIDS in the workplace. I am sending you information on the Business Response to AIDS from the Center for Disease Control and Prevention, a local and national fact sheet, and an AIDS in the workplace fact sheet.

If you need any further information, please contact Lance Alworth or Don Donaldson at (202)690-7560.

Thank you again for your request.

Sincerely,

W. Steve Lee

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

THE WHITE HOUSE

WASHINGTON

March 4, 1994

Ms. Anna Forbes, M.S.S.
2430 Avon Road
Ardmore, Pennsylvania 19003

Dear Ms. Forbes:

Thank you for your letter of February 15 regarding unique identifiers and confidentiality of public records.

I have reviewed your testimony on this subject to the Senate Sub-Committee on Technology and the Law. I found it most interesting, as well as very relevant to the HIV population. The technical nature of the discussion makes it clear that as the National Board undertakes the design of a data system, it will require significant input on the subject of unique identifiers and confidentiality.

I have taken the liberty to share your testimony with several individuals who are working on the health care reform information systems work group.

Thank you again for sharing this information with me.

Sincerely,

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

February 15, 1993

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator
Hubert Humphrey Building
200 Independence Avenue, Room 738 G
Washington DC 20201

Dear Ms. Gebbie,

Thank you for your January 3 letter, following up on your November 4 meeting with AIDS activists (myself included) in Philadelphia. We were very grateful for your willingness to meet with us so late in the evening and I, for one, was impressed to receive your January 3 letter. The only other public official from whom I have received such a cordial letter was Senator Frank Lautenberg, which places you (in my opinion) in good company.

I am writing now to follow up on the conversation we had on November 4 about unique identifiers and the confidentiality of public records. I see from an interview with you published in the Insider Report on AIDS (Vol. 1, No. 1, 10/1/93, page 3) that you are also concerned about the privacy implications of the health security card system proposed by President Clinton last fall.

I submitted the enclosed testimony on this subject to the Senate Sub-Committee on Technology and the Law Hearings on January 27. Since it addresses this concern directly and proposes a unique identifier system that would facilitate epidemiological data collection without compromising individual privacy, I thought it might be of interest to you.

I have been researching this area with specific attention to its impact on people living with HIV/AIDS since 1991. Please feel free to have your staff contact me if there are questions about this testimony or if further information about my research would be useful to you. I can be reached by phone or fax at (610) 649-8113 and I would be delighted to be of assistance.

Thank you for your attention. I hope the enclosed is useful.

Sincerely,

Anna Forbes

Anna Forbes, M.S.S.
2430 Avon Road
Ardmore, PA 19003

TESTIMONY OF ANNA FORBES, M.S.S.

Presented to the Senate Sub-Committee on Technology and the Law
January 27, 1994

Thank you for giving me the opportunity to address this Committee. I am a social worker by training and an AIDS policy analyst by profession. I have been working in the field of HIV/AIDS since 1985 and am a civil libertarian by conviction. For all these reasons, I have become intensely concerned with the issues of confidentiality and accuracy in HIV reporting systems. This concern has led my colleague, Walter Cuirle, and I to engage in an extensive investigation of unique identifier systems as tools for the safe and thorough collection of HIV-related information.

Walter Cuirle is a physicist by training and a computer software designer by profession. He and I have been working on this issue since 1991. Although we have focused on this from an HIV/AIDS perspective, our findings are applicable to any situation in which unique identifiers are being used for data collection. The central issues in any case are accuracy, non-duplication, reproducability and confidentiality protection.

Attached here are two documents written by Walter Cuirle; a "Glossary of Unique Identifier Terms" and "How To Design and Test A Unique Identifier System". Other policy makers have found these useful and we hope they can serve as tools to facilitate this Committee's deliberations.

Two principles are essential to consider in selecting the best possible unique identifier system for public health data. They are:

1) High quality data collection and privacy are not antithetical goals. They have been unnecessarily placed in opposition to each other in public debate. These goals are achievable in tandem and the implementation of a system that accomplishes both should be the standard to which we hold ourselves.

2) A list that is never created is a list that does not need to be protected. Figuring out how to eliminate the need for name bearing records is more productive than developing mechanisms to safeguard the confidentiality of such records.

This is not to suggest that data should not be collected. Accurate, comprehensive, client-based information about health care service delivery is unquestionably needed because it directly informs the planning, funding and monitoring of those services. Such data also play a key role in our epidemiological understanding of disease progression and health care needs.

But we must think of data collection as a function completely separate from the maintenance of records that identify individuals. The two need not and, in fact, should not be linked. Creating a system in which there is absolutely no need or occasion for them to be linked should be the goal.

Once that is achieved, the issue of privacy violation becomes moot. This is what we mean when we say that a list that is never created is a list that does not need to be protected. Application of this principle is far more effective in terms of protecting individual privacy than any elaborate series of confidentiality protection steps can ever be.

If I were you, I would say at this point that this may be a nice idea but is totally unrealistic. Fortunately, it's not. Walter Cuirle and I have co-authored two unique identification systems that adhere to these two principles. The first one, called the Client Key System, was field tested with federal funding from HRSA[1] in ten AIDS service provider sites across Pennsylvania in 1993[1].

The second system, called DoubleLock[2], is an improvement on Client Key in some ways, since we were able to incorporate the lessons we learned during the Client Key field test into its development. We are seeking funding with which to field test DoubleLock.

I mention these here only because they serve as examples of the systems that explicitly incorporate non-duplication and reproducability, two characteristics that are essential to developing a system in which storage of identifying information is neither necessary nor desirable. I'm sure there must be other unique identifier systems that also fully incorporate these characteristics.

As indicated in the Glossary attached here, duplication can be defined as the extent to which input elements belonging to different individuals will generate the same identifier code. Duplication is usually stated as a percentage or rate.

Name-based reporting, which is the first preference of epidemiologists, has been referred to by the CDC as the "gold standard" for elimination of duplicates[3]. The CDC has not yet determined, however, the exact level of duplication that occurs in name based reporting[4]. That duplication rate (to expand the analogy) is the alloy in the gold standard. It can actually be refined out to some extent by the inclusion of a private data

element. There may be two John J. Smith's, for example, and they may even have the same birth date. But[5] it is highly improbable that they also have the same hand size.

In any event, name based reporting is certainly not free of duplication. All of us can think of instances in which two individuals have, or are shown in public records as having, the same name.

Only a few systems, such as those based on fingerprints or DNA typing, are free of duplication in a practical sense. In general, the lower the duplication rate is in the raw data elements fed into the computer, the less duplication will occur among the unique identifiers that come out of the computer. But the duplication rate is never zero.

Understanding how duplication occurs is essential to the selection of a unique identifier system with minimal duplication rate. Soundex, a popular phoneme encoding scheme designed for quite other purposes, has been used by several states for generation of health-related unique identifiers. It has a duplication rate of 10% - 20%.[6] This has already been assessed by HRSA as being unacceptably high. An efficient unique identifier system is one that generates or verifies the unique identifier code by processing data elements that:

1) are as specific to the individual as possible

2) demonstrably belong to that individual (so as to minimize fraud or duplication of records as a result of "passing around" ID) and

3) that do not vary over time. For example, use of address as an input data element is inadvisable. So is hair color.

Another characteristic of a good unique identifier system is reproducability; the ability to regenerate the same unique identifier from the same set of input elements every time. This appears to be a trivial factor until one looks at it in action.

Let's consider reproducability in light of the following scenario. Suppose that it is now 1997 and I am going to my local clinic. I have just enrolled in the government's new Health Insurance program. A unique identifier number was assigned to me when I enrolled and the clinic, of course, needs that number in order to bill for my services. But how does the clinic know what

that number is?

One possibility is that I could produce a Health Access Card of the type President Clinton held up when he unveiled his administration's health care reform plan on television last year. But what assurance is there that the Card I produce really belongs to me? What if I borrowed it from my sister? What if I bought the Card on the black market because I am an illegal immigrant and don't qualify to get my own Card?

Another possibility is that the number assigned to me could simply be regenerated on the spot. I could be asked, for example, to produce some standard form of ID from which public record data elements (such as certain letters from my name and my birth date) could be selected. Then I could be asked to provide a specific private data element, such as a standardized measure of hand size, that is unique to me.

Using these data elements, the clinic staff could make one phone call, punch the data elements into a touch tone phone, and receive my unique identifier number on the spot from a computer that re-encrypts my data elements on command.

The computer could also indicate whether this unique identifier number matches one already assigned to a national Health Insurance participant. If it does, then I will have demonstrated two things:

1) that I am who I say I am (since my private data element, hand size, cannot have been stolen or borrowed for presentation by someone claiming to be me) and

2) that I am enrolled in the federal Health Insurance plan and qualified to receive services under it.

That, in a nutshell, is the DoubleLock unique identifier system that Walter Cuirle and I have developed. We believe it provides a safe, reliable method of generating unique identifiers because it incorporates non-duplication and reproducability. The data elements used to generate my unique identifier meet the criteria outlined above for minimizing duplication. And the ease with which the unique identifier can be regenerated on the spot minimizes fraud and automatically protects against confidentiality violation.

Since my number can be regenerated by any service provider, there is no need for me to carry a Health Insurance ID card. Since I

do not carry a card, my ID number cannot be stolen or misused by someone trying to obtain confidential information about me without my permission.

A unique identifier working group convened by the Maryland Department of Health and Mental Hygiene estimated that a code, to be used efficiently, should take no longer than 90 seconds to generate[8]. We calculate that the DoubleLock code can be generated in less than 60 seconds.

Let me use DoubleLock as an example of how a system can address the two principles I cited.

I. One can engage in full data collection without compromising privacy:

Under DoubleLock, an individual's unique identifier number can be generated by any service provider at any time. All you need is a touch tone phone. Although computer encryption is involved, the provider does not need to have either a computer on hand or any computer experience.

This means that all providers, from the largest metropolitan hospital to the most impoverished, rural public health nurse, are equally capable using the system to report the services they provide.

Privacy is protected by the inclusion of a private record data element in the mix of input elements. Systems that rely solely on public record data elements are susceptible to confidentiality violation through cross matching. Precedent already exists for systematic confidentiality violation through computer facilitated cross matching of data bases[9].

This is how it's done. Here I am again in 1997, having just enrolled in the national Health Insurance program. This time let's imagine that I'm a health care worker and that my employer, a multi-hospital corporation, decides to find out which of its employees are HIV positive. Since the corporation can't legally require employees to be tested for HIV, it decides to go through a back door for this information.

It manages, somehow, to get access to a list of national Health Insurance identifier codes for people who have had extremely low CD4 blood test results. Perhaps it obtains these through a local laboratory with which it happens to have a large contract.

Since CD4 blood test results below 200 almost invariably indicate active HIV disease, the corporation can answer its question by determining whether any of its employees have ID code numbers on this list. To do this, it takes the required data elements from its personnel files. Then it feeds these data elements through the unique identifier software, which it has on hand because it develops ID codes for its patients regularly. The computer generates pseudo-identifiers for all employees, which the corporation then cross matches against the list of real identifiers obtained from the lab. Wherever a match occurs, the corporation has identified an employee who almost certainly has active HIV disease.

The threat of confidentiality violation through cross matching cannot be completely eliminated unless one of the data elements is not a matter of public record. Think of what a difference it would have made, in terms of this scenario, if one of the data elements needed to produce my unique identifier number were a private data element, something that is never a matter of public record. This could be something as simple as hand size, foot size or a private word I select, myself. My private data element will never be recorded in my employee records, my Social Security file or on my drivers license. It simply will not be available without my consent and participation. This eliminates the danger of confidentiality violation through cross matching.

Once that risk is eliminated, data can be stored, transported and compiled with impunity. This is why we contend that a confidential unique identifier system (one that includes a private data element) can actually facilitate data collection. Since names are not used and names cannot be accessed through cross matching, there is no need for restrictions on who can obtain data, how it is stored or how frequently it is transferred from one public entity to another. Privacy is already assured.

Now I'd like to elaborate just a little on the second fundamental principle we have identified, which is:

II. A list that is not created is a list that does not have to be protected.

Let's go back one more time to my 1997 persona. Suppose I did come into my local clinic proudly carrying my new federal Health Insurance identification card. You, as the clinic staff, are faced with the task of determining whether my Card really belongs to me. One way you could do this is by getting out a master list

of all the unique identifier numbers assigned to Card holders. Then you'd ask me to produce a second form of identification for confirmation and you'd compare the name on my second ID to the name and number on my Card and the number as it appears on the master list.

The problem with this solution, of course, is that it requires maintenance of a master list. Who's going to be in charge of protecting the master list? And how will they do it?

As you know, state legislation gets introduced all the time proposing to attach penalties or restrictions to particular behaviors. Suppose my state passes a bill saying that everyone with a history of alcohol abuse will be issued a bright red drivers license, so that police can tell at a glance if someone they pick up has ever had a drinking problem. Now suppose that I was treated for alcoholism two years ago. I don't drink at all now but, once they pick up the master list and cross match it against alcoholism treatment records, the Department of Motor Vehicles will know that I did drink before and they will issue me a red license.

If the state has a master list that connects unique identifier numbers with names, then it has information that it can be forced to turn it over as new legislative mandates are passed. If the state only has unique identifiers, however, and no master list, then it has nothing of use to those wishing to violate individual confidentiality.

Use of master lists at any level automatically raises the question of "Quis custodiet ipsos custodes" or "who guards the guardians". This is a question that, as politicians know, has endless ramifications and is almost never answered to the satisfaction of the public. Why engage it unnecessarily? If full, accurate, verifiable data collection can be achieved without master lists, why have master lists?

I would like to conclude on a note that should be pleasing to Vice President Gore and his colleagues. The creation of a national confidential unique identifier system of the type I have described would require very little by way of new record keeping systems. In other words, no new paper.

A service delivery tracking system will have to be created for a national Health Insurance system, anyway. But, beyond that, the only thing the system we've described would require is maintenance of a data base of all approved, enrolled unique

identifier numbers. That data base would be maintained electronically through the existing telephone networks and accessed electronically by service providers.

The public record data elements needed for this system can be obtained from uniform types of identification already in common use such as driver's license, voter registration card, citizenship papers, passport, etc. No new paper, no new networks.

Thank you again for the opportunity to present these ideas to you today. Regardless of the outcome of these hearings, I hope you will bear the principles I have outlined in mind. All too often, public health and civil liberties are portrayed as necessarily oppositional interests. Walter and I have tried to show that this need not be the case with regard to confidential unique identifiers.

Senator Dole, in his Minority Response to the State of the Union message last Tuesday night, indicated great concern about the privacy of citizens' health care records[10]. We applaud his concern and agree that careful consideration should be given to the question of how our health care records are to be transported on the Information Superhighway. It is not unreasonable to want the confidentiality of those records to be fully protected.

Neither is it unreasonable for health policy analysts to want data that completely and accurately describe what health care services are consumed in the country, how, with what frequency and under what circumstances.

Confidential unique identifiers are the key to meeting both of these needs. They allow us to improve upon the old "gold standard" of name reporting and move to a system that is simultaneously more efficient and more protective. By advancing our definition of what is needed, we also redefine what is achievable.

Thank you.

1. This field test was one of a national series of field tests of various Uniform Reporting Systems. HRSA's plan to collect client-level data about Ryan White CARE Act service recipients using one of these uniform reporting systems was tabled indefinitely in 1993, at the instruction of National AIDS Policy Coordinator Kristine Gebbie.

2. DoubleLock is a proprietary creation of Alainn Design.

3. AIDS Institute, "The Use of Unique Identifiers for CD4 and HIV Reporting: A Summary of Systems and The Experience in Other States." (internal report published by the New York State Department of Health, Albany), December, 1993: 8.

4. Ibid., 8.

5. The Immigration and Naturalization Service is also experimenting with use of hand size as a private, identifying data element. Their program, called "Inspass", is described by F.P. Prial, "At the Airport, Immigration Wants to See Your Palm," New York Times, 17 September, 1993, Section B: 5.

6. E. Goosby, Bureau of Health Resources Development, "Note To Reviewers", memo to Title I and II Ryan White CARE Act Grantees Re: Uniform Reporting System for Title I and Title II Grantees, Health Resources Services Administration, Rockville, 1 May, 1992: 3.

7. W. J. Clinton, "Speech to the American People.", U.S. Capital, Washington DC, 22 September, 1993.

8. Maryland Department of Health and Mental Hygiene. "Report to the Senate Economic and Environmental Affairs Committee and the House Environmental Matters Committee: Development of a Unique Patient Identifying Number System (HB 460, 1992)." (unpublished report, Baltimore, 1992): Attachment 2:1.

9. In Illinois, Public Act 87-763 (Senate Bill 999) was signed into law on October 4, 1991. Section 693.40 (3)(A) of this Act directed the Illinois Department of Health to identify HIV positive health care workers by cross matching the state AIDS registry against health care licensure records. The Department of Health was further mandated to contact the patients of those health care workers whom they determined to have engaged in invasive procedures while HIV positive. Due to intense activist opposition, this legislation

(although passed) was not funded and, therefore, not implemented.

In Colorado, health officials routinely provide the names of unlocated HIV positive people (those who do not return to test sites to pick up their HIV test results) to the Department of Motor Vehicles for assistance in locating them. Not all of the names submitted by the Health Department to the DMV are people with HIV. But, since a large number of them are, DMV personnel routinely assume that anyone so listed is, in fact, HIV positive.

10. R. Dole, "Minority Response to the President's State of the Union Message", speech delivered in the U.S. House of Representatives, Washington DC, 25 January, 1994.