**FOIA Number:** 2018-0756-F

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# Withdrawal/Redaction Sheet
## Clinton Library

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| 001. letter | Kenneth R. Smith, Jr. to Kristine Gebbie; re: Politically Correct Dictionary and Handbook; [Personal] (Partial) (1 page) | 03/04/1994 | b(6) |

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

**FOLDER TITLE:**
March Chron Files 1994 [4]

2018-0756-F
jp4815

**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]

# Memo suggests US Army HIV vaccine oversold

**Phyllida Brown**

CLAIMS for a vaccine therapy that the US Army is testing in HIV-positive patients may have been exaggerated, according to data in an internal memo obtained by *New Scientist*. The memo emerged days after the US Congress passed an unprecedented amendment allocating the army $20 million of federal funds to test the vaccine, sidestepping the normal process of scientific peer review.

The vaccine, a genetically engineered form of HIV's protein coat gp160, is made by the American company MicroGeneSys. Robert Redfield, from the Walter Reed Army Institute of Research in Washington, caused excitement earlier this year when he told the international AIDS conference in Amsterdam that the vaccine reduced the levels of HIV in the bloodstream of infected people (This Week, 1 August).

But the vaccine came under open fire in September when John Moore, a researcher from the Aaron Diamond Foundation in New York, claimed in a meeting that it was "the worst possible choice" for large-scale trials (This Week, 5 September).

The memo, dated 20 August, comes as the latest twist in a series of increasingly controversial events surrounding the army's involvement with the vaccine. It is from Bill McCarthy, director of the department of biostatistics at the Henry M. Jackson Foundation for the Advancement of Military Medicine, to Maryanne Vahey, a scientist in the department of retroviral research. McCarthy was asked to analyse the data from the first phase of trials of the vaccine in HIV-infected volunteers. Contrary to Redfield's conclusions some four weeks earlier, McCarthy found that the level of virus was not affected by the vaccine. There "is no significant reduction in viral load in the intervention cohort from the rgp160 Phase 1 Trial", the memo says.

At the meeting in early September at which the MicroGeneSys vaccine was criticised, Redfield gave a notably more guarded presentation to a gathering of scientists. "At the end of two years we have seen no increase in viral load," he said. "There is variability: some patients go up, some go down and some don't change very much." Redfield would have been aware of the contents of the memo by this time.

Because the phase 1 trial lacked controls, the levels of virus in patients were compared against their own levels before treatment. This is recognised as an unreliable method. A larger, controlled trial is now under way in 500 patients.

McCarthy confirmed last week that the memo was genuine: "I don't know how the memo got out, but I stand by it." He has since been told to refer calls to the army's public affairs division.

Meanwhile, the decision by Congress to give the army $20 million to test the vaccine has drawn furious protests from senior scientists. A news report in the journal *Science* implicates "a high-powered lobbying effort" on behalf of MicroGeneSys. Bernardine Healy, director of the National Institutes of Health, told the journal: "If we're going to have legislators determining what drugs we test in people, I think that, as physicians and scientists, we're potentially facing as large a moral dilemma as we have ever faced in medical science."

The US Army insists that it did not request the amendment that led to the money. News of the amendment "came out of the blue", said an army source. □

# Gone for good

PENGUINS evicted to make way for the controversial airstrip France is building at its Dumont-Durville research station in the Antarctic are deserting the area altogether. Half the Adélie penguins whose nesting sites were destroyed by the runway have disappeared from the region. Other species of birds have left the area entirely.

The airstrip, which can accommodate heavy transport planes, is due to open in February. Scientists from the French Centre for Biological Studies at Chize, near Bordeaux, have studied the impact of the runway for the past two years. Adélie penguins raise their young on fiercely defended patches of bare rock, to which they return each year. The runway destroyed the nest sites of 3200 pairs of Adélies. About 1800 of these have moved to new sites nearby. The rest have disappeared.

Most of the 170 pairs of Cape pigeons, and the 210 pairs of Wilson's snow petrels, whose nest sites were destroyed by the runway, have also disappeared, says Henri Weimerskirch of the Chize laboratory. Half the Adélie penguins which stayed on in the area have failed to reproduce.

The French are trying to coax petrels back. The birds nest in crevices in the rock, of which there are few in the area. So the French have obligingly blasted a few with dynamite, and added to their attraction by playing tapes of petrel calls. Young pairs of petrels looking for their first nest site have been investigating the area.

But the French scientists have other birds to worry about. There is a colony of emperor penguins, the largest penguin species, near the airstrip. The French want to avoid repeating a mishap at Australia's Macquarie base two years ago when a transport plane flew over a colony of emperor penguins. The birds panicked and killed 6000 chicks. Heavy transports will be prohibited from landing at the new French strip during the winter, when emperor penguins have their chicks. **Debora MacKenzie**

# Rock art almost too good to be true

Jean Clottes

**A PREHISTORIC "art gallery" near Marseille in France has caused a major stir among archaeologists. The cave contains the finest palaeolithic rock art ever found in the area, with a rich collection of thousands of finger tracings, 45 painted hand prints, and 80 painted and engraved animals, including horses, ibex and three guillemot-type birds.**

**The contents were so unexpected, some experts assumed the art was faked. "But you can't discount a cave just because it shocks your sensibility," says archaeologist Jean Clottes whose report of the find appears in the current issue of *Antiquity*.**

**The cave remained hidden until July 1991. It can only be reached from the sea and lies at the end of a treacherous underwater passage 33 metres below sea level. It was discovered by a deep-sea diver Henri Cosquer, and is now known as the Cosquer Cave. Radiocarbon dating suggests the art was created by many artists over an 8000 year span, beginning 25 000 years ago.** □

Science 11/4/92



AIDS VACCINES

# Army Investigates Researcher's Report of Clinical Trial Data

One of the Army's foremost AIDS researchers, Lt. Col. Robert Redfield of the Walter Reed Army Institute of Research, has become the target of an investigation by Army officials into concerns that he may have presented *misleading* research results at a public meeting. Redfield is well known in the scientific community as one of the first investigators to test vaccines as a form of therapy in HIV-infected people. At issue in the investigation is whether he overstated the significance of early results from a trial of an AIDS vaccine called gp160 in a presentation he gave at the international AIDS conference in Amsterdam last July.

*Science* has learned that on 30 October, the Army, in an "information paper," notified members of Congress of the "fact-finding" investigation, stating that the inquiry was focusing on allegations "that the effectiveness of the gp160 vaccine was overstated." In addition, it says, "fellow researchers" have disputed Redfield's statistical analysis and interpretation of the data. "We do not hold Dr. Redfield's data suspect in any way," the Army said in a statement to *Science*. "What is being questioned is only the interpretation of that data."

According to an Army spokesman, Redfield is declining all requests for interviews while the investigation is under way. But *Science* interviewed Redfield a few days before the investigation began, and that interview covered his Amsterdam presentation. In the interview Redfield described his talk to the international AIDS meeting as a preliminary offering that was not intended to address the question of whether the vaccine can actually prevent the onset of AIDS symptoms. "We're not trying to imply efficacy [for gp160]," he said.

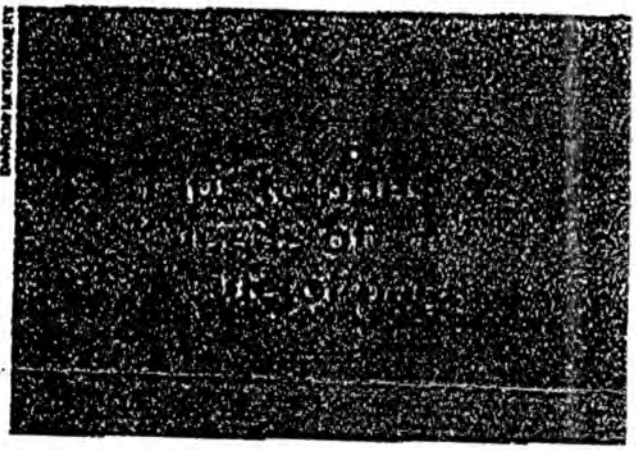
Redfield's supporters in the research community contend the investigation was triggered by political forces surrounding the vaccine, which is made by the Connecticut biotech firm MicroGeneSys. With considerable help from high-powered lobbyists, including former Senator Russell Long, Congress recently added $20 million to the Defense Department appropriations bill for the Army to conduct a large-scale efficacy trial of gp160. That appropriation has evoked outrage on the part of National Institutes of Health (NIH) Director Bernadine Healy and AIDS researchers, who view it as an attempt to circumvent peer review. Editorials in *The Washington Post* and *The New York Times* have condemned the appropriation, and insiders suggest that the investigation of Redfield—long seen as an enthusiast for vaccine therapy generally and gp160 in particular—is fallout from the furor over the appropriation.

Whatever the political forces behind the investigation, the controversy over Redfield's Amsterdam presentation began in July at the conference itself, and the initial uneasiness originated with his colleagues. They were uncomfortable, say co-workers who insist on anonymity, because Redfield failed to share his analysis of the data with key members of his research team before presenting it. The data were drawn from a group of 15 patients infected with HIV, who were receiving gp160 as an experimental form of therapy. Using a new, ultrasensitive version of the polymerase chain reaction (PCR), Redfield's lab quantified the amount of HIV genetic material from those patients, then compared the results over time with data from a "natural history" study of untreated patients.

In doing the PCR work, Redfield's lab was attempting to measure the total amount of virus—the so-called "viral load"—in the patients' peripheral blood cells. Many AIDS researchers believe that if a therapeutic agent could decrease viral load in HIV-infected people, it might be effective in preventing AIDS symptoms. Of the 15 patients, Redfield said at the conference, 93% showed decreases in their HIV genetic material. By contrast, 47% of the natural history group had increases in viral genetic material. In his Amsterdam talk, Redfield described the difference between the groups as statistically "significant."

The way Redfield presented his conclusions compounded the discomfort some of his colleagues felt. Some researchers in his own lab were concerned that his analysis of the data made it seem as though quantitative PCR is well understood and that the numbers generated by it had a clear clinical meaning; in fact, the method remains experimental and it is not known whether its results are clinically significant. As a result, one Walter Reed researcher calls Redfield's Amsterdam presentation "extremely misleading." That researcher, who insisted on anonymity, compared having quantitative PCR data to "knowing a noun or a verb in a sentence, that's all."

In August, Col. Donald Burke, Redfield's superior, asked a statistician at the Henry Jackson Foundation—a private foundation that has a contract to help the Army with AIDS research—to reanalyze Redfield's data. The statistician, William McCarthy, explained to *Science* that his analysis did not use the same yardsticks Redfield had chosen. One of the key differences is that Redfield had used what he called a "half-log" change (one-half an order of magnitude increase or decrease) in HIV genetic material as a threshold for recording an increase or decrease in viral load in a particular patient. But McCarthy said he "was told by biologists and virologists that [the half-log criterion] wasn't grounded in any biology and therefore it was just an arbitrary cut of the data." Using standard criteria, McCarthy reanalyzed the data for the 15 patients and found no statistically significant effect of gp160 treatment.



**Target.** The Army's investigation of researcher Robert Redfield centers on his interpretation of the results of an experimental AIDS therapy that relies on a vaccine called gp160.

In the recent interview with *Science*, Redfield acknowledged that the half-log parameter was "arbitrary." But he added: "I stand by all the data that we did. We are extremely honest individuals. We are trying to share our data, probably much more openly than maybe some of our colleagues." Redfield said he had been open to revising his analysis and that in oral presentations at an NIH-sponsored AIDS vaccine conference held after the Amsterdam meeting, his group reported that the viral load changes after gp160 treatment were not significant.

Researchers who have worked with Redfield suggest that while he may have been

mistaken in his Amsterdam presentation, that is hardly a scientific sin. Gerald Eddy, the Jackson Foundation's laboratory director, argues that "if people were officially reprimanded for overexaggerating data in oral presentations, there wouldn't be many scientists left who had not been reprimanded in one way or another." Edmund Tramont, Redfield's former boss and now head of the University of Maryland's Medical Biotechnology Center, speculates that the real motivation for the investigation has more to do with the congressional appropriation than with Redfield. "If there weren't this $20 million, these goings on never would have happened."

Indeed, a Redfield colleague who is well informed of the details told *Science* that at least two forces have been unleashed on the Army by the legislation singling out MicroGeneSys's gp160. In the wake of the appropriation, the source said, the Navy and the Air Force—which have long been upset that all military AIDS research money goes to the Army before being distributed to other services—began calling for an investigation. An Army spokeswoman acknowledges that "information from the other services was one of several factors in the decision to initiate the investigation."

Another factor, says a well-placed source, was the Army's desire to head off an investigation by Senator Sam Nunn (D–GA), who played a key role in allocating the $20 million. Nunn, when introducing the measure on the Senate floor, said that according to "Army medical experts" the large-scale trial of the MicroGeneSys gp160 should happen "as soon as possible." Now Nunn, who has yet to name the Army experts, is modifying his stance. In a 23 October press statement Nunn denied he had been interested in any particular product and that in putting forward the measure he was only attempting to bring the Army's AIDS research program "back to approximately the same level as previous years." That statement, however, does little to explain Nunn's motivation, since before adding the $20 million, Congress had already boosted the Department of Defense's 1993 AIDS research budget to $50 million—$5.6 million more than was appropriated in 1992.

What all this means for Robert Redfield won't be settled for 60 days or more. According to an Army spokesman, once the investigation is concluded, the matter could be dropped, a letter of reprimand could be issued to Redfield (and possibly others in his lab), or, if serious wrongdoing is judged to have occurred, those involved could be court martialed. In the meantime, a blue-ribbon panel organized by Bernadine Healy was scheduled to hold its first meeting on 5 November to discuss the $20 million appropriation, and it's clear the last word on these matters has yet to be spoken.

–Jon Cohen

N.Y. Times 11/5/92

# U.S. INVESTIGATES AIDS RESEARCHER

## Pentagon Looks Into Possible Misrepresentation of Data in Vaccine Experiment

By BARRY MEIER

A leading AIDS researcher is under investigation by Federal officials after accusations that he may have overstated the therapeutic effects of an experimental vaccine against the disease.

The investigator is Dr. Robert Redfield of the Walter Reed Army Institute of Research. Central to the inquiry are statements made by Dr. Redfield this year that use of the vaccine, a protein known as gp-160, had lowered blood levels of H.I.V., the virus that causes AIDS, in some infected patients, said Major Rick Thomas, a spokesman for the Defense Department, which is conducting the investigation of possible misconduct.

The vaccine, the first approved by the Federal Government for testing in people, has been more widely tested than any other candidate vaccine against H.I.V., the human immunodeficiency virus. Unlike typical vaccines, which prevent a virus from establishing itself in the body, gp-160 is intended to help the immune system fight an established infection.

### Interpretation at Issue

"The validity of Dr. Redfield's data is not in question," Major Thomas said. "The question is whether that data has been interpreted and presented properly."

Dr. Redfield is perhaps the leading proponent among scientists of gp-160 as a treatment for those already infected by the virus. Major Thomas said the accusations against Dr. Redfield were brought by fellow researchers.

Dr. Redfield, who is chief of the department of retroviral research at Walter Reed, did not respond to several telephone calls to his laboratory this week. But he has apparently backed away from his earlier comments in recent months.

Major Thomas said that the military's inquiry will review all research performed by the Army on gp-160. Initial tests showed it to be safe and indicated that it might stabilize the conditions of those infected by the virus. The Defense Department is the main Federal agency working on gp-160, which is currently being administered to about 500 patients at 17 test sites around the country.

"We are awfully proud of what we have done," Major Thomas said. "But we want to make sure that everything that we have done is accepted by the scientific community. This may be just a difference in interpretation of the data."

### Another Dispute on Vaccine

The disclosure of the investigation comes on the heels of another controversy involving gp-160. Last month, Congress approved spending $20 million on expanded tests of the vaccine in humans. But several top Government scientists denounced the move because lobbyists representing MicroGeneSys Inc., the company that pioneered development of gp-160, obtained the appropriation by directly lobbying Congress without the knowledge of Federal researchers.

A blue ribbon panel of AIDS researchers convoked by Dr. Bernadine Healy, the director of the National Institutes of Health, is scheduled to meet today to review whether the expanded gp-160 tests should go forward. The top officials of institutes, the Defense Department and the Food and Drug Administration have five months to make a decision on the issue. Should they decide to delay or forgo the tests, Congress has directed that the $20 million will still go to AIDS research.

The tests at issue in the military inquiry were preliminary and lacked some of the controls being used in the gp-160 trials now under way.

Major Thomas said the inquiry, which was disclosed to Army researchers and members of Congress over the past two weeks, was expected to take about 60 days.

### Conflicting Views of Data

The dispute over Dr. Redfield's interpretation of gp-160 test data apparently started soon after an international meeting of leading AIDS researchers in Amsterdam. It was there that Dr. Redfield reported lowered H.I.V. levels in a small number of patients treated with gp-160.

But in August, researchers associated with Dr. Redfield reviewed that same data and saw no reduction in viral blood levels, according to a memorandum written at the time by Dr. William McCarthy, the director of the department of biostatistics at the Henry M. Jackson Foundation for the Advancement of Military Medicine in Rockville, Md. The organization supports Government research and at times shares laboratories with military scientists like Dr. Redfield.

In an interview on Tuesday, Dr. McCarthy said he had performed his analysis at the request of Dr. Maryanne Vahey, an Army researcher in Dr. Redfield's laboratory. A later review of the same data by an Army epidemiologist also found no lowering of H.I.V. levels, Dr. McCarthy said.

Dr. McCarthy said he had not brought the accusations against Dr. Redfield. Dr. Vahey could not be reached for comment.

The existence of Dr. McCarthy's memorandum was first disclosed in the Oct. 24 issue of New Scientist, a British science periodical. The magazine also reported that in September, soon after Dr. McCarthy's memorandum was written, Dr. Redfield gave a presentation in which he backed away from his early assertion and said gp-160's effects on viral blood levels were unclear.

**STATEMENT**
**OF**
**William F. McCarthy, Ph.D.**
**1015-1150**
**7 December 1992**

COL Dangerfield opened the meeting with an explanation of the process for the informal investigation and reviewed the tasks for which he was responsible to determine facts. He then reviewed the allegations that had prompted the investigation.

I responded to his question regarding a statement made by some individual that LTC Redfield and I never really got along with one another. I stated that the statement was not true; that Redfield had told a number of individuals that he was pleased with my work; that he was very supportive of me and my work. COL Dangerfield then asked me to relate the events involved with the statistical analysis of the gp160 RV21 Phase I trial viral burden data.

The initial meeting with LTC Redfield and Dr. Vahey was on 11 August 92 in his office; this was the first time that I had met Dr. Vahey. They gave me the data for analysis and LTC Redfield told me how he wanted the data to be analyzed. I told him I would review his design (method of analysis) and get back to him. LTC Redfield gave me the impression that he had performed the analyses for the Amsterdam presentation. After the meeting, Dr. Vahey showed me some of the analyses she had done on the PCR assay data and she stated that she provided the results of the analyses to LTC Redfield before he went to Amsterdam. [ At a later date, after I had completed and presented the findings of all my analyses, Dr. Vahey told me that before Amsterdam she told LTC Redfield that she had done statistical analyses on the PCR copy data and found no significant findings.]

On 13 August 92, I held a meeting with Dr. Ng (my senior biostatistician) and Dr. Vahey at the main office of the Jackson Foundation at 1401 Rockville Pike to critique the LTC Redfield design (method) for the analysis. Dr. Ng and I together had concluded that LTC Redfield's design (method) for the analysis was not appropriate from a research methodological as well as a statistical point of view. At this meeting Dr. Ng and I described what we considered an appropriate research methodological and statistical approach for the analysis.

The following day LTC Redfield called me. He was very angry that I would not do the analysis his way. He was very abusive and basically stated that statisticians just get in the way of things, that I didn't know anything about this subject, that he did; that the theory of "the big O (obvious)" applied in this situation [He explained the theory of the big O as follows: that if you see results with the first four or five patients that is all you need to see in order to demonstrate that you have an effect; it is obvious to everyone that there is an effect]. Although I did not appreciate his comments, I did not respond in kind but remained objective and stood firm about using the method of analysis which

I felt was appropriate. He stated that if I did not do the analysis his way he would go to someone else who would. I reported the incident to Mr. Lowe. Dr. Vahey latter told me she was present with LTC Redfield (in his office) when he called me ; that she overheard the entire conversation and shortly thereafter she told COL Burke about the conversation.

Shortly after this, I talked to MAJ John McNeil who worked for LTC Brundage at WRAIR to discuss the PCR data analysis issues, e.g., who did the analysis for Amsterdam, etc. It was my impression from him that LTC Redfield had told LTC Brundage and him prior to Amsterdam that there were no significant findings for the PCR data and both were surprised by the Amsterdam presentation.

On 20 August 92, I took my memo detailing the analysis and results of it to Dr. Vahey's office on Gude Drive. While I was there, COL Burke came in to discuss the memo with us. He asked for additional analyses, in particular, of the data from the 15 patients that were presented in Amsterdam. He had been told by LTC Redfield that they were the first 15 sequential patients that entered the study. I completed the analysis on the first 15 sequential patients that entered the study who had PCR copy data and gave a memo stating how the analysis was done and the results of the analysis to Dr. Vahey on 21 August 92.

Approximately during the time-frame of 21-28 August 92, I had a telephone conversation with COL Burke and LTC Brundage. We discussed the issue of LTC Brundage analyzing the PCR data and I did not object. LTC Brundage came to my office to pick up the PCR data sets and we talked about the PCR analyses and I gave him a copy of my 20 August 92 memo. We discussed the fact that some of the gp160 Phase I patients were taking AZT. It appeared to me that LTC Brundage did not know that some of the gp160 Phase I patients were on AZT. LTC Brundage told me that he did not analyze the data for the Amsterdam presentation and his impression was that there was no significant finding with respect to the viral burden analysis prior to Amsterdam.

During approximately the same time-frame COL Burke came to my office to review all the analyses that I had done for the gp160 Phase I trial; I also showed him the gp120 Phase I trial analyses as well. We talked about the CD4 count stabilization issue and I showed him the longitudinal CD4 count plots per patient that I generate monthly for LTC Redfield. [ The same set of plots were shown to COL Dangerfield; I gave the set to COL Dangerfield.] I also showed him the CD4 count longitudinal profiles superimposed and he noted that the CD4 count profiles were, on average, slightly better than what would be expected for natural history patients. It appeared to me, that he did not know, until I showed him, that, on average, the CD4 count longitudinal profiles of the gp160 Phase I patients were not stabilizing. We also discussed the fact that some of the gp160 Phase I patients were taking AZT. It appeared to me that COL Burke did not know that some of the gp160 Phase I patients were on AZT.

On 28 August 92, there was a meeting in COL Burke's office to discuss what should be presented and said at the Chantilly 5th Annual Meeting of the National Cooperative Vaccine Development Group for AIDS. Present at the meeting were: COL Burke, LTCs Redfield and Brundage, Dr. Vahey and I. At this meeting, LTC Brundage presented his analysis of the PCR data which validated the findings of my 20 August 92 memo. I presented my 28 August 92 memo which dealt with the additional analyses that COL Burke had asked for on 20 August 92. With respect to LTC Redfield's method of analysis which was used for the Amsterdam viral burden presentation, a consensus was reached at the meeting on the following points: 1.) CD4 adjustment of PCR data was not appropriate, 2.) use of a half log criterion was not appropriate, 3.) the comparison group used was not appropriate, 4.) the statements made by LTC Redfield in Amsterdam regarding viral burden were not correct, and 5.) all the patients should be used in the analysis. LTC Redfield admitted that his analysis in Amsterdam was not appropriate.

There was a meeting of all ranking MMCARR members at the Jackson Foundation main office, 1401 Rockville Pike, on 15 September 92. At this time, LTC Redfield again admitted that his statistical analyses and interpretation of PCR data at Amsterdam were inappropriate and that the analyses performed by LTC Brundage and I were correct. LTC Redfield asked me at the end of this meeting to attend with him that same evening a meeting of the NIH AIDS Vaccine Evaluation Group (AVEG) to address their concern that the increases in viral PCR copies, shown on Dr. Vahey's poster at Chantilly, may be caused by the gp160 vaccine. I explained to Dr. Patricia Fast and the group that there appeared to be no deterministic "post-immunization effect." The "post-immunization effect", assuming that there was no lag effect, appeared to be random. [The data provided to me for analysis would not allow one to determine if there was a lag effect.] However, I also stated that safety concerns with respect to increases in viral PCR copies could never be addressed based on the data that was collected.

During the week of 16 October 92, I was called by the press and an outside individual and told that my 20 August 92 memo was in their possession. I do not know how these people received the memo. I am not very pleased with the fact that someone released my memo to individuals outside the MMCARR. There is no way to tell who leaked the memo because it was widely disseminated internally. I told Mr. Lowe about the calls and he notified COL Burke.

That afternoon LTCs Redfield and Birx, Drs. Vahey and Wohlhieter, Mr. Lowe and Mr. Peterson, and I met with COL Burke in his office to discuss what should be said to the press. LTC Redfield stated that the findings presented in my 20 August 92 memo would be the ones he would present. LTC Birx was upset that I had confirmed to the press that the memo was authentic. Later in this meeting she noted that the 15 patients presented by LTC Redfield at Amsterdam were not the first 15 sequential patients. Also during

this meeting LTC Redfield stated that he never said in Amsterdam that the viral burden went down, that he was misquoted by the press. It should be noted that LTC Redfield also made similar statements prior to and after this meeting. [I had mentioned during this meeting that the member of the press who called me stated that LTC Redfield stated at Amsterdam that the virus was reduced in his gp160 Phase I patients.] Subsequently, in November, the CBS Evening News showed a video tape of LTC Redfield's presentation at Amsterdam and his comments after the presentation. On the video tape LTC Redfield stated that the virus goes down,..that it is significant, reproducible, etc. [I showed a VHS copy of the CBS Evening News segment to COL Dangerfield and gave him a copy of it.] It should also be noted that LTC Redfield showed during his Amsterdam presentation a slide showing the results of his 1/2 log change analysis (his viral burden analysis). On this slide he presented p-values which indicated that the portrayed reduction in viral PCR copies was statistically significant [I gave a copy of this slide to COL Dangerfield].

At this point I would like to discuss some of my concerns with how the gp160 Phase I CD4 count and viral burden data are presented and/or are analyzed.

The problems with LTC Redfield's presentation of CD4 counts are: 1.) Instead of using the actual data, moving averages of five or seven are used. Moving averages do not represent the reality of the CD4 counts [This became evident when the original preliminary versions of the NEJM Figure 4 were re-created by my department. Moving averages of three, five, and seven were used to develop three versions of Figure 4: one version based on the use of moving averages of three, one version based on moving averages of five, and one version based on moving averages of seven. Each version generated a different set of percent change in mean CD4 count curves, with the version generated by the moving averages of seven giving the most dramatic separation in the responders and non-responders curves. I was told that prior to submitting the manuscript to NEJM, LTC Redfield reviewed the original preliminary versions and chose the moving averages of seven version. This was the version published in the NEJM].; 2.) Summarizing data at each time point (e.g., percent change in mean CD4 count) for each group[responders versus non-responders] and connecting these summarized data points to give the impression of a longitudinal profile (an example of this is Figure 4 in the NEJM article) [Note: It is the opinion of my department that this sort of presentation of CD4 counts is inappropriate because it really does not consider the true longitudinal CD4 count profile of each individual patient; one can summarize these individual longitudinal profiles for statistical comparisons between groups (e.g., responders versus non-responders) by using the methods suggested by Laird and Wang, 1990; Dawson and Lagakos, 1991; and Ng, T-H, 1991. Using this approach my department determined that there was no statistical significant difference between the responders and the non-responders CD4 count longitudinal profiles (using the actual CD4 count data that was used to generate the various versions of NEJM

Figure 4]; 3.) Changing category (group) definitions from one presentation to another (e.g.,responders versus non-responders (Figure 4 1991 NEJM) and humoral responders versus humoral non-responders (Figure 5, 1992 AIDS Research and Human Retroviruses); 4.) Showing some rather than all patients; 5) The inappropriate use of the term stabilization (i.e., saying that the CD4 counts are stabilizing when they are statistically declining); and 6.) The fact that there was no mention that some patients were taking AZT.

There are also problems with LTC Redfield's Amsterdam viral burden presentation: 1.) Only data from some patients instead of all were presented [ A memo written by Dr. Vahey which was shown to me indicated that all 26 patients had available PCR copy data prior to Amsterdam]; 2.) The first 15 sequential patients were not the ones presented. [This became evident when I tried to reproduce (using the same procedures that LTC Redfield said he used) the 1/2 log change analysis that LTC Redfield presented in Amsterdam (The slide of which I showed and gave to COL Dangerfield). This is the analysis that LTC Redfield used to indicate that the viral load (burden) was lowered in his gp160 Phase I patients. I could not reproduce the numbers presented on this slide when I used the first sequential 15 patients who had PCR data. I called Dr. Vahey and mentioned to her that the first sequential 15 patients could not have been used in LTC Redfield's 1/2 log change analysis; that the data for these patients could not generate the numbers on his Amsterdam presentation slide. Dr. Vahey asked Dr. Birx about this issue and Dr. Birx told Dr. Vahey that LTC Redfield told her (Birx) that the first sequential 15 patients were not used in the Amsterdam presentation.]; 3.) An appropriate comparison group was not used in his 1/2 log change analysis [The natural history historic controls were not comparable to the gp160 Phase I patients in terms of CD4 counts, WR stages, etc. I was told by several infectious disease physicians that the patients in the natural history historic control (comparison) group were sicker (i.e., had been infected longer and/or had lower CD4 counts); 4.) LTC Redfield used CD4 adjustments on the viral PCR copy data [It was affirmed at the 28 August 92 meeting that this procedure artificially accentuated the viral burden differences between the gp160 Phase I patients and the patients in the natural history historic control group.]; 5.) The use of the 1/2 log change criterion for the demonstration of a meaningful change in PCR copy. [Without knowing what the biological and clinical significance is when viral PCR copies change by various factors (e.g., 1/2 log), it is inappropriate to categorize patients based on this 1/2 log criterion. This determination was affirmed at the 28 August 92 meeting.]; 6.) The use of inappropriate baseline values for PCR copy data. [ LTC Redfield include post-immunization PCR values (i.e., PCR copy data which measured viral load after the patient was vaccinated) in his baseline. Therefore, a true pre-vaccination baseline was not used in LTC Redfield's analysis. It was noted by some individuals that this type of baseline (the one LTC Redfield used) could actually create an elevated baseline and in conjunction with the CD4 adjustment procedure make it appear that there was a

decrease in viral PCR copy when in reality there was no such reduction or if there was a reduction, not one as dramatic.]; 7.) There was no mention that some of the gp160 Phase I patients were on AZT [In any circumstance this should be mentioned because it is an indication of the health status for the gp160 Phase I patients. In addition, if any of the 15 patients presented in Amsterdam were taking AZT and any of their PCR copy data were generated during AZT use, this would create problems with determining whether the effect was caused by gp160 or by AZT: I have been told by infectious disease physicians that AZT does reduce viral load.]; and 8.) In his presentations subsequent to Amsterdam, LTC Redfield states that viral load increases in the natural history group but not in his gp160 Phase I patients. My 20 August 92 memo shows that this is not correct - there was no significant difference between the two groups (gp160 patients versus the natural history historic control patients) in terms of change in PCR copy from baseline (using both LTC Redfield's baseline and the baseline Dr. Vahey preferred ( Dr. Vahey's baseline contained only pre-vaccination PCR copy data - thus two separate analyses were done, one for each type of baseline). As mentioned early, it was determined that the patients in the natural history historic control group were not comparable. Infectious disease physicians told me that this lack of comparability gave a worst case scenario for the natural history historic control group because they were infected longer and/or had lower CD4 counts and therefore would in all likelihood have higher viral load than the gp160 Phase I patients. Even with this worst case scenario my 20 August 92 memo results indicated no significant difference between the two groups. In addition, there was no significant difference between baseline and endpoint for either group in terms of PCR copies. (Again, using both definitions for baseline - two separate analyses were done). When LTC Redfield stated that it is known that viral burden increases in a natural history cohort but does not in the gp160 Phase I patients, this is also a misleading statement. Comparing a natural history group of patients who have been infected longer to the gp160 Phase I patients who have been infected for a shorter amount of time is not appropriate, according to the various infectious disease physicians that I have talked with. From a statistical point of view, in order to have a meaningful comparison, one would need to compare two groups that had been infected for approximately the same amount of time (i.e., compare two groups with early HIV infection).

It is my belief that when people are allowed to make presentations without careful coordination with statisticians there are inevitable problems and this needs to be addressed. For the integrity of the MMCARR there needs to be an internal review process to review and clear presentations and publications. In my opinion, if LTC Redfield had made it clear at Chantilly what the real situation was regarding the longitudinal CD4 count profiles of the gp160 Phase I patients, what the real situation was regarding the viral PCR copy data of the gp160 Phase I patients and that some of these patients are taking AZT, this whole issue would have been finally settled. In addition, some of these problems are caused by

the misuse of terms (e.g., stabilization of CD4 counts). This can be viewed as a semantic problem, but if it misleads the public and the scientific community with respect to the findings of the gp160 Phase I trial, it becomes a serious scientific problem.

Recently I have received calls from the press regarding comments from individuals close to LTC Redfield. These individuals have told the press (Nancy Tomich, U.S. Medicine) a number of misleading and false statements concerning my analyses of the viral burden data. In addition, these sources told Nancy Tomich that I was presenting misinformation regarding the PCR copy data analyses. I have been and am a MMCARR team player. I have not at any time presented to MMCARR or the press any misinformation regarding the PCR copy data analyses.

Finally, with respect to the Amsterdam viral burden presentation, I believe it is in the best interest of MMCARR that LTC Redfield indicates: 1.) Which 19 natural history patients were analyzed and why they were chosen; 2.) Which 15 gp160 Phase I patients he actually analyzed and why they were chosen; 3.) Whether any of these 15 gp160 Phase I patients were on AZT; 4.) How he generated the numbers(percentage of patients falling into the categories: 1/2 log increase; 1/2 log decrease or no change; and 1/2 log decrease) recorded on the " Alteration of HIV Specific DNA and RNA" slide he presented (his 1/2 log change analysis); 5.) How he has determined that the longitudinal CD4 count profiles of the gp160 Phase I patients have stabilized; and 6.) Why he has failed to mention that some of the gp160 Phase I patients are taking AZT.

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W. F. McCarthy
1/14/93


William F. McCarthy, Ph.D.
Director of Biostatistics
Henry M. Jackson Foundation

## Clinton Poised to Tap NSF Director?

The Clinton Administration appears ready at last to nominate a director of the National Science Foundation (NSF); NSF officials say an announcement could come this week. Topping the list of candidates to be vetted by the president on his return from Asia, sources say, is physicist Neal F. Lane, provost of Rice University. Rice officials note that the *Houston Chronicle* is reporting that Lane is "likely" to be nominated NSF director. When contacted by *Science*, Lane declined to comment.

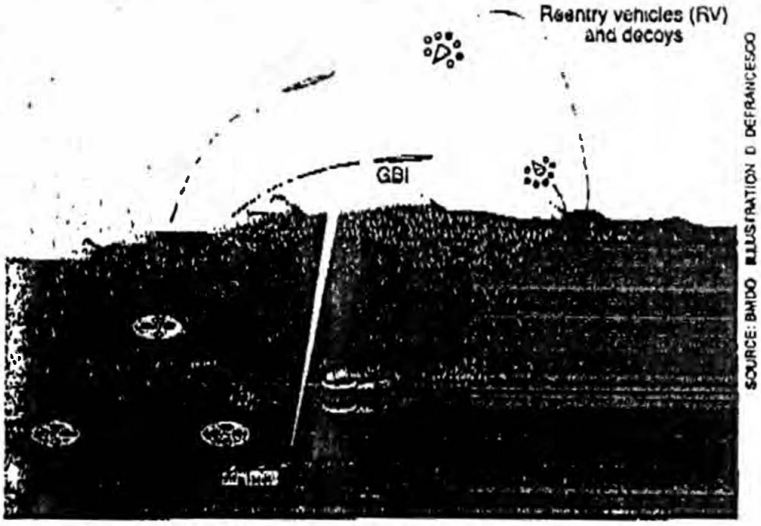
Lane, 54, received his Ph.D. from the University of Oklahoma and has focused on theoretical atomic and molecular physics at Rice, except for a stint as director of NSF's physics division (1979-1980), and 4 years (1984-1986) as chancellor of the University of Colorado in Colorado Springs.

## Researchers Win Data Network Reprieve

To many scientists, it looked like the end of a favorite perk: Earlier this year, congressmen introduced bills that would force most researchers off the NSFNet "backbone," the high-capacity computer network over which thousands of researchers chatter every day. But now, after much carping, scientists may have won a reprieve.

The bills, intended to encourage private investment in networks, would force all but the most data-intensive researchers off NSFNet in 18 months (*Science*, 21 May, p. 1064). But legislators appear to have had a change of heart. Late last month, Representative Rick Boucher (D–VA) deleted the 18-month deadline from his bill before it passed the House science committee. In its place, Boucher inserted a provision that would give the White House Office of Science and Technology Policy (OSTP) 6 months to recommend a timetable for the transition. An aide to Senator Ernest Hollings (D–SC) says the senator intends to change his bill similarly. Both bills are expected to get White House support because they incorporate data-highway language that Vice President Al Gore authored last year as a senator.

No word yet on how long the breather might last, but research groups hope OSTP will recommend at least 3 years. Aside from having to pay for a free ride, research groups cite other concerns about early privatization: Companies don't have the necessary hardware in place, commercial prices are still too high, and it may take years to modify network routers to discriminate between paying and nonpaying e-mail.




**Future "Star Wars"?** U.S. and Russian scientists are planning joint research on space-based sensors (Brilliant Eyes) and other technologies.

## U.S., Russia Consider Global Defense Network

One of the more fanciful visions of the Reagan era during the early 1980s called for Americans and Russians to some day jointly build and run a space-based "Star Wars" defense against ballistic missiles. Well, that starry-eyed reverie may not have been so fantastic after all: U.S. and Russian scientists now intend to conduct joint Star Wars research, if their governments endorse the plan.

A few things have changed since Reagan first talked about his Star Wars dream. The Soviet Union has collapsed. The Pentagon has renamed the Strategic Defense Initiative Organization, the force behind Star Wars, the Ballistic Missile Defense Organization (BMDO). And BMDO officials, struggling to find their post–cold war niche, have found an unlikely ally in the Russians. "None of us felt this would happen," says BMDO's technology deputy, Simon Worden, but it has.

BMDO had its first taste of Russian defense technology last spring, when it purchased the Russian-built Topaz II nuclear reactor for testing as a spacecraft propulsion system. Now BMDO and the Russian Ministry of Defense want to work toward a "Global Defense Network." Worden says BMDO has identified three areas of joint research: space-based sensors, a collection of satellites for "global and ecological security;" neutral particle beams and lasers, which Worden says the Russians "in some cases are years, if not decades, ahead of us"; and computer modeling for "global security regime operations." The experiments would cost a few tens of millions of dollars, Worden says.

Worden says he hopes to get joint experiments off the ground in 2 years. Russian Minister of Science Boris Saltykov, in a recent speech, echoed those goals. The next step is up to Clinton—and that's where BMDO may run into trouble. Says one administration official, "We still don't know what direction we want to take with BMDO."

## Intrigue Grows Around Redfield Report

While the U.S. Army has yet to publicly announce its verdict, military officials are spreading the word within the ranks that Robert Redfield of the Walter Reed Army Institute of Research has been exonerated of charges that he "overstated" the value of an AIDS vaccine he tested in HIV-infected people (*Science*, 2 July, p. 19). Because these officials are refusing to discuss details of the investigation with Redfield's coworkers, some scientists are alleging that the Army's investigation failed to dig below the surface: "It's a whitewash," claims one Redfield colleague who insists on remaining anonymous. An Army spokesman denies there's a whitewash afoot and says Redfield is not allowed to comment at this point.

The charges against Redfield were based on a presentation he gave at the 1992 international AIDS conference in Amsterdam on a therapeutic AIDS vaccine made by MicroGeneSys Inc. Last October, the Army launched its investigation after receiving a formal complaint from military researchers (*Science*, 6 November 1992, p. 883), several of whom were interviewed during the inquiry. But unlike the Public Health Service's Office of Research Integrity, the Army failed to provide complainants with a draft investigatory report. This has led several scientists to charge that the Army plans to clear Redfield without revealing its reasoning.

Charges from anonymous scientists are hardly conclusive. But there is evidence the military hopes to keep the investigation tightly under wraps. In March, a Walter Reed investigator told *Science* that an Army lawyer said the military would try to "block" a request from this magazine for details regarding the case. Then in May, 3 months after *Science* had filed a Freedom of Information Act request, the Army told *Science* that it had never received it. Military attorneys now are evaluating a second request to see what, if anything, they must release.

THIS WEEK

7/14/93

# Anger over 'selective' data on HIV therapy

Phyllida Brown

AFTER months of uncertainty, the US Army appears to have won a double victory in a multimillion-dollar AIDS research project that has provoked intense scientific and political controversy. The military has regained control of $20 million allocated to it by Congress for a large-scale trial of an immune therapy, despite an earlier recommendation that the money should go to the National Institutes of Health. And internal sources say a senior army researcher, Robert Redfield, has been cleared by an inquiry of any scientific wrongdoing relating to earlier studies of the same immune therapy.

But fighting over the immune therapy—the flagship of the army's giant AIDS research programme—is far from ended. It is not yet clear how the trial will go ahead, if at all. And documents obtained by *New Scientist* reveal a fierce internal conflict between members of Redfield's team and other scientists collaborating with them. The dispute is over the integrity of claims the team has made for the therapy, a vaccine based on HIV's protein coat, gp160. These claims, based on the team's interpretation of the first phase of studies, have formed at least part of the rationale for the large trial. Now the team is accused of analysing the data in a way that is "nothing more than an embarrassment".

The bizarre events surrounding the trials now appear to be descending into political farce. Last autumn, Congress allocated $20 million for the Department of Defense to conduct a large trial of gp160, which is made by MicroGeneSys, a company based in Connecticut. The allocation followed sustained lobbying on behalf of the company.

Bernadine Healy, then the director of the National Institutes of Health, was adamant that scientists, not politicians, should decide which products to put into trials. An expert panel recommended that the money should go to the NIH for a broader trial comparing a range of different HIV immune therapies. However, MicroGeneSys refused to donate its product for the trial. Because of this impasse, said a spokesman for the Department of Health and Human Services, the NIH trial cannot go ahead and the money is to revert to the army.

But confusion remains over what the army plans to do next. Army researchers have said that MicroGeneSys must donate the product if the trial is to proceed, but the company has reportedly told them it cannot afford to. Negotiations were continuing as *New Scientist* went to press.

Meanwhile, last Friday, Redfield was cleared by an internal inquiry of any wrongdoing over his analysis and interpretation of data from the first small trial of gp160 in 28 HIV-positive patients. The investigation began after an internal document published by *New Scientist* suggested that Redfield might have oversold the therapy in a presentation to the international AIDS conference in Amsterdam (This Week, 24 October). Redfield said gp160 could reduce the amount of virus in patients' blood. Elsewhere, he also said gp160 could stabilise the levels of CD4 T cells, the immune cells which HIV attacks.

Sources within the military research consortium claim the inquiry has been a "whitewash", while others defend Redfield. His team is currently preparing two papers for publication based on the results of the first phase of studies of gp160. But new documents obtained by *New Scientist* show that some colleagues are alarmed that the team plans to use partial and selective analyses of the data which make the results look better than if all data were included.

A strongly worded memo dated 21 June from Bill McCarthy, director of the biostatistics department in the consortium of researchers working with the military, says he will have his and his assistant's names removed from one of the papers unless the full data are analysed. "No legitimate biostatistician would want to be associated with a paper that does not show the complet... results," says the memo.

In the analysis apparently proposed by Redfield's group, not all the patients are to be included; only some of their CD4 counts over time are to be shown; and it is not to be made clear which patients were also taking zidovudine, a factor that could affect their CD4 counts. A full analysis in another document shows that patients' CD4 cells are not stabilising but declining.

The proposed paper would include "naive, poorly conceived statistical analyses" which are "nothing more than an embarrassment and most likely would . . . demonstrate that the authors have no understanding of statistics," says the memo.

Sources say that McCarthy and a small minority of others who have argued with Redfield are becoming increasingly isolated. They say that McCarthy's statistical analyses are now being disputed.

The army is keen to portray the first gp160 study in the best possible light, says one source, partly to avoid prompting questions on data in an earlier paper in the *New England Journal of Medicine* in 1991. Redfield did not return calls and a spokesman for the army declined to discuss any aspect of the gp160 studies. □

# I spy with my gamma ray eye


**IF you had gamma ray eyes and could orbit above the atmosphere, this is the view of the sky you would see. This false-colour image is based on observations made by NASA's Compton Gamma Ray Observatory, launched in April 1991. The regions which are brightest at gamma ray wavelengths are coloured white, those that are faintest appear blue.**

**Gamma rays are produced by the most violent events in the Universe. The bright horizontal band is the Milky Way. Several white spots along it, such as the two near the extreme right of the image, are gamma ray pulsars. These dense, rapidly spinning stars rake a lighthouse beam of gamma rays past the Earth between 4 and 30 times a second. The bright sources in the rest of the sky are mostly distant galaxies or quasars, each generating at least 10 000 times as much energy in gamma rays as our Galaxy.** □

# Key statistician ousted as Waxman enters gp160 fray

A statistician involved in Army AIDS research work has resigned, alleging that his employer, the Jackson Foundation, is party to a an Army "cover-up" of information surrounding the release of early data on the efficacy of the gp160 therapeutic vaccine.

Bill McCarthy, director of biostatistics at the Maryland-based foundation — a nonprofit, 600-strong clinical research centre which works primarily for the armed forces — says that it has failed to confront what he regards as shortcomings in data presented by Lt Colonel Bob Redfield, the researcher at the centre of the continuing gp160 controversy, because of its reliance on Army money. McCarthy has been an internal critic of Redfield's work for some time, and his resignation from the Jackson Foundation appears to have been forced after a row there over the alleged leaking of information to the press.

Meanwhile, Congressman Henry Waxman (Democrat, California), chair of the House health and environment subcommittee, has written to health secretary Donna Shalala expressing his concern about the fate of a proposed large-scale gp160 vaccine trial, and asking for an update on it. Responsibility for the $20 million trial, which was transferred earlier this year from the Army to the National Institutes of Health, has now reverted to the Department of Defense (see *Nature* 363, 294; 1993).

McCarthy's exit appears to mark a victory for the Army research faction that endorses Redfield's belief in the efficacy of gp160 vaccine as a treatment for HIV-infected patients.

But after McCarthy resigned, he made public a series of allegations about the management of Army AIDS research and the role of his former employer. McCarthy says that:

- Data presented by Redfield at the international AIDS conference in Amsterdam last year was at odds with the actual results of the Army's Phase I gp160 trial;
- The subsequent Army investigation, whose results have yet to be officially released but which is known to have exonerated Redfield of scientific misconduct, was a "whitewash" which failed to adequately address the legitimacy of the Amsterdam paper;
- Management at the Jackson Foundation, where Redfield and his Army colleagues conduct much of their AIDS research, has turned a blind eye to this because of its reliance on Army funding.

McCarthy says that his own statistical analysis of the results of the Phase I gp160 trial shows that "done properly, you could not get the results given by Redfield in Amsterdam or subsequently".

The army investigators, he claims, "gave a sense that the investigation was primarily a damage control exercise." Of John Lowe, the Jackson Foundation's director, he says: "Whenever I tried to get him to do the right thing, he'd get mad at me for jeopardizing [the Foundation's] Army connection."

Lowe has not responded to requests for interview. Lisa Reilly, a spokeswoman for the Jackson Foundation, says: "Dr McCarthy resigned for personal reasons. The foundation has a policy of not discussing matters regarding former employees".

A spokesman for the Walter Reed Army Institute, Marvin Rogul, denies there has been any cover-up, and defends the Army record on AIDS research. "When you have clinical trials there is always some room for differences of opinion," he says. Referring to Redfield's release of efficacy data at Amsterdam, which McCarthy says was premature, Rogul says: "If you don't give out data you get accused of holding it back."

Rogul says that the Army was still negotiating with gp160 producer MicroGeneSys about the provision of free vaccine for a single product, Phase 3 trial. If negotiations fail, he points out, the $20 million allocated for the trial will revert to the Army AIDS research budget. Comment on how that money might be spent would be "presumptuous", Rogul says. **Colin Macilwain**

# Discounts offered for large-scale users of *Taq*

**Washington.** Roche Molecular Systems (RMS) and Perkin-Elmer Corporation this week agreed to offer discounts on *Taq* DNA polymerase for large-scale users, because of pressure from the scientific community. The companies also hope that cutting the cost of the enzyme, which drives the polymerase chain reaction (PCR), will stimulate new applications for PCR.

Under the bulk discount programme, Roche and Perkin-Elmer will drop the unit price of AmpliTaq *Taq* polymerase for laboratories that purchase more than 250,000 units of the enzyme a year; above this, the price per unit will be further discounted depending on annual consumption.

Through a system of matching volume-for-volume grants, the companies plan to cut the unit price of the enzyme by half again to all designated National Center for Human Genome Research (NCHGR) Genome, Science and Technology Centers (see figure for the new pricing schedule).

Stanley Rose, director of PCR products in the Applied Biosystems division of Perkin-Elmer does not anticipate any significant delays in implementing similar pricing schemes for large-scale genome mapping and sequencing laboratories in Europe and Japan.

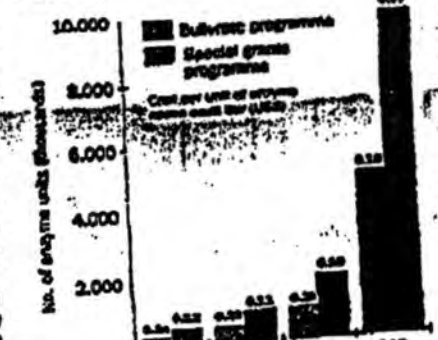
In a related development last week, the companies loosened their stranglehold on the supply of *Taq* polymerase. They granted Boehringer Mannheim a non-exclusive licence, valid for the term of Roche's PCR patents, which provides the company with worldwide rights to make and sell the enzyme for use in PCR in all fields other than *in vitro* diagnostics.

Boehringer Mannheim already sells *Taq* polymerase for non-PCR applications (although it cannot police how researchers use it). Now it can compete with Perkin-Elmer which previously had sole rights to sell PCR products made by RMS in these markets.

Researchers greeted news of the pricing programme enthusiastically. Dr David Schlessinger of the department of molecular microbiology at Washington University School of Medicine called it a "salutary development". Dr. Francis Collins, who in April succeeded James Watson as director of the National Institutes of Health's NCHGR, called it a "win-win" situation. In a recent poll of 13 genome centres, which were paying an average of $0.30 per unit of enzyme, Collins estimated the centres were spending as much as 12 per cent of their budget on *Taq* alone; under the new pricing scheme, the cost per unit for a centre using, for example, more than one million units annually would drop by about a third to $0.10.

President of the Human Genome Organisation and director of the institute for molecular genetics at Baylor College of Medicine, Dr C. Thomas Caskey, says he had hoped Roche would open up the market to more than one other supplier. Nevertheless, "it's a step forward," he says, acknowledging that RMS has come a long way over the past year or so: "I think they realize that there were some mistakes made early on", he says. **Diane Gershon**

## Pricing scheme for *Taq*



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# AIDS-drug study draws fire

## Researcher claims Army overstates success

By DONNA SCAGLIONE
STAFF WRITER

An Army study of an experimental AIDS drug exaggerated the vaccine's therapeutic effects, according to a Maryland statistician who resigned from a nonprofit foundation because his superiors would not publicize his findings.

William F. McCarthy, former director of biostatistics for the Henry M. Jackson Foundation for the Advancement of Military Medicine, said he resigned July 15 after repeatedly asking his supervisors to announce his analyses of the Army study. His supervisors had assigned him to produce the analyses.

McCarthy claims Dr. Robert Redfield's study contains inaccurate and incomplete information. Redfield's claims about his study have formed at least part of the basis for a future large-scale trial the Army is planning.

U.S. Rep. Gerry Studds is investigating McCarthy's claims and weighing what action to take, said Brendan Daly, Studds' spokesman.

"The congressman is interested and we are pursuing this vigorously," Daly said. "(McCarthy) doesn't seem to have much of an ax to grind. He seems pretty articulate and not bitter at all."

He said Studds is considering asking for a congressional inquiry into Redfield's work, and Studds' staff is speaking with representatives from the National Institutes of Health and others in the medical community about McCarthy's claims.

Studds is questioning how the money was allocated to fund the future large-scale trial of the

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Cape Cod Times
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# STUDY

Continued from A-1

vaccine.

"You've got to ask how effective is this drug and what's the science of it?" Daly said.

Redfield, an Army researcher at the Walter Reed Army Institute of Research in Washington, D.C., has been accused of overstating the therapeutic effects of an experimental AIDS vaccine. At an international AIDS conference in Amsterdam last summer, Redfield said use of the vaccine, a protein known as gp-160, had lowered levels of HIV, the virus that causes AIDS, in some infected patients.

The results of an Army investigation into Redfield's claims have not yet been publicized, although the investigation is complete, spokeswoman Sgt. Dawn Kilpatrick said. She did not know when the results would be released, she said.

However, the journals New Scientist and Science have reported Redfield has been cleared of any scientific wrongdoing, citing unnamed internal sources. The Army probe was reportedly ordered after fellow military researchers raised questions about Redfield's findings.

### Redfield's claims disputed

Redfield's work was the first step in testing the drug. McCarthy said his analyses of Redfield's work should have been made known to the scientific community, which could decide whether the therapy was worth pursuing.

"They can't make that decision if they're not presented with honest facts," McCarthy said.

In his written statement to Army investigators, a copy of which was obtained by the Cape Cod Times, McCarthy claims:

- Redfield's study did not show lowered levels of HIV in patients' blood.
- CD4 cells, immune cells in the body that are attacked by HIV, did not stabilize, as Redfield also claimed.
- Redfield did not reveal the results of all the patients involved in his study.
- Redfield neglected to note that some patients were taking the drug AZT, which could affect patients' CD4 cells.

"For the past 11 months I've been trying to get upper management at the Jackson Foundation to get the Army ... to be honest about my analyses, make it clear to the science community and the public what the reality of the data is," McCarthy said.

### Jackson Foundation responds

The Jackson Foundation, in Rockville, Md., contracts with the Army to assist military medical researchers on AIDS and other research.

John Lowe, president of the Jackson Foundation, referred inquiries about McCarthy's claims to Lisa Reilly, development manager for the Foundation. She would not comment on McCarthy's claims about Redfield, saying they should be directed to the Army.

"Dr. McCarthy left for personal reasons and the foundation has a policy not to discuss former employees publicly," she said in a telephone interview.

In a written statement, Reilly said McCarthy had been working with other researchers on a scientific paper to present the results of Redfield's first phase of the gp-160 trial. She said the paper is expected to be submitted to a scientific journal "in the near future for peer review and publishing."

The Military Medical Consortium for Applied Retroviral Research, which includes the Army and the Jackson Foundation, "always presents its data in a fair and accurate manner," Reilly wrote.

McCarthy said he first refused to be associated with the planned paper last August, and continued to do so through the last 11 months.

"I was actually telling them I would not support the paper they were doing," he said. "They were being very selective in making the results look better than they were. ... They felt if I went along with it and allowed them to put my name on the paper it would give it credibility."

McCarthy said he sent Army officials a memo in June, a copy of which went to Lowe, saying he would not support the paper because it was "not a legitimate interpretation of the facts" and that it repeated Redfield's claims.

Despite his objections, McCarthy said he has learned Redfield and

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> *"You've got to ask how effective is this drug and what's the science of it?"*
>
> Brendan Daly
> spokesman for Rep. Gerry Studds

other Army researchers still intend to put his name on the paper. If they do, he will file a lawsuit against them or try to keep his name off in some other way, he said.

In addition to McCarthy's claims, Studds' spokesman Daly said the congressman is concerned about how the decision was made to fund the next Army study of gp-160.

The Connecticut biotech company MicroGeneSys, makers of gp-160, hired a senator-turned-lobbyist to pitch the vaccine to Congress, fueling a debate over who should decide which drugs are tested – politicians or federal researchers.

Last October, Congress put $20 million earmarked for further study of gp-160 into a $250 billion Defense Department spending bill for 1993, which then-President Bush signed. This action bypassed the National Institutes for Health, which traditionally determines which drugs the government wants to test.

Daly questioned whether former Louisiana Sen. Russell Long, the MicroGeneSys lobbyist, used improper influence to obtain funding for the testing.

The $20 million was earmarked for the Department of Defense, with its large system of medical facilities and work with AIDS research. But an expert panel convened by then-NIH director Bernadine Healy recommended that the money go to the National Institutes for a study that would include other vaccines, as well as gp-160.

The Defense Department agreed to give the Department of Health and Human Services, the parent agency of the National Institutes for Health, the money for such a trial. But Health and Human Services policy forbids it to pay for experimental products, and MicroGeneSys would not donate the vaccine. So the money remains with the Army.

"We do not pay for vaccine, we have never paid for vaccine," said Avis LaVelle, a Health and Human Services spokeswoman. "We could never afford to conduct trials if we did."

The Congressional action earmarking the money included an amendment that mandated the gp-160 trial proceed unless the National Institutes director, the Food and Drug Administration director and the secretary of defense unanimously decided not to proceed within six months of the bill's passage. That deadline recently passed.

The Washington Post has reported that Healy and FDA Commissioner David Kessler supported the panel's recommendation that the National Institutes conduct the research in letters to Defense Secretary Les Aspin and House Appropriations Committee Chairman William H. Natcher, D-Ky.,

Col. Douglas Hart, a spokesman for Aspin, said since the money is in control of the Department of Defense, Aspin "will get his lead from the Army when they determine what should be done. At this time no decisions have been made."

**Army's plans**

But Sgt. Kilpatrick said the Army plans to go forward with its single-vaccine trial because doing more than that would be too costly. The Army also wants the vaccine donated by MicroGeneSys, and negotiations between the Army and the company are ongoing, she said.

LaVelle, from Health and Human Services, said if MicroGeneSys is going to donate the vaccine, the National Institutes could conduct the multi-vaccine trial. But she said, "It appears to be between the Army and MicroGeneSys at this point."

Dr. Jeffrey Laurence, a senior scientific consultant for the American Foundation for AIDS Research and associate professor of medicir at Cornell University, said the scrut ny over the gp-160 trial will benefi science in the long run, but additional trials of other potential vaccines are crucial.

"This is the issue really, to just get a comparison trial," he said.

# Cape Codders chosen to test AIDS vaccine

## Provincetown named one of 12 sites

By DONNA SCAGLIONE
STAFF WRITER

PROVINCETOWN – Outer Cape Health Services will be one of 12 sites for an AIDS vaccine trial sponsored by the state Department of Public Health.

The 15-month trial, the first ever to be sponsored by the state, will test the vaccine gp160 on people with AIDS who have T-cell counts below 400. The human immunodeficiency virus, which causes acquired immune deficiency syndrome, attacks T-cells, which are part of the body's immune system.

The lower the T-cell count, the worse the condition of the immune system.

State public health officials plan to formally announce the trial in Roxbury tomorrow. Patients at Outer Cape Health Services will begin receiving the vaccine Sept. 8, according to Susan Stinson, a registered nurse and HIV services coordinator at the agency.

"There aren't a lot of options for therapy treatment," Stinson said. "I'm certainly hopeful this will lead to more information. One can only hope."

The vaccine is made of a material that resembles the outer coat of HIV and is intended to help the immune system battle an established infection. An Army study of the vaccine, conducted by Dr. Robert Redfield, had come under fire by critics in the science community who charged Redfield's findings were exaggerated and not reported completely. An Army investigation into those charges cleared Redfield of any scientific wrongdoing.

Stewart Landers, director of planning for the AIDS bureau at the Department of Public Health, said the controversy surrounding Redfield's findings is a "matter of interpretation and nothing more." He said state officials met with Redfield and Franklin Volvovitz, chairman of MicroGeneSys Inc., manufacturer of the vaccine, in making their decision for the trial, but other gp160 studies were considered as well.

"We've looked at information from a variety of studies from Sweden and Montreal and all of the data indicated there is an immune system response, there are new antibodies produced and some slowing of progression of the disease," he said.

Rep. Gerry Studds, D-Mass., who has also questioned Redfield's research, supports the state trial and wrote a letter to Wyeth-Ayerst Research Division asking officials to donate the vaccine, Studds spokesman Brendan Daly said. MicroGeneSys is donating the vaccine through Wyeth-Ayerst, according to the department.

"The concern we had with the Army study doesn't mean we think there isn't a reason to try this drug," Daly said.

The Army recently announced it will begin a large-scale trial of gp160 early next year involving 5,000 to 10,000 patients with the AIDS virus. But Landers said that will involve people with T-cell counts over 400, while the state trial will involve people with more damaged immune systems.

The state public health department named Outer Cape Health Services as one of 12 trial sites based on the number of AIDS cases in Barnstable County, Stinson said. As of July, 321 people had been diagnosed with AIDS on the Cape and 190 had died, according to Jason Schneider, director of the Cape Cod AIDS Council in Hyannis. Another 300 to 400 are believed to have HIV.

The state, not Outer Cape Health Services, is running the trial by subcontracting with an agency staff member to administer the monthly injections and monitor the patients, Stinson said.

State health officials alloted 12 out of 150 trial slots statewide to Outer Cape Health Services. The trial group will include seven people currently served by the agency and already chosen randomly and five Barnstable County residents yet to be chosen by the department.

Those eligible for the trial must be at least 18 years old, be HIV-positive with a T-cell count below 400 and not taking any interferon or interleukin drugs. Pregnant women may be enrolled after delivery when they have stopped breast-feeding. Those interested may call the department at (617) 482-9485 and ask for the HIV Vaccine Project line.

# Fast-growing HIV strain may speed onset of AIDS


**Phyllida Brown**

MUTATIONS in HIV's protein coat may dramatically alter the capacity of the virus to destroy the immune system, scientists at the Eighth International Conference on AIDS in Amsterdam announced last week. Small changes in the part of the coat known as the V3 loop may determine how fast an infected person develops AIDS.

Two Dutch teams have made long-term studies of patients infected with HIV. Matthijs Tersmette, Jaap Goudsmit and colleagues at the University of Amsterdam found two groups of viruses in these people. The first was a group of slow-replicating viruses, which were present in everyone throughout infection. The second was a group of fast-replicating viruses that emerged some time after the initial infection in about half the patients. People with these fast-replicating viruses rapidly lost CD4 cells, the vital T cells that HIV attacks.

The fast-replicating viruses are capable of gathering a clump of uninfected cells, called a syncytium, around one infected cell. The syncytium dies, depleting precious CD4 cells. The team dubbed the two groups non-syncytium inducing (NSI) and syncytium-inducing (SI) viruses.

Frank Miedema and his colleagues at the Dutch Red Cross Blood Transfusion Service in Amsterdam showed that people with SI viruses lose CD4 cells between three and five times as rapidly as people without them. Half of the individuals with SI viruses progressed to AIDS within two years, compared with only 8 per cent of those infected only with NSI viruses.

In a small study of 52 people, Miedema's group found that treatment with zidovudine did not prevent progression to AIDS in people with SI viruses, whereas those with NSI viruses did not progress to AIDS. Miedema argues that people could be tested for the presence of SI viruses before starting a course of treatment. If a person has SI viruses, he says, they may benefit little from zidovudine alone. A combination of antiviral drugs may be better, he argues.

The Dutch findings provoked intense interest but also scepticism. Anthony Fauci, head of the US government's AIDS research effort at the National Institutes of Health, warned that more studies were needed. "I don't think you can make too many clinically relevant conclusions yet," he said. And Edward Holmes from the University of Edinburgh said he had seen the same mutations without any change in the character of the virus.

In the search for better understanding of the ways HIV causes AIDS, many scientists are now broadening their focus to give more attention to the virus's interaction with the host's immune system. Fauci's group at the NIH produced striking pictures of lymph nodes in people infected with HIV. Defence cells known as follicular dendritic cells gather up the virus in the lymph nodes, where it meets T cells. The areas where T cells divide are "stuffed" with virus, said Fauci.

Meanwhile, many scientists now believe that HIV can trigger suicide or "apoptosis" in T cells by interfering with their signalling mechanisms ("How does HIV cause AIDS?" *New Scientist*, 18 July). "It looks like apoptosis has started to come of age," said Fauci. French and Dutch teams in Amsterdam showed that HIV primes not only helper T cells but also killer T cells for apoptosis. The virus can also render a cell incapable of responding to foreign antigens by inducing a "lazy" state known as anergy.

T cells from chimpanzees infected with HIV do not commit suicide. Some researchers ask whether this could explain why chimps do not get AIDS. □

# Protein therapy 'stimulates antibodies'

CAN a "vaccine" based on HIV's coat protein gp160 help to slow progression to AIDS in people infected with the virus? Robert Redfield, from the Walter Reed Army Institute of Research near Washington DC, thinks the answer is yes. His results, presented in Amsterdam, drew a mixture of scepticism and wary optimism from his peers.

Redfield has been studying a group of about 30 infected volunteers who have received the protein as an immune therapy, in a preparation made by the American company MicroGeneSys. The men were inoculated between two and three years ago. Redfield says that most of the men produce new T cells and antibodies against the virus. Natural infection with HIV does not stimulate this response. The levels of their CD4 T cells also stabilise, he says. More surprisingly, Redfield says, the levels of HIV's genetic material in the bloodstream drop, indicating that something is reducing the amount of virus.

Redfield is also enthusiastic that the antibodies the men produce in response to the vaccine "recognise" a wide range of strains of HIV. A larger, controlled trial of the immune therapy began last winter.

Daniel Hoth, from the National Institutes of Health in the US, was cautious. "I think the results are extremely interesting," he said. "What is unknown is whether they are clinically meaningful."

Scientists warn that the study may not have gone on long enough to show whether the effects are lasting, and that the changes in the levels of T cells may not be significant. Some suggest that the virus that appears to be removed from the bloodstream may simply be shifted elsewhere, into the lymph nodes for example. Redfield thinks this is unlikely.

Pete Addis

**Redfield: conducting follow-up trials**

The MicroGeneSys preparation is made in genetically engineered insect cells. The engineered gp160 protein is unfolded, unlike the real thing. Hoth says it is therefore "completely predictable" that the protein will look different to the immune system and stimulate a different response.

Hoth is also cautious about the ideas of Jonas Salk, who wants to develop a vaccine that triggers only T cells, not antibodies (This Week, last issue). "All of this remains a hypothesis," he says. □

# Milk warning

BREAST-FEEDING does carry a slight risk of HIV infection, scientists at the meeting confirmed. But it is still much safer than bottle-feeding in situations where infectious diseases are widespread, says the WHO. The WHO recently changed its advice from saying that everyone should breast-feed to a more cautious statement: where infectious diseases are rare, HIV-positive women should not breast-feed.

This advice has infuriated health workers in developing countries. Sunanda Ray of the University of Zimbabwe in Harare fears it is a dangerous double standard that will encourage poor women to bottle-feed.

Philippe Van de Perre and colleagues at the Hospital Centre, Kigali, Rwanda, studied breast milk from more than 200 HIV-positive women. They found that women whose milk contained large amounts of an antibody, IgM, were less likely to transmit the virus to their infants. No one knows whether the antibody blocks transmission of HIV, or whether it simply reflects other factors in the mother that reduce risk.

Another team from Rwanda found the risk of transmission was higher if viral DNA could be detected in milk. Levels of viral DNA were highest in the first 14 days after birth. Delaying breast-feeding until after this could reduce the risk of infection.

# Army Clears Redfield—but Fails to Resolve Controversy

After 8 months of looking into allegations that Lt. Col. Robert Redfield "overstated" results from the trial of a therapeutic AIDS vaccine, the United States Army has concluded that the evidence "does not support the allegations of scientific misconduct" and that there "is no requirement for adverse action." But the conclusion of the investigation is unlikely to end the controversy dogging Redfield, the Army's leading AIDS researcher. One reason is that several of Redfield's colleagues claim the investigation failed to resolve some of the issues that triggered the inquiry. Some of the same researchers argue that the Army cannot investigate its own top scientists objectively. "The Army had the fox in the henhouse for this one," says one Redfield collaborator who insisted on not being quoted by name. "I'd like to see another formal investigation done by the Navy, Air Force, and Army together."

Dissatisfaction among some Redfield colleagues with the report isn't the only reason the subject is likely to remain in the spotlight. The Redfield investigation has attracted congressional attention because it has become entangled in the story of a controversial $20 million appropriation passed last October for large-scale testing of a therapeutic AIDS vaccine made by Connecticut's MicroGeneSys (see ScienceScope, page 00). This vaccine, known as gp160, is the one Redfield has been testing, and he is widely viewed as the main scientific proponent of the product. Representative Henry Waxman (D-CA) on 16 July asked Health and Human Services Secretary Donna Shalala for a briefing about the $20 million appropriation and its aftermath. And a spokesman for Rep. Gerry Studds (D-MA) says he is "looking into" the Redfield investigation itself.

While the Army's investigation exonerates Redfield on the scientific misconduct charge, it slaps him and his colleagues at the Walter Reed Army Institute of Research (WRAIR) on the wrist for having a "close relationship" with a non-profit group, Americans for a Sound HIV/AIDS Policy (ASAP), which the investigation found has received scientific information from WRAIR "to a degree that is inappropriate."

The main conclusions of the investigation were announced to WRAIR staff last month, but no final report was made public. *Science*, however, obtained more than 200 pages of the final investigatory report and related documents through a Freedom of Information Act (FOIA) request. Those documents provide the first look at the Army's procedures in the Redfield investigation. Because many portions of the documents were deleted (the Army claimed it deleted only material that invaded privacy or "would have a chilling effect on open agency communications"), they do not provide detailed explanations of how the Army reached some of its conclusions.

**"I had updated information on all 26 patients before [Redfield] went to Amsterdam."**

**–Maryanne Vahey**

The trigger for the investigation was a presentation Redfield made on 21 July 1992 at the international AIDS conference in Amsterdam—the huge annual conference that brings together thousands of AIDS researchers and journalists. According to Redfield's presentation, a preliminary analysis of patients who received the gp160 vaccine showed that the amount of HIV in their blood—their "viral load"—stabilized or decreased. In comparison, a study of untreated patients who were part of a "natural history" study of disease progression showed that during the same period their viral loads had, on average, increased. Many researchers believe changes in HIV load will have clinical significance for infected people, but the correlation has yet to be proved, and Redfield made no claims in Amsterdam about the efficacy of the vaccine in preventing AIDS symptoms. Nevertheless, he did claim that the difference in viral load between the two groups was statistically "significant," news that was greeted with enthusiasm by many AIDS researchers.

Among some of Redfield's colleagues, however, his Amsterdam presentation was met with skepticism. A key concern was that Redfield had presented viral load data from only 15 of 26 patients who had been treated with gp160. Among the allegations the Army investigation considered is whether Redfield selected specific patients to make the results of the treatment appear more impressive.

Redfield's side of the story, as told to Army investigators, was that his colleagues had not supplied him with all the data for the 26 patients in time for him to present that information in Amsterdam. In a statement to Army investigator Col. Harry Dangerfield, Redfield asserts that as late as 15 July, he needed more data. "I became angry because I knew there were more data and because there were only 3 days before I left for Amsterdam," Redfield states. He then decided, his statement says, to use data from the first 15 patients who entered the gp160 study. Redfield's statement to the Army investigators says the 15 were simply the first 15 patients who entered the study and that there "was no selection of data."

That account, however, seems inconsistent with one given to Army investigators by WRAIR's Maryanne Vahey, who was running the quantitative polymerase chain reaction (PCR) assay that measured viral load in the study patients. In Vahey's statement to Dangerfield, she states that by 19 May—more than 2 months before Redfield's Amsterdam presentation—she had provided him with PCR data from all 26 patients. "I had updated information on all 26 patients before he went to Amsterdam," Vahey's statement to Army investigators says. She adds, however, that "having the data and making sense of out of the data are two different things" and that Redfield may have had "clinical reasons" to separate some patients from the others.

**"I knew there were more data and...there were only 3 days before I left for Amsterdam."**

**–Robert Redfield**

The documents provided by the Army in response to *Science*'s FOIA request make it clear that investigator Dangerfield chose to accept Redfield's account of why he had presented data on only 15 patients in Amsterdam. "The data on the entire Phase I gp-160 vaccine cohort (n-26) were available after 24 July 1992 (after the presentation by [Lt. Col.] Redfield in Amsterdam)," reads Dangerfield's final report.

The FOIA documents do not make clear why the Army chose to accept Redfield's account over Vahey's. None of the documents specifically address the point, and when *Science* asked why the investigation concluded that Redfield had not had the data on all 26 patients until 24 July, Army spokesman Chuck Dasey simply referred to the conclusion in the FOIA documents. Dasey also said Redfield and Vahey have been "advised" by the Army not to speak with the press, and neither would agree to an interview.

The question of how Redfield had chosen his 15 patients for analysis came up again in August 1992, after the Amsterdam meeting, when researchers at WRAIR and the Henry M. Jackson Foundation for the Advancement of Military Medicine—a private lab that has a multimillion dollar contract to assist the military's AIDS research program—analyzed data from all 26 patients and found no statistically significant effect on viral load. Indeed, at an AIDS vaccine meeting sponsored by the National Institute of Allergy and Infectious Diseases from 31 August-3 September in Chantilly, Va., Redfield and Vahey both made presentations about the full data set of 26 patients; both presentations showed that the viral load data from all 26 patients indicated no statistically significant change with gp160 treatment. In addition, viral load data from the first 15 patients "were similar to those of the entire 26 patients," Col. Donald Burke, Redfield's boss, explained to Army investigators.

How had Redfield found statistical significance where there apparently was none? That question was first addressed by Burke in an informal inquiry. According to Burke's statement to Army investigators, he called a meeting with Redfield, Vahey, and other collaborators on 28 August—just before Chantilly—and the attendees "all agreed that the data analysis [for Amsterdam] was done in haste, which resulted in some arbitrary criteria and methodologic errors." Burke concluded there had been no scientific misconduct, only scientific error. In his statement to the Army investigators, Burke said that after the Chantilly presentations, "I was satisfied that the data were presented openly and accurately and that the conundrum regarding the Amsterdam presentation had been put to rest and the case was closed."

The case was not closed. On 20 October, two Air Force AIDS researchers filed a formal complaint against Redfield that became the basis for the formal investigation. At the end of that process, Army investigator Dangerfield found that no misconduct had occurred and that any errors in Redfield's presentation were due to haste. Dangerfield's report cites Burke's 28 August meeting as one explanation for that conclusion. The meeting, wrote Dangerfield in his final report, "concluded that the disparities between the analyses of [Lt. Col.] Redfield at Amsterdam and that of others arose by presenting preliminary data from less than the full study ...and data analysis done in haste."

That interpretation isn't likely to satisfy some of Redfield's colleagues. Three of them told *Science* they don't believe haste was the reason Redfield's analysis went awry. "I don't think it was a silly, sophomoric mistake because someone was rushed," contends statistician William McCarthy, who until 15 July was the chief of biostatistics at the Jackson Foundation—and has resigned in frustration because of what he calls "a lack of candor" about the gp160 data. "The way the data were presented [in Amsterdam] was not legitimate, and it made the data look better than it would have looked had there been an appropriate analysis," says McCarthy.

Two Redfield collaborators who insist on not being quoted by name, also reject the notion that the Amsterdam presentation contained errors made in haste. Says one investigator: "I don't think it was a presentation made by a researcher in a hurry. The presentation was sloppy and irresponsible. You go out and make a statement as an authority, as a world class scientist, and you're not supersure? Come on." Another collaborator says Redfield's presentation "was very well thought out."

**Military clearance.** AIDS researcher Robert Redfield has just been cleared of scientific misconduct after an Army investigation.

The FOIA documents, however, also reveal that Redfield has supporters among his colleagues. One of the strongest statements of support came from Lt. Col. John Brundage, WRAIR's chief epidemiologist. Brundage, who helped Redfield with his statistical analysis prior to Amsterdam, told Dangerfield he had attended the presentation and "did not feel it was inappropriate." Brundage's statement also said he thought Redfield had benefited from Brundage's statistical "tutoring several days previously."

Although the Army's investigation of the Amsterdam presentation may not have satisfied all those close to these events, by 20 February of this year that phase of the investigation was closed. But because of concerns about WRAIR's relationship with Americans for a Sound AIDS Policy, the Army launched a second probe—of that organization and its ties to Army researchers.

ASAP, which educates religious groups and aims to speed development of treatments, became snared in the Redfield investigation because of concerns that Redfield supporter W. Shepherd Smith Jr., the group's president, was improperly contacting WRAIR researchers to discuss unreleased gp160 data. Like Redfield, Smith has been a strong supporter of gp160 therapy, testifying before Congress and even staging an investment seminar in Los Angeles for potential MicroGeneSys investors. Redfield is chairman of ASAP's advisory board, which his chief collaborator, Deborah Birx, also serves on.

Specifically taken up in the Army probe was a phone call ASAP's Smith made to Vahey on 24 August, in which they discussed the gp160 study and interpretations of the early results. Vahey's statement to the Army says she was concerned enough about "the command of the data that Mr. Smith exhibited" and his opinions about how the gp160 data should be presented that she wrote a memo for the record.

Smith told *Science* any implication he was trying to influence the analysis of gp160 data was "absolutely false," stressing that the call had "nothing to do with the Amsterdam presentation." Smith said he believes ASAP was brought into the Army's investigation because "nothing was found in the first report and that wasn't satisfactory to people who had staked their careers on finding something wrong with Bob Redfield."

The Army investigation concluded that WRAIR provided ASAP with "scientific information that was not widely disseminated" and recommended that ties between the two groups "be severed so there is not an appearance of endorsement or favoritism."

Severing the tie between ASAP and Army researchers, however, won't end the questions still swirling around Robert Redfield, the gp160 vaccine, and MicroGeneSys. Although Redfield's supporters are pleased with the outcome of the investigation, many of Redfield's colleagues and others close to the investigation are not fully satisfied. A new investigation could be launched by a joint Army-Navy-Air Force team. Congress might also hold hearings on the issue.

On the scientific front, gp160 will also come up again soon, since the military is staging a trial of gp160 in more than 600 infected people. The trial will compare treated patients to a randomized control group receiving a placebo. A first look at the blinded data is scheduled for the fall. But, like every other new piece of information about gp160, those preliminary results are far more likely to start controversy than to end it.

–Jon Cohen

4949 Battery Lane #51
Bethesda, MD 20814

August 14, 1993

Mr. John Lowe, President
Henry M. Jackson Foundation
1401 Rockville Pike, Suite 600
Rockville, MD 20852

Dear Mr. Lowe,

There is no ambiguity regarding authorship or recognition on the Vahey manuscript! I do not support the manuscript "Viral Load in HIV Infected Persons, A Phase I Study" for numerous reasons. These reasons have been conveyed to the principal author of the manuscript, Dr. Vahey, as well as to COL Burke, COL Boswell, and you, on numerous occasions. After many discussions with Dr. Vahey regarding this issue, I decided to reiterate my position one final time. This was done in my June 21, 1993 memo that I sent to Dr. Vahey. A copy of this memo was also provided to COL Burke, COL Boswell, and you. This memo stated why I do not support the manuscript and that I do not want my name associated with the manuscript as a coauthor or in the acknowledgement section.

You and I have discussed this June 21, 1993 memo on several occasions. The last discussion was on July 15, 1993 ( Shortly after this meeting I resigned from the Foundation because of the way you were handling the gp160 Phase I scandal.). At this meeting you showed me the copy of the June 21, 1993 memo that I had provided to you back in June. Again, at this meeting I made it clear to you that I did not support the manuscript and that I did not want my name associated, in any manner, with this manuscript.

Any use of my name without my authorization will be considered an unethical act. If my name is listed as a coauthor or if it is mentioned in the acknowledgement section, legal action will be taken.

In addition, I will contact the editor of the journal to which the manuscript is submitted and make it quite clear that I do not support this manuscript and did not authorize the use of my name as coauthor or the use of my name in the acknowledgement section. I will also provide the editor with the June 21, 1993 memo.

Copies of your letter to me (dated August 10, 1993), my response to you (this letter), and the June 21, 1993 memo have been provided to members of Congress, members of the scientific community, and the press.

Sincerely,

W.F. McCarthy

William F. McCarthy, Ph.D.

Henry M. Jackson FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE

August 10, 1993

William F. McCarthy, Ph.D.
4949 Battery Lane
Apartment #510
Bethesda, MD 20814

Dear Dr. McCarthy, Bill

Enclosed is a copy of the final draft manuscript for publication of the *Viral Load in HIV Infected Persons, A Phase I Study*. I would be grateful if you would provide any changes in the paper you deem essential.

The other contributing scientists believe, as do I, that because of your contribution to the analysis of the study data, you should be recognized as a co-author on this paper. I understand, however, you advised Dr. Vahey that you did not wish to be a co-author or be recognized in the acknowledgement section of the paper.

To eliminate any ambiguity on this matter, I would appreciate a response from you indicating your wishes regarding authorship or recognition on this manuscript as soon as possible. I know you will treat this advance of the publication draft paper with the appropriate professional courtesy. Thank you!

Sincerely,

John W. Lowe
President

Enclosure

Henry M. Jackson FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE

MEMORANDUM

To: Maryanne Vahey
Department of Retroviral Research

From: Bill McCarthy, Director
Department of Biostatistics

Date: June 21, 1993

This is to inform you that as of Friday June 18, 1993 (after talking with you about what COL Burke has decided to remove and add to your paper), I have decided to have my name, as well as Dr. Ng's removed from your paper which deals with the gp160 Phase I viral burden and CD4 count/percent analyses [removed from the authorship line as well as in the acknowledgement section].

No legitimate biostatistician would want to be associated with a paper that does not show the complete detailed results concerning the patients' CD4 counts/percents. By using Attachments 2a and 2b as well as the complete graphical plots of the longitudinal CD4 count/percent profiles of these patients (that I provided to you in my May 28, 1993 memo), one can see how many patients have a decline in CD4 counts/percent (negative change from baseline not close to zero/negative slope not close to zero), how many patients have a slight decline or increase in CD4 counts/percent (change from baseline very close to zero/slope very close to zero), and how many patients have an increase in CD4 counts/percent (positive change from baseline not close to zero/positive slope not close to zero).

In addition, by noting a patient's baseline and last known value and reviewing the accompanying graph of the longitudinal CD4 count/percent profile, the reader could determine when a patient would have been eligible for AZT therapy (e.g., approximately how soon after the start of the trial a patient had a sustained count of 500 CD4 cells or less). Also, this type of presentation would show the reader how many patients have dropped to a count of 200 CD4 cells or less and when this drop began to occur. This approach to presenting the CD4 count/percent data must be incorporated into your paper.

Just stating that the average rate of decline is 4.8 cells per month does not allow one to consider the above mentioned issues.

Additionally, the inclusion of naive, poorly conceived statistical analyses (the correlation matrix, scatter plots, etc.) are nothing more than an embarrassment and most likely would indicate to the reader that the authors have no understanding of what they can/cannot do with such a study design and certainly

would demonstrate that the authors have no understanding of statistics.

Finally, the viral burden analyses that I have done for you must also be shown in a complete, detailed manner. Also, a complete and detailed explanation of which patients are on AZT (or any other antiviral therapy), when they started this antiviral therapy and if they are still on antiviral therapy needs to be incorporated into your paper.

We have gone over these issues for almost a year now and I am unwilling to continue readdressing them. The U.S. Army needs to present all the appropriate analyses/results now (even though it is almost one year after the Amsterdam conference). If COL Burke agrees to my conditions, which are stated in this memo, then I will support your paper, otherwise I will not.

At this point I am not interested in any more meetings to discuss these issues.

Henry M. Jackson FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE

**MEMORANDUM**

Maryanne,

**TO:** Maryanne Vahey, Ph.D.
Department of Retroviral Research
Walter Reed Army Institute of Research

**FROM:** W.F. McCarthy, Ph.D., Director
Department of Biostatistics

Bill

**DATE:** April 14, 1993

**RE:** PENDING PUBLICATION OF "ASSESSMENT OF VIRAL LOAD IN HIV INFECTED PATIENTS RECEIVING INTERVENTION WITH A RECOMBINANT GP 160 SUBUNIT VACCINE IN A PHASE ONE STUDY"

1. It is in MMCARR's best interest not to attempt to publish this paper. MMCARR has an image problem in the scientific community and the last thing it needs to do is show the scientific community how poorly designed the viral load study was.

2. If MMCARR is interested in telling the scientific community the facts about viral load, as well as what the CD4 counts look like, that patients are taking AZT, etc. then the best approach is to send to the New England Journal of Medicine a 'Letter to the Editor' which details the facts about CD4 counts, viral burden, AZT usage, etc.

3. I do not want my name or Dr. Ng's name associated with this poorly designed study. In other words, please remove our names from the authorship line as well as in the acknowledgement section. If you want to reference our memos that we forwarded to you which dealt with the analysis of CD4 counts and viral burden in a 'Letter to the Editor' that will be acceptable.

1401 Rockville Pike Suite 600 Rockville, Maryland 20852 Tel. (301) 424-0800 Fax (301) 424-5771

# Funding for single AIDS vaccine disputed

## Activists say more drug trials deserve federal support

THE ASSOCIATED PRESS

MERIDEN, Conn. – An AIDS advocacy group says it is wrong for the federal government to pay MicroGeneSys Inc. $20 million to test only its own AIDS vaccine.

They think the federal government should take the money back and use the money to test several vaccines.

But the president of MicroGeneSys denied the group's allegations that his company is obstructing AIDS research for corporate gain, and said debate over the $20 million appropriation would only delay the trial and cost lives.

MicroGeneSys's gp160 vaccine is currently being tested in a separate and smaller 15-month trial run by the Massachusetts Department of Public Health at 12 sites throughout the state.

One test site is Outer Cape Health Services, with locations in Provincetown and Wellfleet. That trial has been under way since early last month and is not related to the one planned with the $20 million federal appropriation.

The controversy over whether MicroGeneSys should be allowed to test its vaccine in a sole trial resurfaced Thursday when 15 members of an AIDS advocacy group were arrested after they chained themselves to the company's property to protest the company's research on an AIDS vaccine.

The group, known as the AIDS Coalition to Unleash Power, or Act Up, accused MicroGeneSys of corporate greed.

"This is a prime example of putting profits over peoples' lives," said James Learned, one of five members of the group not arrested because they stood across the street from the company's property during the protest. "It's totally unethical and unscientific and has the potential to actually kill people."

MicroGeneSys President Frank Volvovitz defended his company's research, saying the loudest critics don't know much about the company's vaccine efforts.

The protesters chained themselves to the front door and gates at the Meriden-based MicroGeneSys about 9 a.m. Some chanted "MicroGeneSys AIDS extortionists," while others wore T-shirts bearing the same slogan.

It took city police and fire officials a little more than an hour to break the protesters free and take them away in handcuffs. A blow torch had to be used to remove one lock.

The activists each were released on $1,000 bond after being charged with criminal trespassing and obstructing free passage, Meriden police Sgt. Leonard Caponigro said.

MicroGeneSys lobbied Congress for a $20 million appropriation to conduct a national trial of its AIDS vaccine, gp160. The company has said it plans to begin the test early next year under the guidance of Army researchers.

The AIDS activists agreed with some members of the scientific community who criticized MicroGeneSys for hiring a Washington lobbying firm to help get funding for the sole testing of its vaccine.

The activists specifically criticized Volvovitz, saying he thwarted a comparative vaccine trial in the rush to get ahead of the competition and secure the $20 million.

"There's a lot of hype (about gp160), but that only speaks to the savvy of Frank Volvovitz and his hiring of lobbies," said Denny Lee, another activist who wasn't arrested. "He doesn't want to find a vaccine. He just wants to get a vaccine approved so he can make money."

Volvovitz disagreed. He said gp160, which has been tested for several years, is a promising drug and is way ahead of other vaccines.

"The other products are at much earlier stages of testing.

*Staff writer Donna Scaglione contributed to this report.*

# Controversial AIDS vaccine to be tested in China

**Phyllida Brown**

CHINA is to be the first non-Western country to conduct a trial of an experimental AIDS vaccine. In a move that has taken many scientists by surprise, an American company has joined Chinese researchers to test its prototype vaccine in the southwestern province of Yunnan. The trial has been approved by the Chinese health ministry and is expected to start within weeks.

HIV has entered China across the border with Burma. Shao Yiming, a member of China's National Expert Committee on AIDS and a virologist in Peking, says that up to 80 per cent of the country's known HIV-positive people are drug users, mostly concentrated in Yunnan. Up to 30 people at high risk of HIV infection will take part in the trial.

The American company United Biomedical is developing a vaccine made from synthetic protein segments that mimic part of HIV. Eventually the vaccine will contain a cocktail of proteins mimicking up to twenty different strains of the virus from around the world. At present, it is based on the MN strain, a common North American variant. The company has begun two safety trials in the US, in people at low risk of infection and in people at high risk, and says it has evidence that the vaccine is safe.

No data on the vaccine have yet been published and some AIDS researchers have privately expressed fears that the company is moving too fast by testing the vaccine in a developing country. Researchers are highly sensitive to public fears that people in developing countries might be used as guinea pigs for Western AIDS vaccines. But Wayne Koff at United Biomedical, who formerly led the US government's AIDS vaccine research at the National Institutes of Health, dismisses this criticism: "We would not have considered going to a foreign country unless there was sufficient preliminary evidence of safety," he says.

The Chinese study is not meant to test whether the vaccine can protect against infection. It is designed to learn more about the immune responses to the vaccine in different populations. China has not approached the WHO about the trial but the WHO says it has been kept informed by United Biomedical, and has seen the results from animal tests of the vaccine.

In 1991 the WHO decided to support Uganda, Rwanda, Thailand and Brazil in preparing for the first field trials of AIDS vaccines, but of these only Thailand is close to starting a trial. China has had little contact with Western AIDS researchers. United Biomedical, however, has several senior Chinese staff and links with China.

Meanwhile in Thailand, the US Army and the Thai army are almost ready to start trials of a second experimental AIDS vaccine. A spokesman for the US Army said the trials had been approved by its own internal regulators, by the Thai army and the Thai health ministry. However, the Thai National AIDS Prevention Committee has yet to give the green light.

The two armies plan to test a vaccine in about 50 HIV-positive people and also in another group of uninfected volunteers. The vaccine is a genetically engineered form of HIV's coat protein, gp160, made by the US company MicroGeneSys. This vaccine has been at the heart of a controversy in the US after Congress awarded the defence department $20 million to test it in large-scale trials in America as an immune therapy for HIV-positive people. A panel of scientists said there was no scientific justification for this large-scale trial of a single product and the money has now been handed to the National Institutes of Health to compare several vaccines instead.

Members of the American scientific panel are angry that the US Army is now likely to go ahead with safety tests of the same product in Thailand. They are also angry that the vaccine is based on the original strain of HIV, known as IIIB, which is unlike the strains prevalent in Thailand. But another leading vaccine researcher, who declined to be named, disagrees. He says the Thai trials can provide useful data to compare the immune responses of Thai patients with those of American patients.

Sources within MMCAR, a research consortium of scientists from the US armed forces and the Henry Jackson Foundation, say there is no evidence that the MicroGeneSys vaccine works as an immune therapy. Early claims for the vaccine have not been borne out, and the results of full trials in the US are still awaited. "Many senior MMCAR staff do not believe anything is going to come out of the [US] trials," said one MMCAR source. "They don't really believe in the product as an immune therapy but the army are urgently pressing ahead to get their foot in the door in Thailand, so that they can move on to larger trials in uninfected people."

The US Army spokesman said the army was investigating other potential vaccines as well as gp160. □

# Geranium assassin flies to Spanish mainland

**A WINGED alien could soon devastate commercial geranium crops in the south of Spain. The alien is a small, dark brown butterfly from South Africa which in the past two years has colonised all the Balearic Islands in the western Mediterranean. The first eggs have now been found on the Spanish mainland.**

T. Spooner

**Out of Africa: the geranium bronze threatens Spain's plant industry**

**Botanists who have tracked the rapid spread of the geranium bronze (*Cacyreus marshalli*) across the islands of Majorca, Minorca and Ibiza warn that it will cause havoc if it gains a foothold on the mainland. "They feed on leaves and flowers and larvae burrow into the stems of geraniums," says Martin Honey, an entomologist at the Natural History Museum in London. Spain's geranium industry is worth £16 million a year.**

**Already, the butterflies have dismayed gardeners in the Balearic Islands. "Ninety per cent of the geraniums are affected," says Honey. "The population has just exploded, and it's probably the commonest butterfly you see."**

**According to Honey, the butterfly arrived in the Balearics on geraniums imported from South Africa. Larvae of the geranium bronze have been identified on imports to countries as far north as Belgium and Britain, but the butterflies do not survive the colder climates.**

**"The Balearic Islands are hot and sunny with lots of scrub, very similar to the natural habitat of the butterflies in Africa," says Gary Roberts of the Butterfly Conservation Trust. But the butterfly has no natural predators in the Balearics. Honey says botanists may end up importing predators, such as wasps, from Africa. "But these often cause problems because they may attack other native species of butterfly," he says.**

**Victor Sarto i Monteys, a Spanish botanist who works for the Service of Plant Protection in Barcelona, says he has found eight of the butterfly's eggs in Alicante—the first on the mainland. A larger number of adults, perhaps 30, would be needed for the insect to establish a foothold, he says. Monteys is convinced the butterfly will jump to the continent. "We will know only when it is too late," he says.** □

MAR 14 1994

THE WHITE HOUSE

Jen
Many thanks for the P.C. Handbook
I'll do my best to be P.C. at
all times! Tough when trying
to make points sometimes!
My best wishes to you & all
at St. Louis U. - Hope to see
you again before too long
Kristine

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Ms. Lynn Chapman
Training Manager, AIDS Education and Training Center
Co-Chair, Planning Committee
Office of Continuing Nursing Education
University of Washington School of Nursing
SC-72
Seattle, Washington 98195

Dear Ms. Chapman:

Thank you for the invitation to address the Second Annual HIV/AIDS Clinical Update for Nurses on Wednesday, June 15, 1994 in Seattle. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

Kristine

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

regrets

UNIVERSITY OF WASHINGTON
SCHOOL OF NURSING

OFFICE OF CONTINUING NURSING EDUCATION

February 25, 1994



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

Dear Ms. Gebbie,

On behalf of the Northwest AIDS Education and Training Center and the University of Washington School of Nursing I would like to invite you to address our **Second Annual HIV/AIDS Clinical Update for Nurses** which will take place on June 15-16, 1994 at the Shoreline Conference Center in north Seattle. We would like you to give the opening presentation on **Wednesday, June 15, 8:20-9:15 a.m. on the topic of "The National Perspective on HIV/AIDS."** The planning committee hopes you will discuss national trends and controversies around HIV/AIDS which impact patients with HIV/AIDS, health care providers, and the population as a whole. We expect approximately 100 participants, the majority of whom will be nurses caring for patients with AIDS in the Pacific Northwest.

If you are able to fit this conference into your busy schedule, we will be very delighted. As discussed with your office, we will be able to cover your airfare, hotel, and per diem expenses. We understand that you will not require an honorarium. Regarding airfare, we can purchase your ticket for you or, if you prefer to make your own reservations, reimburse for the cost of your ticket up to the amount of the UW contract for roundtrip travel between Seattle and Washington, D.C. I understand you are also speaking for another CNE-sponsored conference on July 14th in Seattle. Perhaps Donna Nichols in CNE can help you with both reservations at the same time. She will give you a call or you can reach her at (206) 543-1047.

If you are able to address our conference, please have someone in your office contact me at (206) 720-4258 or FAX (206) 720-4218. Also, please let us know how you would like your name to appear in our brochure if it is different than above or if you have a preference for retitling of your talk.

I look forward to hearing from you and hope this conference will work into your schedule.

Sincerely yours,

Lynn Chapman

Lynn Chapman
Training Manager
AIDS Education and Training Center
Co-chair, Planning Committee

University of Washington School of Nursing SC-72 Seattle, Washington 98195 206.543.1047 Fax: 206.543.3624

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Mr. Mark M. Geisler
Executive Director
Lee County AIDS Task Force
2231-B McGregor Boulevard
Fort Myers, Florida 33901

Dear Mr. Geisler:

Thank you for the invitation to visit the Lee County school health fairs in Fort Myers on March 18 and April 21 of this year. 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

These dates don't look good - next year? Video or other message? regrets

Lee County

AIDS

Task Force

Hotline: 813/337-AIDS

March 4, 1994

RECEIVED

MAR - 8 1994

Kristine Geddes
National AIDS Policy Coordinator
750 17th Street, Suite 1060
Washington, D.C. 20503

Dear Dr. Geddes:

The AIDS Task Force provides comprehensive treatment, prevention and support services to residents of Southwest Florida.

We are particularly proud of our extensive outreach activities aimed at significantly reducing the spread of HIV infection. We are actively involved in specific outreach efforts focused on gays, Hispanics and African Americans. Our "Magic" van takes the message of prevention, condoms, and free counseling and testing to areas where drugs and prostitution are prevalent.

Virtually all students in the Lee County schools from the third grade up receive the message of HIV/AIDS education and prevention from our staff, usually accompanied by a Person Living with AIDS. High schools in Lee County have comprehensive health fairs. Among other services, juniors and seniors can receive voluntary, confidential HIV counseling and testing from the AIDS Task Force as part of the health fair. We believe that this is an effective reinforcement of prevention on an individual basis to students who believe that they have engaged in some risk behaviors. Our message to students is abstinence based while forthrightly dealing with the concerns that they raise in a private, confidential setting.

We would like you to come to Ft. Myers to talk to community leaders, and see for yourself an aggressive, compassionate, and popular approach to prevention.

The final two health fairs this school year are on March 18 and April 21. Come down and visit with us. We would like to hear from you and get your impressions of the work we do as well as a national perspective on the issues in the battle against HIV and AIDS.

Sincerely,

Mark M. Geisler

Executive Director

2231-B McGregor Boulevard • Fort Myers • Florida • 33901 • 337-2391

MAR 14 1994

THE WHITE HOUSE

Karlene –

Congratulations on receiving the Mary Tolle Wright award from Sigma Theta Tau. I continue to follow your work at St Luke's, & remain very impressed! I hope we can work together again – I enjoyed the Rew Health Professions project contact. All the best – Christine Gelabert

MAR 14 1994

THE WHITE HOUSE

Dear Mike—

This got off to a corner of my desk & never sent - sorry about that! I end up in Chicago with some regularity, but with few minutes for personal visits - Maybe one of these days. - - - -

Hope all is well -

Kristine

# PEOPLE plus

# Driven to Serve

## Nurse Seeks Wider Role In Job, Life

By Susy Schultz
Staff Writer

She is dedicated to nursing and to God. And her days are filled with both.

Mi Ja Kim is dean of the University of Illinois at Chicago's College of Nursing and recently was appointed to a panel of 47 national health care experts asked to review the president's reform plan.

The 53-year-old is also secretary general of the World Health Organization's Global Network of Collaborating Centers for Nursing and Midwifery Development. She sits on numerous professional and advisory boards and is researching the effects of chronic diseases on respiratory musculature with National Institutes of Health funding.

She is also a mother and a wife—a pastor's wife.

Her husband, Mark Kim, is pastor of Cornerstone Independent Church in Rolling Meadows.

"He's not only a minister, he's a Korean minister," she said during a recent interview in her campus office at 845 S. Damen.

Being Korean is an issue, Kim said, because she thinks Koreans—even more than Americans—see "minister's wife" as a full-time job.

In years and parishes past, Mark Kim often had to take flak for his wife's work outside the church. "In the beginning, [parish members] were criticizing why a pastor's wife needed a Ph.D.," she says. "And he just stood up and said, 'This is my job, this is not my wife's job,' and it became a non-issue."

She is driven. And she will tell you what drives her.

"During my high school days," she says, "I wanted to give my life to Christ, and that is the backbone of my life and the source of my energy."

She thought about being a doctor. "But I chose nursing over medicine because nursing is a much more giving profession. This dimension was very appealing."

Kim also is a strong advocate of expanding nurses' roles. She believes nurses and advanced-degree nurses—certified nurse midwives, nurse practitioners, nurse anesthetists—are the solution to the country's ailing health system.

"Nursing is a very different profession than medicine," she says. "Nurses are very qualified to practice health care, [to] address the state of well-being in all its areas—physically, emotionally and socially.

"Nobody wants to stop doctors. I would like to see nurses and doctors . . . as partners, with nurses as the primary health care providers."

It is an uphill struggle, with such powerful groups as the American Medical Association fighting against expanded roles for nurses. But Kim, the mother of two adult children, is used to struggling and juggling.

"I think the most difficult decision I made was to go to graduate school when my children were 2 and 6 years," she says. "But I was lucky—I had my mother, my mother-in-law and my husband. I am very close to my children."

If she relaxes, it is by listening to classical artists and playing golf. Usually, she is attending to professional duties or administering to some of the 250 members of the church as she accompanies her husband on his scheduled visits.

Through it all, she is an optimist with a dilpomat's style. Asked to detail the tough times, Kim simply says they were good for her.

"I am like an old tree that has withstood all the storms and still stands up straight," she said. "The storms have made me stronger."


SUN-TIMES / Al Podgorski

**Mi Ja Kim, dean of the University of Illinois at Chicago's College of Nursing, says she considered studying to be a doctor but chose nursing because it's "a much more giving profession."**

### SOMEONE TO KNOW

- **WHO:** Mi Ja Kim
- **WHAT:** Dean of the College of Nursing, University of Illinois at Chicago, and recent appointee to a national panel of health care experts who will review President Clinton's health care reform package.
- **WHY:** "Nurses are very qualified to practice health care, [to] address the state of well-being in all its areas—physically, emotionally and socially."

*What makes you, or someone you know, worth knowing? Drop us a line at: Someone to Know, Chicago Sun-Times Features, 401 N. Wabash, Chicago 60611.*

THE WHITE HOUSE
WASHINGTON

March 14, 1994

Bishop Harold Chilstrom
Evangelical Lutheran Church of America
8675 West Higgins Road
Chicago, Illinois 60631

Dear Bishop Chilstrom:

Many thanks for taking time to visit last week. I know you share my concern that the ELCA be part of an effective response to the HIV epidemic. There is great potential for an even more significant contribution than has already been made by agencies and congregations.

If I can do anything to facilitate the process, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Walter R. Dowdle, M.D.
Deputy Director
Centers for Disease Control and
Prevention (CDC)
1600 Clifton Road, N.E.
Mail Stop E-41
Atlanta, Georgia 30333

Dear Walt:

It's hard for me to think of working with CDC or facing the HIV epidemic without you there as a colleague and friend. While there have often been long intervals with little chance for face-to-face interaction, I have had the confidence that your experience and wise counsel were in place, having an influence on what was done, and available to me if I needed them.

From the beginning of my state public health work in Oregon, and most particularly through the early years of crafting a response to the HIV you have been a part of the "public health infrastructure" on which I have relied. Thinking about your retirement gives me a chance to realize just how much I learned over those years. Thank you for all you have contributed to me, and to the public health of so many in this country and globally.

My very best wishes to you as you move on to this next phase in your life. If I can ever be of any assistance to you, I would be honored to do so.

Sincerely,

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

March 8, 1994

MAR 11 1994

Kristine Gebbie, R.N., M.N., F.A.A.N.
Director
Office of AIDS Policy
Executive Office of the President
750 17th Street, Suite 1060
Washington, D.C. 20500

Dear Kris Ms. Gebbie:

Dr. Walter R. Dowdle, Deputy Director, Centers for Disease Control and Prevention (CDC), will retire on April 3 after more than 33 years in the service of public health. Walter began his career with CDC as a research microbiologist and has served CDC and the field of public health with distinction.

In tribute to his tireless energy and contribution to public health, we are compiling a book of letters and invite you to contribute a letter describing a remembrance, anecdote, an issue, or whatever you would like to share with him. Please send your letter to Ms. Barbara Benson, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Mail Stop E-41, Atlanta, Georgia 30333, or call her at 404-639-0938, if you have questions.

This organization will deeply miss Walter, both professionally and personally. We plan to honor him at a reception on Friday, April 1, from 2 to 3:30 p.m. in Auditorium B. We would be pleased if you could join members of the CDC family at this reception.

Sincerely,

William C. Parra, M.S.
Chairman
Retirement Planning Committee

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Charles S. Mahan, M.D.
State Health Officer
Florida Department of Health
and Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

Dear Dr. Mahan:

Thank you for the invitation to give the closing address at the 1994 Statewide HIV/STD/TB Program Conference on Friday, June 3, 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

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National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

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SAINT LOUIS UNIVERSITY
HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

3635 Vista Ave. at Grand Blvd.
St. Louis, MO 63110-0250
314/577-8795 FAX 314/771-1945

**Department of Surgery**
**Division of Neurological Surgery**

Kenneth R. Smith, Jr., M.D.
David C. Crafts, M.D.
Kong Woo Peter Yoon, M.D.
Francis S. Walker, M.D.
Paul E. Stohr, M.D.

Richard D. Bucholz, M.D.
Image Guided/Stereotactic Surgery

Thomas Pittman, M.D.
Pediatric Neurosurgery

Robert J. Bernardi, M.D.
Spinal Neurosurgery

March 4, 1994



Ms. Kristine Gebbe
200 Independence Avenue SW #725 H
Washington, DC 20201

Dear Kris,

Here is the official Politically Correct Dictionary and Handbook which is updated with new entries in 1993. I hope it will remain in effect through 1994 and some of 1995 so that you do not have any faux pas of any sort when you are out talking. I also hope that you and all your colleagues in Washington will be able to achieve the greatest desirability of all English speaking and writing; that is, that we can have absolutely content-free speech and writing.

(b)(6)

[a01]

Keep up the good work and please drop by St. Louis again. We will hopefully look you up in Washington. I hope you can get to Rob Craig's church in Washington, D.C. I know he would enjoy meeting you and I am sure they have a great deal of AIDS work going on there at the New York Avenue Presbyterian Church.

Marjorie, the Clarks and all of our family send you our best wishes.

Sincerely,

Ken

Kenneth R. Smith, Jr., M.D.

KRS:dla
Enc.

THE WHITE HOUSE

WASHINGTON

Rqst

March 1, 1994

Charles S. Mahan, M.D.
State Health Officer
State of Florida Department of Health
and Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

Dear Dr. Mahan:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to give the closing address at the 1994 Statewide HIV/STD/TB Program Conference on Friday, June 3, 1994 from 1:00 p.m. to 2:00 p.m.. Your request is under consideration and I will contact you approximately sixty (60) days before your event to confirm whether or not Ms. Gebbie is available. I will send all requested biographical materials, registration forms, and a list of objectives at that time if it is appropriate.

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

we recvd

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

February 4, 1994

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

RECEIVED
FEB - 8 1994

Dear Ms. Gebbie:

The Florida Department of Health and Rehabilitative Services (HRS) HIV/STD/TB Program is pleased to invite you to conduct a presentation at the 1994 Statewide HIV/STD/TB Program Conference. The conference will be held in Ft. Lauderdale, Florida on June 1-3, 1994. The specific location of the conference will be forwarded to you as soon as possible. We hope you will consider speaking at the conference.

The 1994 statewide HIV/STD/TB Program comprehensive skills-building training conference is for HRS district, county public health unit (CPHU), and contract provider staff. In addition, workshops on tuberculosis and confidentiality will be offered in conjunction with the conference. The conference is designed to present relevant information that is beneficial to project directors, coordinators, health educators/outreach staff, nurses, physicians, nutritionists, and allied health care workers from CPHUs, community based organizations (CBOs) and AIDS service organizations (ASOs).

A draft conference program is enclosed for your information. A final version of the program will be forwarded to you as soon as possible. As discussed, you are tentatively scheduled to present the closing address. Your address will be one hour in length and is scheduled for **Friday, June 3, 1994, from 1:00 p.m. - 2:00 p.m.** We will notify you by telephone and in writing as early as possible if there are any date and time changes.

Please arrive approximately 30 minutes prior to the session so that we may assist you with setting up. If you decide to speak at the conference, it would be helpful if you would forward a copy of the following items to our office no later than **February 16, 1994:**

- ❑ A completed speaker registration form (enclosed);
- ❑ A copy of your latest resume or vitae;
- ❑ A one-paragraph biography for inclusion in the conference packet; and
- ❑ A list of objectives for your session.

In order to meet the deadline of February 16, 1994, please fax the above items to (904) 487-1521 and send the originals through regular mail.

Deborah Walker, the coordinator for your session, will forward hotel and shuttle information to you as soon as it is available. The Ft. Lauderdale International Airport is the suggested location for arrival.

We will be happy to make photocopies of any handouts that you may distribute during your presentation at the conference. If you would like us to do so, please send one original set of your handouts to Deborah Walker no later than **April 1, 1994.** If you would like to make your own copies, please contact Deborah a few weeks before the conference to obtain the number of people registered for your presentation.

You are also invited to attend the "Networking and Information Exchange" planned from 5:30 p.m. - 6:30 p.m. on June 1, 1994. HRS HIV/STD/TB Program headquarters, CPHU, and contract provider staff will be providing exhibits for display at the exchange. This will provide an excellent opportunity for communication and networking.

Again, thank you for considering to participate as a speaker in the 1994 Statewide HIV/STD/TB Program Conference. We look forward to seeing you in Ft. Lauderdale and to a successful conference. Please contact Deborah Walker at 904/487-3684 if you need additional information concerning the conference.

Sincerely,

Paul T. Bouvert
for Charles S. Mahan, M.D.
State Health Officer

CSM/JMB/DLW

Attachments

cc: John J. Witte, M.D., M.P.H., Health Officer for Disease Control
James E. Jackson, Chief, HIV/STD/TB Program
Jack E. Wroten, Associate Chief, HIV/STD/TB Program

# SPEAKER REGISTRATION

## 1994 Statewide HIV/STD/TB Program Conference
## June 1-3, 1994

Please type or print and do not use abbreviations, except when necessary.

Full Name with Credentials: _____

Name for Badge: _____

Full Title for Badge: _____

Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

Business Telephone Number: _____

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Your conference arrival date: _____ Your conference departure date: _____

Audiovisual Equipment Requirements (please indicate with a check mark)

| | | | |
|---|---|---|---|
| _____ | Microphone | _____ | Easel |
| _____ | Overhead Projector | _____ | Flip Chart Pads |
| _____ | Slide Projector | _____ | Blackboard |
| _____ | TV/VCR | _____ | Podium |
| _____ | Other: _____ | | |

Please provide us with the following items:

- ❑ A copy of your latest resume or vitae;
- ❑ A one-paragraph biography for inclusion in the conference program;
- ❑ A list of objectives for your session; and
- ❑ A hard copy of your presentation handouts for photocopying.

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

Please send this completed form and a copy of each of the above items to:

Deborah L. Walker, Plenary Coordinator
1994 Statewide Conference
HRS HIV/STD/TB Program
1317 Winewood Boulevard
Building 1, Room 418
Tallahassee, Florida 32399-0700

These items may also be faxed to (904) 487-1521.

# 1994 Statewide HIV/STD/TB Program Conference
## June 1 - June 3, 1994
## DRAFT PROGRAM

**Revised: 2-1-94**

**Tuesday, May 31, 1994 (PRE-CONFERENCE MEETINGS)**

| | | |
|---|---|---|
| 1:00 pm - 6:00 pm | | Program Evaluation Workshop |
| 1:00 pm - 6:00 pm | | Myers Briggs Workshop |
| 1:00 pm - 6:00 pm | | TB 101 Workshop |

**Wednesday, June 1, 1994**

| | | |
|---|---|---|
| 9:00 am - 9:15 am | | **Welcome and Introduction** (F. Johnson and Local Dignitary) |
| 9:15 am - 9:30 am | | **Conference Objectives and Facilitators** (J. Jackson and J. Wroten) |
| 9:30 am - 10:00 am | P1 | **Keynote Address:** (Governor Chiles) |
| 10:00 am - 10:30 am | P2 | **DFS: A New Leadership, A New Direction** (Secretary Jim Towey) |
| 10:30 am - 11:00 am | | Break |
| 11:00 am - 11:30 am | P3 | **Public Health in Florida** (C. Mahan) |
| 11:30 am - 1:00 pm | | Lunch On Your Own |
| 1:00 pm - 2:00 pm | | **Concurrent Track Sessions** |
| | A1 | Congenital Syphilis: Case Definition and Epidemiologic Profile (R. Hopkins) |
| | B1 | TB Basics (TBA) |
| | C1 | Polymerase Chain Reaction (PCR) Uses for Infant HIV Testing (B. Bennett) |
| | D1 | Maternal Instincts: HIV+ Women Who Wish to Get Pregnant (D. Coleman) |
| | E1 | Behavior Change Issues in HIV/STD/TB Prevention Education (P. O'Hara) |
| | F1 | Developing Contract-Based Objectives and Workplans (Part 1) (J. Wise) |
| | G1 | Pediatric AIDS Surveillance Issues (M. L. Lindegren) |
| | H1 | Needs Assessments and Community Planning for CBOs and ASOs (Part 1) (TBA) |
| 2:00 pm - 2:30 pm | | Break |
| 2:30 pm - 3:30 pm | | **Concurrent Track Sessions** |
| | A2 | Epidemiologic Case Management and Visual Case Analysis for Early Syphilis (Reed) |
| | B2 | TB Basics (REPEAT) (TBA) |
| | C2 | Changes in Florida Statute for HIV Counseling (TBA) |
| | D2 | Foster Homes for HIV Infected Children and Orphans of HIV+ Parents (TBA) |
| | E2 | Providing Culturally Sensitive HIV/STD/TB Prevention Education (A. Gaitán) |
| | F2 | Developing Contract-Based Objectives and Workplans (Part 2) (J. Wise) |
| | G2 | Pediatric Immunology (R. Nelson) |
| | H2 | Needs Assessments and Community Planning for CBOs and ASOs (Part 2) (TBA) |
| 3:30 pm - 4:00 pm | | Break |

| | | |
|---|---|---|
| 4:00 pm - 5:00 pm | | **Concurrent Track Sessions** |
| | A3 | The AIDS Partner Notification and Elicitation (PNE) Project: Experiences in Bay, Lee, and Broward Counties (S. Lieb) |
| | B3 | New Infection Control Guidelines/Current Research Activities and Findings (TBA) |
| | C3 | Substance Abuse Factors in HIV Counseling (M. Fitzhugh) |
| | D3 | The Changing Nature of HIV in Women (T. Ellerbrock) |
| | E3 | Providing Culturally Sensitive HIV/STD/TB Prevention Education (A. Gaitán) (REPEAT) |
| | F3 | Effective Street and Community Outreach (TBA) |
| | G3 | HIV and Women (M. O'Sullivan) |
| | H3 | Fiscal Project Management (TBA) |
| 5:30 pm - 6:30 pm | P4 | **Networking and Information Exchange with Exhibits** |

**Thursday, June 2, 1994**

| | | |
|---|---|---|
| 9:00 am - 10:30 am | P5 | **TB, STDs and HIV/AIDS: A National Perspective** (TB/TBA, STDs/Judith Wasserheit, HIV/AIDS/James Curran) |
| 10:30 am - 11:00 am | | Break |
| 11:00 am - 11:30 am | P6 | **Disease Control in Florida** (J. Witte) |
| 11:30 am - 1:00 pm | | Lunch On Your Own |
| 1:00 pm - 2:00 pm | | **Concurrent Track Sessions** |
| | A4 | The Relationship Between STDs and Infertility (J. Wasserheit) |
| | B4 | MDR-TB/TB-HIV Relationship (TBA) |
| | C4 | Partner Elicitation and Notification (PEN) (Part 1) (J. Trussel) |
| | D4 | Managing HIV Infected Children in Day Care Settings (Part 1) (G. Wise) |
| | E4 | Community Planning for HIV (S. Schoenfisch and F. Martich) |
| | F4 | Conducting an HIV Risk Assessment (TBA) |
| | G4 | Special Investigations (C. Ciesielski) |
| | H4 | Fiscal Project Management (TBA) (REPEAT) |
| 2:00 pm - 3:00 pm | | **Concurrent Track Sessions** |
| | A5 | Findings of the PNE Study: Broward and Hillsborough Counties (K. Toomey) |
| | B5 | MDR-TB/TB-HIV Relationship (REPEAT) (TBA) |
| | C5 | Partner Elicitation and Notification (PEN) (Part 2) (B. Davis) |
| | D5 | Managing HIV Infected Children in Day Care Settings (Part 2) (G. Wise) |
| | E5 | Gay/Bisexual Prevention Education Strategies (C. Alvarez and T. Economos) |
| | F5 | Conducting an HIV Risk Assessment (TBA) (REPEAT) |
| | G5 | TBA |
| | H5 | Program Evaluation (Part 1) (TBA) |
| 3:00 pm - 3:30 pm | | Break |
| 3:30 pm - 4:30 pm | | **Concurrent Track Sessions** |
| | A6 | An STD Disease Intervention Response Success Story (G. Hughes) |
| | B6 | ALA/TB Coalition/Homeless Coalition/Migrant Coalition/Others (TBA) |
| | C6 | Heterosexual Transmission of HIV Infection Among Women in a Rural Florida Community (T. Ellerbrock) |
| | D6 | Care of HIV Infected Pediatric Patients (A. Halsey) |
| | E6 | Substance Abuse and HIV/STD/TB Prevention Education (A. Carter) |
| | F6 | Strategies for Accessing Gay and Lesbian Minorities (T.Moragne) |
| | G6 | Tuberculosis: Surveillance Issues (E. McCray) |
| | H6 | Program Evaluation (Part 2) (TBA) |

**Friday, June 3, 1994**

| | | |
|---|---|---|
| 9:00 am - 10:00 am | | **Concurrent Track Sessions** |
| | A7 | Community Planning as an Intervention Strategy for STD Control (F. Martich) |
| | B7 | Current and Updated Lab Procedures for TB/HIV (TBA) |
| | C7 | Enhanced HIV/STD Counseling Models (S. Odusanya and R. Martin) |
| | D7 | Case Management of HIV+ Clients (F. Borges and C. Kuehn) |
| | E7 | Effective HIV/STD/TB Prevention Education for the Homeless (J. Greer) |
| | F7 | Open Forum for Contract Providers (Part 1) |
| | G7 | Surveillance Data: Uses for Community Planning (TBA) |
| | H7 | Media Training (Part 1) (S. Kindland) |
| 10:00 am - 10:30 am | | Break |
| 10:30 am - 11:30 am | | **Concurrent Track Sessions** |
| | A8 | A Field Outreach Perspective From the Eyes of a Disease Intervention Specialist (DIS-TBA) |
| | B8 | Current and Updated Lab Procedures for TB/HIV (REPEAT) (TBA) |
| | C8 | What We Have Learned: National Research in Review (TBA) |
| | D8 | Access to Clinical Trials (R. Siclari or P. Sparti) |
| | E8 | Effective HIV/STD/TB Prevention Education for the Homeless (J. Greer) (REPEAT) |
| | F8 | Open Forum for Contract Providers (Part 2) |
| | G8 | Heterosexual Transmission and the Trends (J. Neal and D. Hu) |
| | H8 | Media Training (Part 2) (S. Kindland) |
| 11:30 am - 1:00 pm | | Lunch On Your Own |
| 1:00 pm - 2:00 pm | P7 | **Closing Address:** TBA |
| 2:00 pm - 2:30 pm | P8 | **Final Comments** (J. Witte) |
| 2:30 pm | | Wrap Up/Evaluation |

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Cheryl Healton, Dr.P.H., Associate Dean
Ronald Bayer, Ph.D., Professor
Division of Sociomedical Sciences
School of Public Health
Columbia University in the City of New York
New York, New York 10032

Dear Dr. Healton and Dr. Bayer:

Thank you for the invitation to attend the meeting on April 6, 1994 at Columbia University to discuss the implications of the new clinical trial findings concerning AZT and pregnant women. Unfortunately, my schedule does not permit me to participate. However, I would be interested in sending one of my staff members to the meeting in my place. If that would be possible, or if I can assist in some other way, please let me know.

Sincerely,

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

Possible, but is this appropriate for surrogate. regret

Columbia University in the City of New York | *New York, N.Y. 10032*

SCHOOL OF PUBLIC HEALTH
Division of Sociomedical Sciences
Ronald Bayer

600 West 168th Street
FAX: (212) 305-6832
TEL: (212) 305-1957

March 7, 1994

Bob 9/ Carlos are most likely surrogates - Will be in Paris that day, would I?

Christine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street NW
Suite 1060
Washington, DC 20503
Fax (202) 632-1096

Dear Chris,

As you know there was dramatic news recently from the NIH. Clinical trial 076 was interrupted because early data made clear that pregnant women treated with AZT had a radically lower rate of HIV transmission to their babies. This is, of course, wonderful news.

On the other hand the news is bound to create critical ethical and policy issues both here and abroad. In the United States pressure will mount to increase the identification of infected pregnant women. That in turn will lead some to call for loosening the conditions of consent for HIV testing. Some may call for mandatory testing of pregnant women. At the same time the prospects for such a clinical intervention raise critical issues of justice. How will the state meet the needs of those who are infected and who choose to undergo therapy? Are the goals of preventing HIV transmission to the fetus any more important than the goal of providing AZT to infected women who are not pregnant? Finally, and, we believe, most critically, the promise of AZT in the context of vertical HIV transmission raises profound questions about whether this advance will be available to the poor nations of the world where the burden of pediatric AIDS is so critical.

Under the auspices of the HIV Center for Clinical and Behavioral Studies and the Columbia University School of Public Health, we would like to invite you to a one-day meeting to examine these issues on April 6, 1994.

.../2

Christine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street NW
Suite 1060
Washington, DC 20503
Fax (202) 632-1096

The meeting, which will last from 10:00 am to 3:00 pm, will be held at Columbia University. The exact location has not yet been decided, but we will fax you shortly with that information. Please call my office at (212) 305-1957 or return this page by fax to (212) 305-6832 indicating whether or not you can attend.

We look forward to hearing from you soon.

Sincerely,

Cheryl Healton, Dr.P.H.
Associate Dean

Ronald Bayer, Ph.D.
Professor

RB/lc

---

I can_____ cannot_____ attend the April 6th meeting.

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Mr. Michael J. Marks
Executive Director
The Health Museum
8911 Euclid Avenue
Cleveland, Ohio 44106-9985

Dear Mr. Marks:

Thank you for the invitation to speak at the opening reception for the Health Museum's "What About AIDS" exhibition during the week of June 6, 1994 in Cleveland. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

No regrets.

March 1, 1994

Mr. Michael J. Marks
Executive Director
The Health Museum
8911 Euclid Avenue
Cleveland, Ohio 44106-9985

Dear Mr. Marks:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the opening reception for The Health Museum's "What About AIDS" exhibition during the week of June 6, 1994 in Cleveland. Your request is under consideration and I will contact you approximately sixty (60) days before your event to confirm whether or not Ms. Gebbie is available.

Thank you for your interest and your patience.

Sincerely,

W. Steve Lee

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

Acknowledge

RECEIVED

FEB 17 1994

Steve possibilities ?

# THE HEALTH MUSEUM

February, 10, 1994

Ms. Kristine Gebbie R.N., M.P.H.
National AIDS Policy Coordinator
750 17th Street N.W. #1060
Washington, DC 20503

Dear Ms. Gebbie,

The Health Museum, established over 50 years ago, has a single purpose: to build individual, community, and national potential for health through education. The museum is unique in the United States in focusing exclusively on health education and is regarded as an international model.

Last year over 50,000 students took part in field trips to the museum. In all, more than 100,000 people of all ages come to visit each year for education and enlightenment on a variety of health topics. The museum has been offering instruction on HIV/AIDS since the early 1980's in the classroom and was one of the first museums in the country to devote permanent exhibit space to the HIV/AIDS issue.

This summer The Health Museum will serve as a venue for the nationally traveling show "What About AIDS". This exhibition is of particular importance to the greater Cleveland area which registers the highest incidence of HIV/AIDS in all of Ohio. In order to expand the scope of the exhibit the museum has formed a comprehensive Advisory Committee of HIV/AIDS related organizations in the Greater Cleveland area who are assisting us in program development, marketing and volunteer help.

During the brainstorming session of yesterday's committee meeting Marcos Revero suggested that we invite you to participate as a keynote speaker at an exhibit related symposium this summer. The response to this suggestion was overwhelming! Committee members were unanimous, your presence in Cleveland would bring tremendous attention and credence to the exhibits life-saving messages.

An opening reception for HIV/AIDS related organizations in the Greater Cleveland area, media, and special guests is planned during the week of June 6, 1994. If this timing is practical and you are agreeable to addressing an AIDS Symposium we will schedule it on the day that best fits your calendar. I will be contacting you within the week and look forward to a favorable reply.

On behalf of the Advisory Committee and Marcos Revero I am grateful for your consideration of this request.

Sincerely,

Michael J. Marks
Executive Director

The Health Museum 8911 Euclid Avenue Cleveland, Ohio 44106-9985 (216) 231-5010 Fax (216) 231-5129

THE WHITE HOUSE
WASHINGTON

March 14, 1994

Mr. Bill Curry
AIDS Coalition of Coastal Texas
1828 Avenue O
Galveston, Texas 77550

Dear Mr. Curry:

Thank you for taking time to meet with me during my trip to Galveston last week. The work of local HIV/AIDS coalitions and networks has been an invaluable asset in our efforts to respond to the epidemic. Your concerns, your interests, and your successes are shared by many. This office will continue to shout about the successes, foster the interests, and resolve the concerns you raise.

Please let me know of your continued work. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 14, 1994

Ms. Sandi Simon
Interim Executive Director
Services Director
AIDS Coalition of Coastal Texas
1419 Tremont
Galveston, Texas 77550

Dear Ms. Simon:

Thank you for taking time to meet with me during my trip to Galveston last week. The work of local HIV/AIDS coalitions and networks has been an invaluable asset in our efforts to respond to the epidemic. Your concerns, your interests, and your successes are shared by many. This office will continue to shout about the successes, foster the interests, and resolve the concerns you raise.

Please let me know of your continued work. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 14, 1994

Ms. Darlene Bouse
AIDS Coalition of Coastal Texas
515 First Street, #356
Galveston, Texas 77550

Dear Ms. Bouse:

Thank you for taking time to meet with me during my trip to Galveston last week. The work of local HIV/AIDS coalitions and networks has been an invaluable asset in our efforts to respond to the epidemic. Your concerns, your interests, and your successes are shared by many. This office will continue to shout about the successes, foster the interests, and resolve the concerns you raise.

Please let me know of your continued work. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 14, 1994

Mr. Sherridan Tutt
Executive Director
Triangle AIDS Network
2544 Broadway
Beaumont, Texas 77702

Dear Mr. Tutt:

Thank you for taking time to meet with me during my trip to Galveston last week. The work of local HIV/AIDS coalitions and networks has been an invaluable asset in our efforts to respond to the epidemic. Your concerns, your interests, and your successes are shared by many. This office will continue to shout about the successes, foster the interests, and resolve the concerns you raise.

Please let me know of your continued work. My best wishes.

Sincerely,

Kristine

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

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Mr. Dennis L. Stover
HIV/STD Director
Indiana State Department of Health
Post Office Box 1964
Indianapolis, Indiana 46206-1964

Dear Mr. Stover:

Thank you for the invitation to speak at the Indiana Governor's Conference on Health on June 10, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

regrets

February 9, 1994

Mr. Dennis L. Stover
HIV/STD Director
Indiana State Department of Health
Post Office Box 1964
Indianapolis, Indiana 46206-1964

Dear Mr. Stover:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Indiana Governor's Conference on Health on June 10, 1994. Your request is under consideration and I will contact you approximately sixty (60) days before your event to confirm whether or not Ms. Gebbie is available.

Thank you for your interest and your patience.

Sincerely,

W. Steve Lee

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

*Evan Bayh, Governor*
*John C. Bailey, M.D., State Health Commissioner*

Indiana State Department of Health
1330 West Michigan Street
P.O. Box 1964
Indianapolis, IN 46206-1964
317/633-0100 Fax: 317/633-0776

Indiana State Department of Health

An Equal Opportunity Employer

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February 3, 1994

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

Dear Ms. Gebbie:

We are excited that you plan to participate in the Indiana Governor's Conference on Health and hope that nothing interferes with your confirming and keeping the June 10, 1994, date. We appreciated your having tentatively committed to discussing the economic and social consequences of the HIV epidemic at the conference.

I have enclosed a packet of information which I had planned to deliver to your office last week while in Washington.

Please call me with any questions you have.

Sincerely,

Dennis L. Stover
HIV/STD Director
AC 317/633-0893

Enclosure

# 1994 Governor's Conference on Health *"Building Shared Visions"*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| June 8, Day 1<br>Assessment Tracks:<br>A. Data Acquisition<br>B. Data Analysis / Research | 7:30-9:00am<br>Registration and Exhibits | 9:00-10:30am<br>Welcome and Keynote Speaker: Mrs. Tipper Gore (Invited) | 10:30-11:30am<br>Plenary Session<br>C. Everett Koop, M.D. (Invited) | 11:30-1:00pm<br>Lunch On Your Own (Concession Lunch)<br>Exhibits | 1:00pm -2:30pm<br>*Concurrent Sessions*<br>A1. Non-Technical Considerations of Data Collection<br>A2. Surveillance of Environmental Health Problems<br>A3. Surveillance to Measure Effective Local Public Health Practice<br>A4. Public/Private Research Leading to P.H. Outcomes | 2:30-3:00pm<br>Break and Exhibits | 3:00-4:30pm<br>*Concurrent Sessions*<br>B1. Data Analysis to Develop Outcome Criteria/Policy<br>B2. Application of Data Assessment-IMR Reduction<br>B3. Environmental Successes/Failures - Residential Sewage Disposal<br>B4. How to Read, Research, and Interpret Data |
| June 9, Day 2<br>Policy Development Tracks:<br>C. Collaborative Partnerships<br>D. Emerging Issues | 7:30-8:30am<br>Registration and Exhibits | 8:30-10:00am<br>Welcome and Plenary Session Speaker:<br>D. Satcher (Invited) | 10:00-10:30am<br>Break and Exhibits | 10:30am -12:00noon<br>*Concurrent Sessions*<br>C1. Partners in Health: IAP<br>C2. Primary Care: Serving the Needs of Diverse Rural Populations<br>C3. Collabrative Approaches in Environmental Health<br>C4. Building Community Collaborations Toward Services Improvement | 12:00-2:30pm<br>Lunch Governor and Speaker | 2:30-3:00pm<br>Break and Exhibits | 3:00-4:30 pm<br>*Concurrent Sessions*<br>D1. Perspectives on Womens' Health<br>D2. Emerging Issues on Indoor Air Quality<br>D3. Minority Health<br>D4. Public Health in Health Care Reform |
| June 10, Day 3<br>Assurance Tracks:<br>E. Evaluation / Outcomes<br>F. Interventions / Treatments | 7:30-8:30am<br>Registration | 8:30-10:00am<br>Welcome and Plenary Session Speaker:<br>Richard Green | 10:00-10:30am<br>Break | 10:30am -12:00noon<br>*Concurrent Sessions*<br>E1. Clinical Guidelines Implementation: From Policy to Practice<br>E2. Environmental Regulatory Enforcement<br>E3. Evaluating Economic and Social Consequences of HIV Epidemic<br>E4. Methods of Evaluation: APEXPH, PATCH, Healthy Cities | 12:00-1:00pm<br>Lunch On Your Own Concession Lunch | 1:00pm -2:30pm<br>*Concurrent Sessions*<br>F1. Prevention Activities Produce Positive Outcomes<br>F2. Regulatory Impact of Safe Dtinking Water Act<br>F3. New Approaches to Infectious Diseases<br>F4. Injury Prevention for Special Populations | 2:30-3:00pm<br>Closing General Session: Weaving Assessment Policy and Assurance Together<br>Speaker:<br>Carol Browner (Invited) |

1994 GOVERNOR'S CONFERENCE ON HEALTH

**Speaker List**

| | |
|---|---|
| Mrs. Tipper Gore | Invited, Tentatively Confirmed |
| C. Everett Koop, M.D. | Invited |
| Carol Browner, Director<br>Environmental Protection<br>Agency | Invited, Tentatively Confirmed |
| David Satcher, M.D., Director<br>Centers for Disease Control<br>and Prevention | Invited, Tentatively Confirmed |
| Kristine Gebbie, RN, MN, FAAN<br>National AIDS Policy Coordinator | Invited, Tentatively Confirmed |
| Garland Land<br>Director of Health Resources<br>Missouri Department of Health | Confirmed |
| David Gute, Ph.D., M.P.H.<br>Tufts University | Confirmed |
| Bernard Turnock, M.D., M.P.H.<br>University of Illinois | Confirmed |
| Duane Harper, M.D.<br>Greater Cleveland Health<br>Quality Choice Coalition | Confirmed |
| James Hyde<br>Tufts University | Invited |
| C. Arden Miller, M.D., M.P.H.<br>University of North Carolina<br>Chapel Hill | Confirmed |
| Scott Golden<br>Ohio Department of Health | Invited |
| Victoria Champion<br>I.U. School of Nursing | Confirmed |

| | |
|---|---|
| Hugh Hendrie, M.D.<br>I.U. Department of Psychiatry | Confirmed |
| Eugene Dini<br>Centers for Disease Control<br>and Prevention | Confirmed |
| Jerry Coopey, M.P.H.<br>Office of Rural Health Policy<br>Washington, D.C. | Confirmed |
| Clifford Freund, M.P.H.<br>New Jersey State Health Department | Confirmed |
| Paul Nannis<br>Commissioner of Health<br>Milwaukee Department of Health | Confirmed |
| Norma Swenson, M.P.H., Author<br>Our Bodies, Our Selves | Confirmed |
| William Angell<br>University of Minnesota | Confirmed |
| Jarret Clinton, M.D., M.P.H.<br>Agency for Health Care Policy<br>and Research | Confirmed |
| Beverly Flynn, Ph.D.<br>Institute of Action Research<br>for Community Health | Confirmed |
| David Gobble, Ph.D<br>Institute for Wellness<br>Ball State University | Confirmed |
| John Sullivan<br>American Water Works Assoc. | Confirmed |
| Michael Osterholm, Ph.D., M.P.H.<br>Minnesota Department of Health | Invited |
| Bob Greiffinger<br>New York Department of<br>Corrections | Confirmed |

# Conference on Health

# FACT SHEET

INDIANA STATE DEPARTMENT OF HEALTH

**Event:** Indiana Governor's Conference on Health

**Date:** June 8-10, 1994

**Location:** Indiana Government Center and Indiana Convention Center

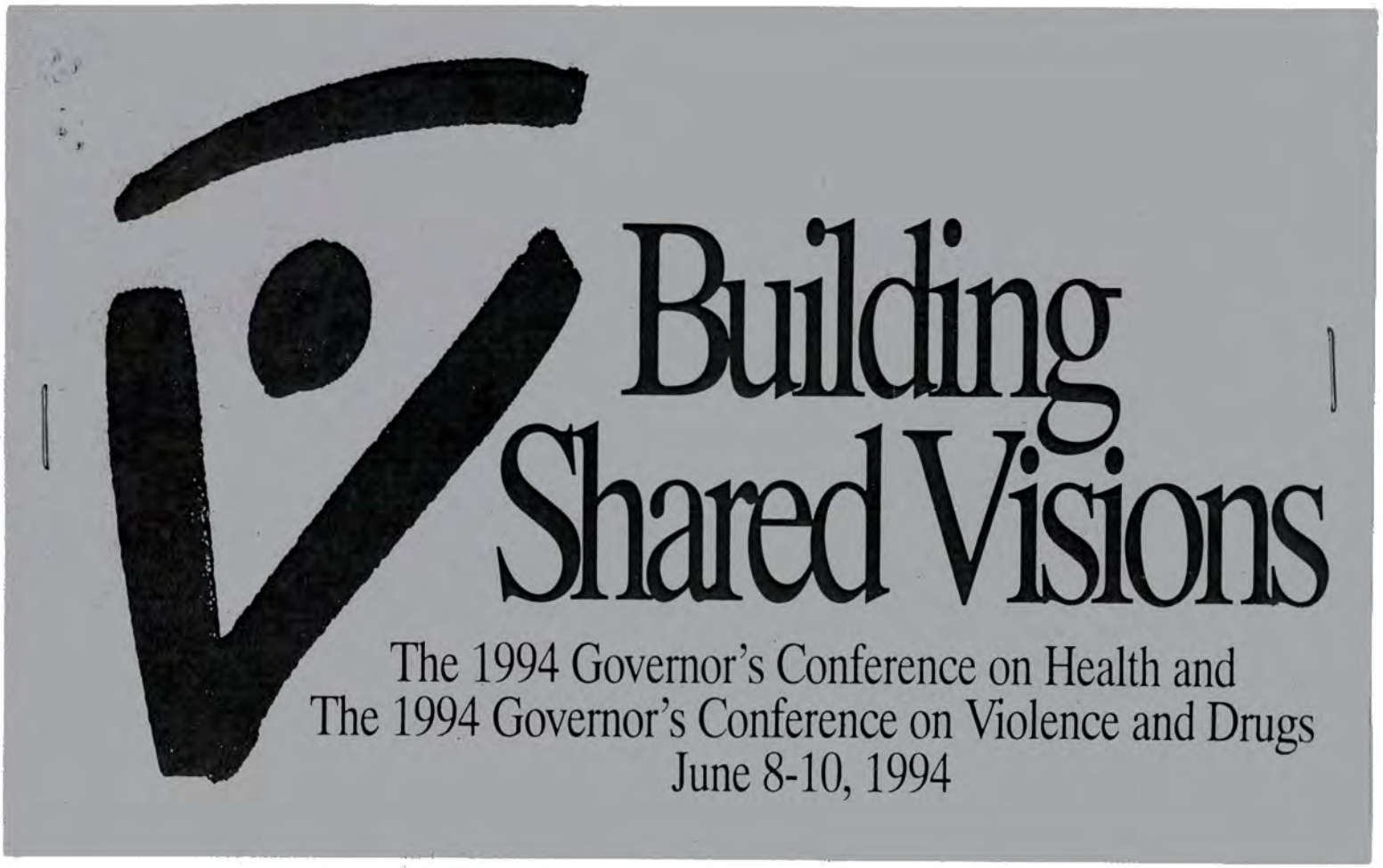
**Title:** Building Shared Visions

**Mission:** Provide an unprecendented opportunity for national, state, and local experts to interface with a wide cross-section of individuals interested in the health of the public. Innovative approaches to transform the functions of assessment, policy development, and assurance will be shared. Emphasis will be placed on new ways of looking at old problems and emerging challenges.

**Audience:** 1000-1500 persons interested in health from a new perspective, especially in Indiana (e.g. regulated communities, health providers, third party payers, public health officials).

**Set-up:** Keynote speakers will set the stage for national, state and local experts to discuss innovative uses for data, contemporary policy challenges, and an array of methods for assuring quality in the arena of health. There will be six tracks that expound on the three functions of health.

**Six Tracks:**
Data Analysis/Research
Evaluation/Outcomes
Contemporary Emerging Issues
Data Acquisition
Collaborative Partnerships
Treatment/Interventions






The Governor Cordially Invites You To Attend

# Building Shared Visions

## The 1994 Governor's Conference on Health* and The 1994 Governor's Conference on Violence and Drugs

**June 8-10, 1994**

Plan to attend this unprecedented opportunity for national, state and local experts to interact with a cross-section of individuals interested in assuring the health of the public. Speakers will discuss issues of Health Care Reform, Policy Development, Environmental Health, Collaborative Partnerships, Data Analysis and Violence and Drug Issues.

### Speakers Invited to Appear

**Tipper Gore**
**C. Everett Koop**, Former Surgeon General
**Janet Reno**, Attorney General
**Carol Browner**, EPA
**Lee Brown**, Office of National Drug Control Policy

* Both conferences will be conducted concurrently for one low registration fee of $55 per person.

ISDH
Indiana State Department of Health
P.O.Box 1964
1330 West Michigan
Indianapolis, IN 46206-1964



The Health Foundation
OF GREATER INDIANAPOLIS

The Governor's Conference on Health, hosted by the Indiana State Department of

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Exhibitors Prospectus 5pgs

THE GOVERNOR'S CONFERENCE ON HEALTH
THE GOVERNOR'S CONFERENCE ON VIOLENCE AND DRUGS

# EXHIBITORS PROSPECTUS

JUNE 8-10, 1994
INDIANA CONVENTION CENTER, INDIANAPOLIS, INDIANA

THE WHITE HOUSE

WASHINGTON

March 14, 1994

Ms. Marian Mankin
Foundation for Health Services Research
Suite 1100
1350 Connecticut Avenue, N.W.
Washington, D.C. 20036

Dear Ms. Mankin:

Thank you for the invitation to chair the policy roundtable at the Association for Health Services Research and the Foundation for Health Services Research annual meeting, June 12-14, 1994 in San Diego, California. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

regret

December 16, 1993

Marian Mankin
Foundation for Health Services Research
1350 Connecticut Avenue, N.W., Suite 1100
Washington, D.C. 20036

Dear Ms. Mankin:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to chair the policy roundtable at the Association for Health Services Research (AHSR) and the Foundation for Health Services Research (FHSR) annual meeting, June 12-14, 1994 in San Diego, CA. Your request is under consideration and I will contact you at least sixty (60) days prior to the event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

## ROUTING SLIP

**DATE:** _____

**TO:** _____

_____

**FROM:** **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

**COMMENTS:** I don't know this group— do you? Shall I?... I know the organization, & would like to help them, but we can't commit this one this far ahead — if they want > tentative & I'm helpful & a replacement of I can't, that's fine

**FHSR**

**Foundation for Health Services Research**

1350 Connecticut Avenue N.W., Suite 1100, Washington, D.C. 20036
(202) 223-2477 FAX (202) 835-8972

# FAX COVER SHEET

**OUR FAX # (202)835-8972**



**TO:** Kristine Gebbie

**DEPARTMENT:**

**FROM:** Marian Mankin

**DATE:** 11-24-93 **TOTAL PAGES** 2 **(WITH COVER)**

**REMARKS:**

Who.

632-1096

FHSR

**Foundation for Health Services Research**

1350 Connecticut Avenue N.W., Suite 1100, Washington, D.C. 20036
(202) 223-2477 FAX (202) 835-8972



**MEMORANDUM**

**TO:** Kristine Gebbie

**FROM:** Marian Mankin

**SUBJECT:** **Chairing a Policy Roundtable Session: AHSR and FHSR Annual Meeting — June 12 - 14, 1994**

**DATE:** November 24, 1993

---

On behalf of the Association for Health Services Research (AHSR) and the Foundation for Health Services Research (FHSR) annual meeting planning committee, I would like to invite you to chair a two-hour policy roundtable session on the topic, "How To Link the Public Health System to the Managed Care System." The conference will be June 12 - 14, 1994, in San Diego, CA. As chair, you would invite two or three other panelists to participate in the workshop. The objectives are to provide a forum for discussion of the policy implications of research and to provide greater opportunity for dialogue and exchange between meeting participants and leaders in health services research, policy, management and clinical practice on critical health policy issues.

We hope that you will be able to join us for the conference. The committee felt that you would be an excellent chair for the session, based upon your past experience. Please call me at **202/223-2477 by December 3** to let us know of your availability to serve as chair.

THE WHITE HOUSE

WASHINGTON

March 15, 1994

Steve Howze
Attorney at Law
1001 Southwest 5th Avenue
Suite 1050
Portland, Oregon 97204

Dear Mr. Howze:

Ben Merrill has asked that I share with you information about his work. I am attaching a copy of the letter I sent him on his return to Oregon from the four months he spent as a consultant in the National AIDS Policy Office, for your information.

Sincerely,

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

Enclosure

MAR 15 1994

MAR 15 1994

THE WHITE HOUSE

Dear Marc—

Thanks for sharing a copy of Your Money or Your Life - it is a lucid explanation of the health non-system and the challenge in changing it. I hope others find it as clear and helpful. I've shared it with some of my staff.

Perhaps we can get together one of these days - I'd enjoy a visit. Kristine Gebbie

MAR 15 1994

THE WHITE HOUSE

Dear Ray —

Many thanks for the great ideas and chance to explore issues over breakfast last week. I came away with a good "to do" list! Im looking forward to an ongoing dialogue & collaboration.

All the best — Christine

MAR 15 1994

THE WHITE HOUSE

Dear Debra —

Thank you so much for the visit Wednesday even if too short. And I can't wait to go back to 2 Steps Down again!

I look forward to seeing you on the 23rd —

Hillary

MAR 15 1994

THE WHITE HOUSE

Charlie —

The Public Health in Health Reform publication looks great! I hope it is well received. I wolude public health infrastructure building as one of the reasons the HIV ~~advocacy~~ community should support ~~reform~~ — hope it helps. Hope to see you in early April when I'm in Florida —

Kristine

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

# MEMORANDUM



**To:** Public Health Partners
**From:** Charles Mahan, M.D., Florida State Health Officer and ASTHO President
**Date:** March 9, 1994
**Subject:** Public Health in Health Care Reform

---

We are in the midst of an historic effort to enact reform of our Nation's health care system. I am writing to express my sense of urgency that public health must be an essential part of any health care reform initiative. Recent media reports have highlighted challenges to the public health system - this country has been shaken by recent episodes of contaminated water systems, a surge in cases of tuberculosis, and an outbreak of lethal bacteria in the meat supply. Disasters such as deadly hurricanes and earthquakes have required immediate public health response to prevent major epidemics of food and water borne illnesses.

Protecting the health of the public from these and other hazards is the responsibility of the public health system, yet for decades, the public health system has been neglected and underfunded. In fact, less than 1 percent of health spending goes toward public health, a percentage that has continued to decline over the past decade. Health care reform presents a critical opportunity to revitalize the public health system and rebuild the foundation of the health system needed to assure that all Americans live in an environment where good health is a real possibility.

The Association of State and Territorial Health Officials (ASTHO) asks your support for including core public health functions and coverage for clinical preventive services in any health care reform legislation. The Health Security Act is the only major legislation to date which emphasizes preventive health services and essential public health services, and should be a model for any reform initiative enacted. ASTHO believes that in order to be successful in containing cost and improving health status of this nation, a health care system must be able to prevent disease and disability through a foundation of core public health services. **An effective public health system will prevent much of the disease and disability we now spend billions to cure**. The attached document describes ASTHO's position on health care reform, and provides examples of "core public health functions" which must be included. As you can see, public health responsibilities complement those of the health care delivery system by reaching across state and health alliance boundaries.

Because public health is the "base of the pyramid" of health care, I urge you to include the following principles in your own efforts to develop and enact health care reform:

*** KEEP PUBLIC HEALTH IN HEALTH CARE REFORM**

*** FUND ALL STATES FOR CORE PUBLIC HEALTH FUNCTIONS**

*** INVOLVE PUBLIC HEALTH PROFESSIONALS IN DESIGNING AND IMPLEMENTING SYSTEMS, TO ASSURE A FOCUS ON PREVENTIVE HEALTH FOR THE ENTIRE POPULATION**

Thank you for your assistance on this critical issue. Please contact me or Valerie Morelli, Director of Government Relations (202) 546-5400 if you have questions or suggestions.

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Don Hallberg, President
Lutheran Social Services of Illinois
1001 East Touhy Avenue
Suite 50
Des Plaines, Illinois 60018

Dear Don:

Thank you so much for taking the time to have breakfast last week. I appreciated the chance to learn a bit about your programs and interests. The Lutheran Social Service agencies have always made a difference. Your activities with HIV-infected families is an excellent example.

Please stay in touch. My best wishes to you and your staff.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Pascal Chevit, M.D.
Ambasssade De France Aux Etats-Unis
4101 Reservoir Road, N.W.
Washington, D.C. 20007

Dear Dr. Chevit:

Thank you for the lovely lunch, the opportunity to discuss United States AIDS policy with the Labor and Social attaches group, and the meeting with Dr. Douste-Blazy.

I look forward to seeing you again.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Eileen Durkin, Executive Director
Howard Brown Health Center
945 West George Street
Chicago, Illinois 60657

Dear Eileen:

I won't try to write individually to all of the Howard Brown Health Center board and staff members whom I met last Friday. I'll ask instead that you share my thanks, both for the visit, and for the work you are doing in response to the HIV epidemic.

Your contributions to care and research are enormous. Please stay in touch, and let me know of issues and concerns as they arise.

My best wishes to you, and to all associated with the Center.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 15, 1994

Ben Merrill
1020 Southwest Taylor Street
Suite 330
Portland, Oregon 97205

Dear Ben:

You are indeed going through a difficult period, and I am glad that you have your faith, and have friends on whom to lean.

I have forwarded to your attorney a copy of my January letter to you, about your work with the AIDS policy office.

While it can be difficult to keep perspective, we each learn from whatever experiences we encounter. I hope the lessons from this one are, in the long run, positive.

Sincerely,

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

Enclosures

THE WHITE HOUSE
WASHINGTON

March 15, 1994

The Honorable Nancy Pelosi
United States House of Representatives
240 Cannon Office Building
Washington, D.C. 20515-0508

Dear Representative Pelosi:

Thank you for submitting a recommendation for membership on the President's National HIV/AIDS Advisory Council.

As you know, President Clinton will soon choose and Advisory Council that reflects the diversity of the HIV-affected community, including many people with HIV/AIDS. I hope both those chosen and those not chosen will continue to be a part of our efforts.

Your input is always appreciated. I look forward to seeing you again before long.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Frank Pieri, M.D.
Chair
Howard Brown Health Center
Board of Directors
2717 North Lehmann Court, 16
Chicago, Illinois 60614-1615

Dear Frank:

Thank you for spending so much time with me last week at the Howard Brown Health Center. You're a great timekeeper! Seriously, you should be a very proud Board chair, given the work that is taking place at the Center.

My best wishes to you, and all of the Board and staff.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Cathy Blanford
Program Director
Second Families
Open Arm LSSI
6525 West North Avenue
Suite 212
Oak Park, Illinois 60302

Dear Cathy:

My thanks to you, the staff and families of the Second Families program. You are clearly filling a need in the community, responding to a problem which is troubling us all.

Please keep me posted on your progress, and any issues which arise. I wish you all the very best.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Bill Roberts
President and Board Chair
San Diego Community Research Group
3800 Ray Street
San Diego, California 92104

Dear Mr. Roberts:

Thank you for taking the time to send The Language of HIV/AIDS. This may prove useful as my staff and I work to end this epidemic. Please stay in touch.

Sincerely,

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

Materials sent to Bob Jackson

THE WHITE HOUSE
WASHINGTON

March 15, 1994

The Reverend Charles Miller
Executive Director
Evangelical Lutheran Church of America (ELCA)
8765 West Higgins Road
Chicago, Illinois 60631

Dear Charles:

Thank you for arranging the opportunity for me to speak with the ELCA Board for Church and Society. I hope my comments on the HIV epidemic and the role of religious communities was a help.

Please let me know if I can provide any further information or be of other assistance to the Board.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 15, 1994

Pascal Chevit, M.D.
Ambassade De France Aux Etats-Unis
4101 Reservoir Road, N.W.
Washington, D.C. 20007

Dear Dr. Chevit:

Thank you for the lovely lunch, the opportunity to discuss United States AIDS policy with the Labor and Social attaches group, and the meeting with Dr. Douste-Blazy.

I look forward to seeing you again.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 15, 1994

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

Dear Dan:

I am writing in response to your most recent letter dated March 9, 1994 to follow up on Dr. Barrer's response to your initial inquiry about the 1995 budget preparation. Andrew tells me that the meeting you two had on March 10 of last week to review and share information was very productive.

As you saw from the most recent information shared with you from the Department of Housing and Urban Development, additional money has been paid out in FY 94 beyond the HOPWA program. Andrew suggested, and I agree, that a meeting with some HUD officials and some staff from your office and other AIDS housing advocates would be helpful in developing a productive working relationship with HUD, and a more complete understanding of HUD's financial assistance to people living with HIV.

In regards to the drug treatment money in the 1995 budget, we are committed in working with community groups and the Department of Health and Human Services to make sure that block grant money is spent in the most useful way possible. We will also work with HHS to arrange a follow up meeting to discuss your concerns about the availability of drug treatment money and its effectiveness in reaching the appropriate people in need. Working jointly with state AIDS directors and state substance abuse directors will help to assure that the block grant money reaches the intended populations. I know that Secretary Shalala is committed to making this program work.

I know that you continue to be dissatisfied with financial displays showing entitlement money as part of government wide spending in AIDS. Although some of the charts showed total money spent, the main government wide chart did clearly separate appropriated money from entitlement, and I have made this distinction in all of my presentations. I am pledged to working with you and your organization in carrying out President Clinton's commitment to appropriately fund and support AIDS research, prevention and services.

I look forward to our continued good cooperation. If you have any additional questions or comments, please contact either Andrew Barrer, Ph.D. or me at (202) 632-1090.

Sincerely,

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

cc: President Clinton
Carol Rasco
Leon Panetta
Secretary Shalala
Secretary Cisneros

AIDS Action council

March 9, 1994

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

Dear Ms. Gebbie:

I am writing in response to Andrew Barrer's letter of March 3, which attempted to address our concerns regarding your presentation of the President's FY 1995 AIDS-related programs budget. Unfortunately, the responses Mr. Barrer provided to my letter of February 17 lead us to conclude that our concerns are not clearly understood by you and your staff and therefore have not been sufficiently addressed.

First, I want to make it very clear that I did not, and it should not be represented, that I gave "approval" for any funding chart you presented in your press conference. I made a very clear plea that domestic discretionary spending and entitlement spending be clearly separated in your presentation and in charts used for the press conference. Nevertheless, several of the charts at the press conference (see attached) and your press statement continued to reflect no clear distinction between proposed increases in discretionary programs and rising entitlement costs. Your press statement which claims that "the president's continued commitment to HIV/AIDS is shown in a budget increase of nearly ten percent" is the crux of our objection.

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

Second, we are mystified by your failure to explain the HUD FY 95 budget numbers. Your letter refers to **FY 94** funding for programs such as Shelter Plus Care and Supportive Housing, which are critical sources of funding for housing for people living with HIV/AIDS. You specifically reference a project for people living with HIV/AIDS in St. Louis, MO that is receiving FY 94 Supportive Housing funding; yet you fail to recognize the fact that HUD's FY 95 budget proposes **eliminating** funding for these very programs.

HUD's FY 95 budget very clearly calls for defunding McKinney Act programs (including Shelter Plus Care and the Supportive Housing program) to allow HUD to fund a new "Homeless Assistance Grants" program. There are no statutory or regulatory provisions governing who is eligible for the new grants, what activities may be funded, how grants will be applied for or administered, or how HUD will oversee and implement the new program. Moreover, even if this new program were to prove to be of enormous value to people living with HIV/AIDS (an extremely optimistic prediction), HUD's own budget clearly states HUD will spend only $152.4 million on these new grants in FY 95.

The reality is, HUD is asking Congress to defund programs you tout as valuable for people living with HIV/AIDS, to put funds into a program that does not exist and which may not serve people living with HIV/AIDS well. In addition, it will provide only $53 million more for all the homeless activities currently provided under the McKinney Act rather than the additional "$101 million" you state HUD is spending in FY 94 on AIDS housing alone. Moreover, the President's FY 95 budget for HUD proposes flat-funding for Section 811 housing for the disabled and the AIDS Housing Opportunities Act, even though as many as 10 new jurisdictions may qualify for formula grants in FY 95. Level funding for AHOA quite clearly translates into grant reductions for qualifying jurisdictions. We are enclosing the relevant excerpts from HUD's FY 95 budget document to assist in clarifying this situation.

Third, we are terribly concerned about the figures you cite for SAMHSA AIDS programs. Moreover, your claim that the $10 million cut from this program "has been reprogrammed for HIV and AIDS services within the new hard core substance abuser treatment program" is inaccurate. The HIV and AIDS services program you are referring to is a formula set-aside within the substance abuse block grant and bears little relation to the outreach demonstration program. The HIV set-aside is triggered only in states with AIDS cases of 10 or more per 100,000 individuals (about 22 states). These states would allocate between 2% and 5% of their block grant funds for one or more projects that would provide HIV early intervention services at substance abuse treatment sites. Therefore, a $10 million increase in the block grant which you identify as a transfer from the outreach program translates into far fewer than $10 million in additional HIV services under the terms of the block grant. You made an additional mistake in your budget calculation when you claimed that the $310 billion increase in the substance abuse block grant would translate into $25 million for AIDS programming. Here again, you are speaking of the set-aside which remains unchanged in its formula and would amount to far less than 5 percent of $310 million.

We are not only concerned with your presentation of the substance abuse/HIV budget, but we also take exception to the policy analysis you offer. The HIV outreach demonstration program is the only federal program which funds outreach to drug users and their sexual partners. As such, it serves a unique and important purpose in reaching a critically underserved population at high risk for HIV/AIDS. There is certainly precedent in the federal government for the continuation of valuable demonstration programs. The AIDS Pediatric Demonstration Project at HRSA is a case in point. We remain committed to advocacy for federal initiatives to respond to populations at risk for or living with HIV/AIDS who are not currently being addressed by other federal programs. The SAMHSA outreach demonstration is such a program.

I hope that this letter serves to further elucidate our concerns about the press briefing you hosted to educate the media and the HIV community about the President's FY 1995 budget recommendations for HIV/AIDS programs. Let me make it clear that we understand that you serve at the pleasure of the President and are obliged to serve as an advocate for the Administration's budget. However, it is imperative that the budgetary information that you offer is clear and accurate and not subject to the distortions that the inclusion of AIDS entitlement funding generates. Further, your attempts to rationalize the Administration's proposed reductions in key AIDS housing programs and in the SAMHSA HIV outreach program are not supported by the facts and contribute to undermining the credibility of your office. Both you and the AIDS community would have been better served by a accurate, straight-forward presentation of the details of the President's proposed budget for AIDS programs. As AIDS advocates, we are fully capable of drawing our own conclusions from such a presentation.

Please know that these comments are offered in a spirit of cooperation and in recognition of our responsibility as advocates for people living with HIV/AIDS.

Sincerely,

Daniel F. 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

Attachments

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Richard Brule
9101 Patterson Avenue
Number 54
Richmond, Virginia 23229

Dear Mr. Brule:

Thank you sharing your letter to Ms. Winfrey. I will continue to develop HIV policy using the best available science, and in consultation with all interested parties.

Sincerely,

Kristine Gebbie

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

Dear Ms. Debbie, you recognize that society sends teens mixed signals about sex, but do you recognize the fatal flaw in accommodating the exceptional case?

Ms. Oprah Winfrey
110 North Carpenter St.
Chicago, IL 60607

March 3, 1994



Re: "when teenagers go all the way"

Dear Oprah,

There is a classic mistake (illogic) in liberals' thinking, which has caused all this social wreckage. It is this:

**Liberals would accommodate the exceptional case, the one, and risk corrupting the many with their accommodation.**

On your show about "teenagers who go all the way", this mistake in thinking was repeated over and over again by you and your liberal guests. Let me state the premise another way:

**If you want more of the bad, then accommodate the exceptional case; if you want more of the good, then discourage the exceptional case---the bad.**

Here's an example, thirty years ago it was considered shameful for a teenage girl to become pregnant out of wedlock. Girls in that condition were removed from school so that a clear message was sent to others about the consequences of such a mistake. Accordingly, few girls made that mistake (rape and incest notwithstanding).

After the New-Liberal-Left gained power in the late Fifties and early Sixties (read enclosed essay), an ***emotional*** appeal was made to accommodate those girls who were being "mistreated" by school administrators. In 1961 or 1962 there was a movement (lawsuits) by leftists to keep pregnant teens in school. Gradually, the stigma about teen pregnancy was reduced and, eventually, even nurseries were placed on school grounds to accommodate the mothers' needs. You know the rest of the story, which includes the clear message now sent to otherwise careful teen girls who witness all the attention and special care given to teen mothers and their babies----that pregnancy has definite rewards, and no matter all the warnings and the apparent hard times their peers suffer in that condition.

Another example, in 1972 the Nebraska legislature was considering a bill which would allow minors to get medical treatment for venereal disease, without their parents' knowledge. On the surface it appeared to be a good idea. But conservatives argued that passage of the bill would encourage promiscuity, and that the state would appear to be inviting teens to go around parental authority. Liberals argued that it wasn't fair to a teenager who might be afraid to tell his parents, thus risking serious illness from an untreated disease.

Just before voting on the bill, a priest paraded *one* syphilitic teenager before the legislators and argued passionately that they provide protection for teens who might forego treatment out of fear of their parents, like his model, thus risking an untreatable stage of syphilis like that suffered by the boy.

The bill passed. The exceptional cases were accommodated and the vast majority of teenagers who would otherwise forego sexual activity, for fear of contracting a disease and/or facing their parents' judgment, were "free" from one more obstacle to sexual promiscuity. Three years later, a reporter for the Omaha World Herald wrote a story about the massive rise in teen venereal disease cases, which corresponded exactly with the passage of the bill. Many of the supporters of the bill were red-faced and "quite surprised" at the phenomenon, but felt it was too late to change the law. Today, venereal disease in Nebraska, not to mention all of the U.S, is epidemic and still rising.

Let's again review the premise:

**If we accommodate the exceptional case -- the one or the few -- we then invite the many to take advantage of the accommodation themselves.**

Another example, Roe v. Wade was an attempt to accommodate the exceptional cases of rape, incest, and unwanted pregnancies due to marital and one-night-stand "accidents." Before the Supreme Court's decision, liberals argued that

women wouldn't abuse the accommodation by using it as a means of birth control, and that women would understand the gravity of a decision to abort their wombed baby and not abuse their freedom to choose. Conservatives argued that it would lead to a massive, abortion-on-demand slaughter.

Now the proponents of the Supreme Court's decision offer many excuses, or none at all, and are hard-pressed to explain the more than 30-million babies that have been aborted, which include third-trimester babies.

The exceptional cases were accommodated, then all hell broke loose --- broken marriages, abandoned children, emotionally and physically scarred women, and millions of would-be American citizens robbed of any chance to learn of God, of beauty, of human love, of . . . .

How ironic that the excuse your liberal guests presented, as argument for their position on condom distribution, is the very same argument I heard thirty years ago, and which directly caused all this social upheaval: **"Kids are going to have sex, anyway, so give them education and protection."**

Yes, thirty years ago kids were having sex but they were a small minority! So our courts, legislatures, teachers, and our "modern" and "enlightened" liberals (by golly, you couldn't call them "prudes" or "rednecks") wanted to protect a small minority from any dire consequences that their promiscuity might cause them, and moved to invite the many into promiscuity by accommodating the needs of those few. And so you know the rest of the story, which includes a rise from an eight- to ten-percent rate of sexual intercourse among teens, at or near grade twelve, to nearly sixty- or seventy-percent today, and among teens from age ten to twenty!!! Utter insanity!!!

There's a sinister circularity to liberals' irrationality. Their arguments, which are emotion-based (read enclosed essay), only cause more of what they hope to cure, which, in turn, prompts them to argue more fiercely for accommodation of their exceptional cases --- **until the exceptions become the rule and we're left with only liberals' empty philosophy, and a morally bankrupt nation on the brink of collapse!**

I don't know if I've gotten through to you. You're so used to hearing emotion-based arguments from your liberal friends, and from TV and Hollywood and our liberal Congress, that you may simply reject reason out of habit.

Here's the key, again: **To sacrifice the good moral character of the many in order to accommodate the needs of the immoral few, is to invite the many into immoral behavior. It cannot be otherwise. It's how one bad apple can spoil the barrel. It's what liberalism has done in order to bring this once-great nation to destruction.**

Oprah, If you cannot admit that liberalism has been the quiding "light" these past thiry years for America's social changes, and if you cannot admit that things have gotten terribly worse since liberals began their re-making of America's moral and social traditions, then my plea to you is wasted.

Sincerely,

Richard Brulé
9101 Patterson Av. #54
Richmond, Va 23229

P. S. The most tragic example of accommodating the exceptional case is our politicization of HIV in order to protect the minority gay community from contact traces, a heretofore lawful practice, thereby risking millions of lives --- and only because liberals wish to protect the privacy of the few at the expense of safety for the many. Insanity!!!

# Clinton Takes His Style Cues From the Feminine

STEVEN D. STARK

In President Clinton, the country may have found another "great communicator." Yet, what's becoming increasingly clear is that his rhetorical style is a striking departure from that of his predecessors. If other Presidents tended to speak by lecturing us ("We have nothing to fear but fear itself" or "Ask not what your country can do for you"), Clinton often communicates by listening ("I feel your pain"). Whereas other Presidents tended to address the country most effectively from above at a rostrum or alone at desk, Clinton is at his best in level conversation, when he can look at the people with whom he is talking. (Remember the second presidential debate.) If the phallic, jabbing forefinger was the earmark of Kennedy, the maternal hug and the "all ears" attentive body language are the characteristics of this President.

Clinton

Call it New Age if you wish. But the Clinton style is really a textbook example of a leader who communicates in ways often more characteristic of women than men. From the work of Carol Gilligan to that of Deborah Tannen, a number of recent books have documented major differences in the ways men and women communicate and approach problems. While these differences are not exclusive to each gender, certain trends emerge: Women tend to listen while men tend to lecture; women are interested in connections, while men value independence and hierarchy; women stress concrete relationships, while men focus on abstract ideals; women seek consensus, while men invite conflict. A woman tends to say, "I feel your pain." A man might say, "Let me tell you why you feel pain and what you should do about it." And then he might look at his watch, as a certain President did during that second debate.

This is not to say that displaying a "feminine" style is bad. These characterizations are generalities, and Clinton displays more than his share of "male" rhetorical attributes. Moreover, all good politicians display what might be called a "feminine" side, since the ability to appear empathetic and work collaboratively is a true test of leadership — Lyndon B. Johnson could hug with the best of them.

Yet, Clinton is a few steps beyond the typical male politician. Taken separately, his coffee-klatch managerial style, his infamous propensity to schmooze and gossip, his celebrated indecision, his discomfort with the military (it is said he still has trouble returning salutes correctly), and his constant emphasis on inclusion might seem unremarkable.

## Domestic Affairs Take Priority

But taken together, these attributes present a different portrait. If traditional gender roles dictate that women care for the home while men police the perimeter, Clinton is the first President in a more than 50 years to make domestic affairs his preoccupation. It may not be just a coincidence that one of his first major actions abroad was to drop food in Bosnia — the foreign-policy equivalent, perhaps, of bringing a bowl of soup to a sick neighbor.

Moreover, this "feminine" style may provide a different way to view why he has been successful so far, as well as a clue to his presidency's possible strengths and weaknesses.

It should not be surprising that a Democrat is feminizing the presidency. Clinton received 55 percent of his votes from women, in a year his party elected four women to the Senate and gave "women's issues" a prominent role at its convention. Moreover, Christopher Matthews, a political columnist, has outlined how the two political parties often mirror gender stereotypes. The Democrats tend to be seen as the "mommy" party — concerned about education and health care. In contrast, the Republicans are the "daddy" party — perceived as strong on crime and defense.

■ *Steven Stark is a commentator for National Public Radio.*

Richmond Times-Dispatch
March 21, '93

Clinton's background and age are two other factors that have made him more inclined to assume a feminine style of leadership. You don't have to be Sigmund Freud to surmise that a boy whose father died before he was born and whose stepfather was abusive might relate more comfortably to the women in his life. So it has been for Clinton, who — unlike many male politicians — has always surrounded himself with stong-willed, capable women, from Hillary to former Arkansas chief-of-staff Betsey Wright to campaign aide Susan Thomases.

## TV's Focus on Feelings

What's more, many baby boomers exhibit a more feminine style of leadership and rhetoric than previous generations — in part because of the effect of the women's movement and in part because of the strong formative influence of television. As an intimate medium that comes into living rooms, TV favors a style of personal disclosure and a focus on feelings, which is why theorists such as Kathleen Hall Jamieson say, "Womanly narrative is well-suited for television."

With Clinton blurring gender distinctions in his leadership style, it's not surprising that the women in his life — particularly Hillary — are often accused of being too masculine and therefore being the power behind the throne. Many are now repeating a joke that goes something like, "In the last administration, we used to worry what would happen if Bush became sick and we got Quayle. Now we worry what would happen if Hillary became sick and we got Bill."

Hillary is the one, after all, who has the reputation in the White House for being able to say "no," and who first made a name for herself by making it clear she didn't belong in the kitchen baking cookies. If her husband is the man who embodied the politics of inclusion by sitting for two days at a public forum and listening to everyone's ideas about the economy, Hillary is the one who is already in trouble for closing people out of the health-care deliberations.

## Achieving a Difficult Consensus

Defining Clinton's leadership style in gender terms can help reveal where his presidency may prosper or stumble. On domestic issues, such as health care or deficit reduction, where he has to assemble a difficult consensus, Clinton could exceed expectations. What's more, Clinton's somewhat feminine style may provide a clue as to why he seems able to withstand personal attacks that might cripple another politician. As any political consultant will tell you, because women are usually perceived as softer and less powerful than men, negative attacks often end up only creating sympathy for them. The same may be true for Clinton.

Voters, however, tend to view women as less decisive than men — particularly when it comes to matters of force. Thus, it would be shocking if Clinton didn't continue to have problems with the military — one of our most male-dominated institutions. Riots, a rising crime rate, or an outbreak of domestic terrorism could also prove troublesome for a leader who is valued more for his ability to listen than for his iron resolve. One would also expect Clinton to continue having trouble getting votes in his native South, where gender stereotypes remain strong.

All Presidents affect our definitions of leadership. But it's clear already that this presidency will affect our conceptions of gender as well. There used to be a joke that the first Jewish President would be an Episcopalian — the moral being that voters can accept only so much change at once. So it goes for this development. The good news is that we finally have a feminine leader. The bad news, of course, is that she's a man.

# WESTERN CIVILIZATION'S DECLINE:

# THE ROOT CAUSE

THIS ESSAY IS AN OVERVIEW OF THE ROOT CAUSE OF AMERICA'S RAPID DECLINE; A DECLINE OF CIVIL SOCIETY THROUGHOUT WESTERN CIVILIZATION; A RETROGRESSION DISTINCTLY CAUSED BY THE RISE TO POWER OF WHAT I CALL *EMOTING FEMININE MIND.*



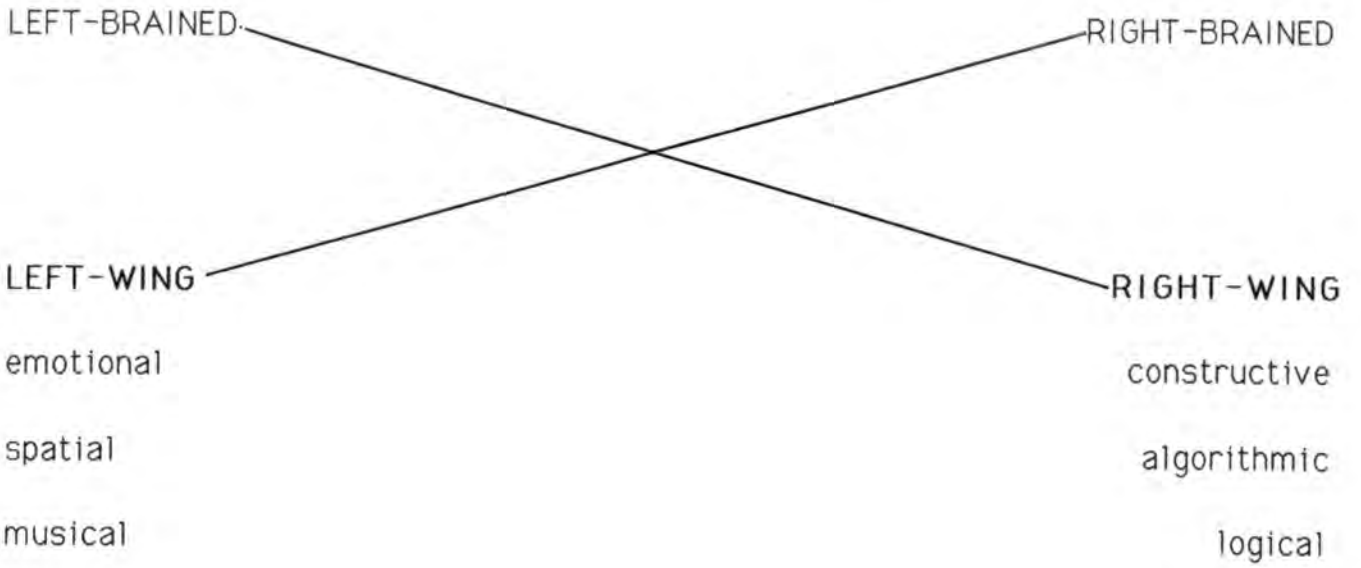
by

Richard Brulé

# UNDERSTANDING THE DONAHUE SYNDROME:

the emotionally irrational response to issues requiring rational thought

## "POLITICAL LATERALIZATION"




The world is left-brained oriented. It requires a constructive, algorithmic, and logical brain to run it. Nonetheless, the world also requires an emotional, spatial, and musical brain (right hemisphere) to enjoy it and to help create new possibilities for enhancing it.

Because individuals are either left-brained dominant or right-brained dominant, society must be careful where each type expresses their dominance.

Presently, right-brained people (emoters) are gaining ascendance over left-brained people (reasoners) in American politics, news media, and education -- and Western culture and American society are crumbling from their influence.

My explanation of the Donahue Syndrome is an attempt to alert the reader to a dangerous trend in America.

# THE DONAHUE SYNDROME
(a.k.a. Kennedy Syndrome)



*" This is another law [law proscribing prostitution] which is costing us a lot of money to chase down be - cause of old moralistic, religiously engendered values that have no business on the books."*
-- Phil Donahue (9/21/93)

Everywhere in Liberal America is glorification of the ignoble, with immorality excused as "just another lifestyle," a trend begot during the hysterical Sixties when leftists rebelled against millennia of Greco-Roman and Judeo-Christian history -- **a history rich with hard-won lessons on how a people may best live together in peace and prosperity.**

For what did the Liberal-New-Left ravage that legacy? -- for easy divorces, povertization of women and children, public pornography, child pornography, *Man/boy* clubs (after liberals exchanged procreative sex for "sex is fun," children became fair game for homosexuals and pedophiles), pandemic STDs, rampant teen pregnancies, abortion on demand, abrogation of parental authority, recreational drug use, value-free education, pop-culture curriculums, grade inflation (with special grading systems for minorities), welfarism, socialism, special civil rights for minorities, diminution of democratic influence abroad (greatly reversed by Presidents Reagan and Bush), and in whatever order or direction they found the strongest ***emo - tional*** stimulus. **Every major social-ill facing America today can be traced directly to the dysfunctional nature of the emoting feminine mind.**

That's what drives the liberals' engine of destruction - **feminine emotion.** Individuals who are reared (there may be a genetic component here) to react too emotionally on issues requiring critical thinking (the rational analysis of ideas) are not well suited for discovering long-term solutions to personal and societal problems. If their emotion is strong enough, then no degree of rational argument persuades them, and no matter the present or historical evidence.

Generally, liberal-minded citizens depend on emotion to persuade others to support their agenda. **They present emotion-filled, exceptional cases against time-proven rules to convince you that the rules are unfair. They whine hysterically for accommodation of the exceptional case, pleading for "justice, fairness, and compassion," until the emotional trigger abates or they get their way, and no matter the long-term consequences of their "cure."**

For example, America now suffers value-free public education, and children murdering children in the streets, because one atheist sought to protest prayer in public schools. America suffers abortion-on-demand, and the slaughter of millions of wombed babies, because a relatively few women sought back-alley abortions for their one-night stands; suffers porn-proliferation, and the sexual molestation of women and children, because Hugh Hefner wanted to publish Playboy; suffers the abrogation of parental authority, and children getting abortions without their parents' knowledge, because a few parents couldn't control their unruly children; suffers easy divorces, and the povertization of millions of women and children, because a few spouses couldn't control their adultery or anger; suffers the dumbing of school texts, and a plummeting literacy among the citizenry, because a few slow learners couldn't keep pace; suffers unbridled sexual license, and pandemic venereal diseases, because "two consenting adults" demanded privacy for their sexual deviancy; suffers political protection for the deadly HIV, and a rising death-toll, because a minority special-interest group demanded special rights. **And America suffers much, much more because of the irrational demands of the emoting feminine mind, which seduces the many into social deviancy by making an exception for a few individuals, who won't abide the necessary restrictions for preserving good civil society.**

In each case, the accommodation through emotional "justice" has multiplied these exceptional cases into full-blown social ills. **The exceptional case was accommodated by liberal courts and/or legislatures, then time-proven rules became ineffectual at keeping savagery at bay; rules adopted by western societies after thousands of dark and often bloody years of personal**

**and social experimentation; lessons sacrificed on the altar of hysterical emotionalism, where liberals promote the works of the emoting feminine mind: *to make the good appear bad and the bad good.***

Whenever stumped by the "reasons" that liberal Phil Donahue gives to support his views, look for a **bad-female** influence. Listening carefully, one hears the shrill and hysterical voice of a seductively emotional woman behind that figure of a man. It may be his mother who is speaking or some other negative, feminine influence from his childhood, possibly an effeminate man.

Rational minds are at a loss to understand attempts by liberals to resolve social issues through emotional reactionism. A rational man or woman may well be disadvantaged in confronting an emoter. Have you ever stood up to an hysterical person? No, you probably walked away in frustration.

Generally, liberals were influenced by a strong-willed, emotional mother who didn't correct them when they needed it, and she either turned her husband into an alcoholic or drove him away. In any case, the father was absent or weak; unable to stand up to mother's willful emotionality. There are exceptions to the theory, but it is true for most liberals.

A strong-willed, emotional mother may instill her nature in her children if the father is weak or absent to block her bad influence. This type of mother says ---"there, there, come to mommy and I'll make if feel better," when her child needs correction; much like what America's maternal Democrats in Congress have been doing for voters these past sixty years. A good mother or father would correct the child with patience; giving an explanation and an appropriate punishment if warranted. And good government would never make excuses for individuals' wrongs -- "It's society's fault" -- but instill in the populace a strong sense of personal responsibility and self-reliance.

When a child is allowed to *feel right about his wrong*, it allays the correction he senses he deserves, which causes guilt. As an adult, he will project this feminine spirit onto anyone who needs correction. He tries to make others' wrongs appear right, and he does this to soothe his guilt about needing correction for his own deviant sexual activity, drug abuse, or other immoral behavior. In short, he's in conflict over his need (craving) for a father's correction and his attraction for his mother-instilled need to feel good about wrong. It's a psychological trap. He wants an authority figure to correct him but his feminine nature despises authority -- police, military, conservatism -- and will resist because facing his sublimated guilt is more painful than suffering the physical and mental consequences of embracing his bad-mother's "free spirit" of irresponsibility.

This bad-mother nurtured adult mitigates his guilt by extolling mother's spirit in championing causes for those who need correction --- criminals, drug abusers, welfare queens, etc. Liberals naturally come to the defense of these types and make excuses for their behavior, which is a mask for defending their own deviancy and a defense against correction (authority). Each of these groups is made up of men and women who lacked a *good and proper* mother/father influence in their lives, generally speaking. These individuals are a product of the breakdown of nuclear families with sound nurturing practices based on Judeo/Christian ethics (not exclusively). [Note: It is possible for a single parent of either sex to properly raise a child if the parent was, as a child, disciplined and nurtured correctly. And a poorly raised individual, if bright and at a young age, may overcome delinquency if he is strongly influenced by an emotionally mature, rational and moral adult --- bad genetic proclivities notwithstanding.]

The opposite situation is not better. Children who are exposed to an impatient and violent father will, generally, exhibit violence as parents. A rational and impatient bad-father may instill in his child a rational mind but one inclined towards unreasonable intolerance and violent correction. Lacking proper nurturing of a good mother and the patient correction of a good father, these individuals come to embrace the fascist politics of the right. [Note: As with any categorical class, there are exceptional cases for challenging the rule, where role switching and recombinant character traits may manifest in individuals.]

These two scenarios, *bad mother* and *bad father*, reveal how we derive bad political affiliations while the phenomenon of **political lateralization** (see cover page) explains the origins of this male/female dynamic. These past sixty years the *emoting feminine mind* has pushed the citizenry away from self-reliance (good father/good mother) towards socialism (bad father/bad mother).

An individual raised properly, with *loving correction* from a father and *rational nurturing* from a mother, evolves into a *centered* thinking person who deplores the extremes of the right and left in politics. Of course, the gender-based qualities of rationality and emotionality are shared by both sexes, and the good aspects of each should be developed. Our problem in America today is that we've adopted so many bad qualities of the left that what we now term the "far right" is actually the center. Not too often, a centered thinking populace produces a legacy of generations not given to making excuses for wrongs in its citizenry.

**Emotion** (maternal) and **reason** (paternal) are the real combatants shaping America today, and citizens generally unmask their predilection for one or the other through liberal and conservative politics. Rationalism is like a baby to the power of emotion, in giving response to challenges of living, because emotion is more primitive in humans than reason. **And like the battle that must have emerged ages ago on the European continent between the tall Cro-Magnon and the stooped Neanderthal, rationalism must fight emotionalism at every turn, if social problems are to be solved, and if humanity is to evolve to higher states of living and awareness.**

Presently, America is well-steeped in an age of emotionality -- **such a condition destroys civil society** -- and a battle is being waged between the two political camps: **reasoners and emoters (thinkers and feelers)**. It is a conflict upon which the fate of this nation and Western civilization rests.

Emotionality in American politics and education is a product of the rise of feminism, which finds its most powerful allies in the emotion-based industries of entertainment and news. Generally, individuals in these professions access emotion first, then reason, when confronted with an issue. If the emotion is strong enough, then no amount of reasoning will persuade them. Reasoners hold their emotions at bay in their decision-making, in order to fend off tragedy.

America is dying from the bad effects of the emoting feminine mind. Its dissolution will not abate in the face of burgeoning feminism, which emasculates men by goading them toward sentimentality and emotionality, and the abrogation of their rational-minded role in building and maintaining civil society.

Understanding the psychology underlying political affiliation, explains why liberals and conservatives are at odds: Generally, liberals are "right-brained" or emotional, spatial, and musical in relating to the world while conservative are "left-brained" or logical, constructive and algorithmic.

A majority of women join a minority of men as emotionally right-brained liberals (feminine), and a majority of men join a minority of women as rationally left-brained conservatives (masculine).

The political monikers "left-wing" and "right-wing" correlate like the body's cross-lateralization (see cover page), so that the right hemisphere (feminine) controls the left side of the body politic and the left hemisphere (masculine) the right. I've labeled the phenomenon "political lateralization," and believe its etiology is gender-based. Hemispheric dominance may be genetic yet amenable, in some degree, by factors like child-rearing practices, education, music, movies and books.

For example, the great shift toward emotionality in America occurred after women began voting. Their influence now is having a tremendous effect on American life as they rear their children without fathers, who would counterbalance feminine emotionality with rationality.

This world is left-brained oriented. It requires a logical, constructive, and algorithmic brain to run it and survive in it. And it needs an emotional, spatial, and musical brain to enjoy it and motivate the logical side to create new possibilities for improving it. But liberals are too emotional to be entrusted with finding solu-

tions to America's problems --- because an ideally patterned brain employs much less emotion and more reason for reaching higher states of living and awareness.

Throughout human history, the battle between feminine and masculine, left and right, emotion and reason played out in great human tragedy and achievement, in the rise and fall of civilizations, and in humanity's quest for meaning to existence. [Note: This dynamic plays out within each individual, first, so that its external manifestations are actually a projection of humanity's internal, split-minded conflict about the emotional and rational approaches to living.]

Presently, liberal emoters dominate in politics, education, and the news media-- and Western culture and American society are crumbling from their influence. This is why liberal Bill Clinton and company will worsen America's problems, why liberals misuse their intelligence, and why radio's pre-eminent talk-show host Rush Limbaugh has tied up half of his brain -- not to be fair but right.

Emoters have a more juvenile memory/logic function. The highest function of memory allows one to employ deductive and inductive reasoning in relating past experiences to the present, and for discovering possible outcomes of present conditions and trends projected into the future. Emoters react in the moment. And as long as the emotion drives them, it impedes consideration for the rationalism that memory may serve. Recent trends suggest that emoters have the upper hand; **emotion is a powerful foe and readily drives rational faculties under by shifting any discussion from facts to feelings.**

A recent example of liberals' inability to relate current events to historical evidence is their call for sanctions, rather than a military strike, after Saddam Hussein invaded Kuwait. **Senator Ted Kennedy and other emoters in Congress were wrong about the effectiveness of sanctions -- as politicians of their emotional bent have been wrong on virtually every national issue facing America these past sixty-years -- and yet a significant portion of voters keep sending irrational, emoting men like Ted Kennedy back to Congress.** It's an indication of just how many voters are emotion-dependent and lack *reason* in their decision-making.

Emoters' favorite arenas for venting their feelings are the U.S. Congress and the literary, movie, music, and news industries, or any vehicle for communicating their emotions about certain social and political causes. **They may be addicted to the emotion that the conflict provides, and their "solutions" ensure that the problems won't go away, because their emotionality clouds their rational mind.**

Emoters are entrenched in news organizations and align themselves with emoters in the entertainment industry. And because their collective liberal mind may become uneasy when the extreme effects of their agenda can no longer be reconciled, ignored, or excused, they wake up momentarily to undo some of the social damage, as with their current involvement in efforts to quell the epidemic drug use they encouraged for years in their personal lives and in their movies, music, books, and television sitcoms. Very shortly, liberals will be scrambling to undo their sexual revolution's legacy of illegitimacy, broken marriages, sick and sterile bodies, attendant deaths, and abandoned children.

While irrational Phil Donahue whined these past twenty-five years for accommodation of exceptional cases, Norman Lear's sitcoms (especially *All In The Family*), along with other liberal TV-programming and movies, swayed public attitudes away from civility by using humor to denigrate morality and Western values. **Humor is a powerful tool for making the irrational seem reasonable, the immoral seem right.** Norman Lear is an unabashed manipulator of the emotional mind. His and other liberals' dictum to "tune in and drop out" proclaimed the good as bad, and praised the bad as enlightenment while the liberal media, a much smaller contingent thirty-years ago, embraced and promoted the cause.

**America's decline in civility is a decline in rationalism. And like what the social drink is for an alcoholic, the emotional weakness once accommodated leads to despair and possi-**

**bly death.** If only the emotionally driven mind could understand the value of rules which evolved the highest civilization humanity has ever witnessed, so that the importance of passing that understanding and legacy from one generation to the next would not be lost on citizens who give their support to the ***American "Civil" Liberties Union*** and ***People For The American Way*** -- two liberal organizations that are hellbent on removing that esteemed knowledge from America's classrooms.

As the current battle rages between unbridled emotionalism (liberal populace) and retreating rationalism (conservative populace), we can only wonder at the outcome of such a conflict. It's a battle for human survival, for learning to live in health, peace, and prosperity -- to be rationally civilized or retreat to the raw savagery of emotionalism. **The lesson liberal emoters need to learn is that accommodating weakness in any aspect of human living is to encourage it and undermine the general welfare of the citizenry; to be compassionate is to discourage frailty in human character for the sake of personal and domestic tranquility.**

Compassion is the heart of reasonable minds, but there are two kinds -- ***compassion to destroy*** and ***compassion to uplift*** -- the latter being the compassion of a rational mind. Lyndon Johnson and the liberal emoters of his day had the compassion to destroy. And through their Great Society agenda, they doomed generations of white and Afro-American families by stealing their souls -- self-pride through self-reliance.

Veterans of Alcoholics Anonymous know the name for those who would seduce others to weakness through accommodation - ***enablers.***

Today's enablers, **Liberal Democrats**, continue the work of their predecessors. They've created a permanent under-class. It is so vast and so prodigious in bearing young for each successive generation of dependent citizens that there is no solution but for the system eventually to collapse under its own weight, and take a once-great nation with it.

Every social component the enablers apply their "compassion" to -- crime, gun control, public education, health care, government, civil rights, race relations, matrimony, human sexuality, child care, national defense, the homeless, religious freedom, sexually transmitted diseases (especially AIDS), hunger abroad, legal and illegal immigration -- ensures a worsening outcome.

There are few noble (rational) men and women in America today. America has become a nation of lechers and whores. Listen to her music, read her literature, watch her TV broadcasts, and watch her youth being corrupted at ever younger and younger ages by it all. Witness the rapid decline of a once-great nation.

The **emoting feminine mind** is seductive and guileful; it seduces us to weakness through accommodation, so that we'll become dependent: dependent on everyone but ourselves for meeting our every need, until there are no more providers; until only the wretched poor are left in America to lobby their degenerate government. And so it goes with this nation, and with those liberals who champion the cause of emotionalism, welfarism, socialism, and the poor -- victims of the **Donahue Syndrome: the emotionally irrational response to issues requiring rational thought.**

Sincerely,

Richard Brulé

Richard Brulé
9101 Patterson Av. #54
Richmond, Va. 23229

P.S. From Ms. Taylor Caldwell's book, *Dear and Glorious Physician*: "Rome has decayed into a confused democracy and has acquired feminine traits . . . A feminine nation has an insensate desire to control and dominate."

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Marie Saint Cyr
Iris House
2271 Second Avenue
New York, New York 10035

Dear Ms. Saint Cyr:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

I look forward to hearing from you, and to working with you in our continuing efforts to stop this epidemic.

My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Suki Terada Ports
Family Health Project, Inc.
27th Floor
90 Washington Street
New York, New York 10006

Dear Ms. Terada Ports:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Barbara Gomes-Beach
Multicultural AIDS Coalition
In Douglas Park
801-B Douglas Park
Boston, Massachusetts 02118

Dear Ms. Gomes-Beach:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Miguelina Maldonado
Hispanic AIDS Forum
121 Avenue of the Americas
New York, New York 10013

Dear Ms. Maldonado:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Marion Banzhaf
New Jersey Women and AIDS Network
Suite 112
5 Elm Row
New Brunswick, New Jersey 08907

Dear Ms. Banzhaf:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Nancy Dorsinville
AIDS Service Center
Suite 405
80 Fifth Avenue
New York, New York 10011

Dear Ms. Dorsinville:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

I look forward to hearing from you, and to working with you in our continuing efforts to stop this epidemic.

My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Linda Gang
Iris House
2271 Second Avenue
New York, New York 10035

Dear Ms. Gang:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Sonia Lopez
Iris House
2271 Second Avenue
New York, New York 10035

Dear Ms. Lopez:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Wei Lam
Community Resource Exchange
90 Washington Street
New York, New York 10006

Dear Ms. Lam:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Ellarwee Gadsden
Women, Inc.
244 Townsend Street
Dorchester, Massachusetts 02121

Dear Ms. Gadsden:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

I look forward to hearing from you, and to working with you in our continuing efforts to stop this epidemic.

My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Diana Gubiseh-Ayala
HIV/AIDS Project
American Indian Committee House
Second Floor
404 Lafayette Street
New York, New York 10003

Dear Ms. Gubiseh-Ayala:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

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My very best wishes to you.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Ms. Vivian L. Torres
New Jersey Women and AIDS Network
Suite 112
5 Elm Row
New Brunswick, New Jersey 08907

Dear Ms. Torres:

Thank you so much for the chance to talk over dinner at Iris House. I felt like an over-loaded sponge by the end of the evening--the litany of concerns and issues is indeed huge. So is the commitment to make constructive changes in the present system, starting with getting all voices to the table in a timely manner.

I look forward to hearing from you, and to working with you in our continuing efforts to stop this epidemic.

My very best wishes to you.

Sincerely,

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

| NAME | Organization | Address / Phone # |
|---|---|---|
| 1 Vivian L Torres | NJWAN | home #(201)414-1012 |
| 2 Diana Gabisela-Ayala | HIV/AIDS Research A.d.Ct. | 404 Lafayette St. 2 Floor NYC 10003 598-0100 |
| 3 Ellarwee Gadsden | Women, Inc | 244 Townsend St. Dorchester, MA 02121 617-442-6166 |
| 4. Wei Lam | Community Resource Exchange | 90 Washington Street New York 10006 212-344-0195 |
| 5 Sonia L. Lopez | Iris House | 2271 Second Ave. NYC |
| 6 Linda Gang | IRIS House | 2271 Second Ave NYC |
| 7 Nancy Dorinville | New York Women Foundation | 120 Wooster St. (212) 6450875 |
| | AIDS Service Center 80 5th Ave Suite 405 | N.Y.C. 10011 |
| 8 Marion Banzhaf | NJ Women + AIDS Network | 5 Elm Row, Suite 112 New Brunswick NJ 08901 908-846-4462 |
| 9 Myrelena Maldonado | Hispanic AIDS Forum | (212) 6666336 121 Avenue of the Americas New York, NY 10013 |
| 10 Barbara Gomes-Beach | Multicultural AIDS Coalition Inc | Douglass Park 801-B Douglas Park Boston, Ma 02118 |
| 11 Suki Terada Ports | Family Health Project, Inc | 90 Washington St. 27th Floor New York, N.Y. 10006 (212) 344-0195 |
| 12 Marie St. Cyr | Iris House | 2271 Second Ave. NYC 10035 (212) 423-9049 |

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Mr. Greg Lindeman
Apartment 6
5754 North Winthrop
Chicago, Illinois 60660

Dear Mr. Lindeman:

Thank you so much for taking time to meet with me during my visit to Howard Brown Clinic last week.

The personal concerns and ideas of individuals living with this virus shape the policy of my office, and provide a regular "push" to keep moving as quickly as possible.

Please stay in touch if you have other ideas in the future. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Mr. Mark Kircher
3311 North Oakley
Chicago, Illinois 60618

Dear Mr. Kircher:

Thank you so much for taking time to meet with me during my visit to Howard Brown Clinic last week.

The personal concerns and ideas of individuals living with this virus shape the policy of my office, and provide a regular "push" to keep moving as quickly as possible.

Please stay in touch if you have other ideas in the future. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Mr. Frank Sabatino
Apartment 1109
2909 North Sheridan
Chicago, Illinois 60657

Dear Mr. Sabatino:

Thank you so much for taking time to meet with me during my visit to Howard Brown Clinic last week.

The personal concerns and ideas of individuals living with this virus shape the policy of my office, and provide a regular "push" to keep moving as quickly as possible.

Please stay in touch if you have other ideas in the future. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Mr. Art O'Shaughnessy
Apartment 3-W
3525 North Broadway
Chicago, Illinois 60657-1871

Dear Mr. O'Shaughnessy:

Thank you so much for taking time to meet with me during my visit to Howard Brown Clinic last week.

The personal concerns and ideas of individuals living with this virus shape the policy of my office, and provide a regular "push" to keep moving as quickly as possible.

Please stay in touch if you have other ideas in the future. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Mr. Robert Ford
2541 West Division
Chicago, Illinois 60622

Dear Mr. Ford:

Thank you so much for taking time to meet with me during my visit to Howard Brown Clinic last week.

The personal concerns and ideas of individuals living with this virus shape the policy of my office, and provide a regular "push" to keep moving as quickly as possible.

Please stay in touch if you have other ideas in the future. My best wishes.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

March 15, 1994

Mr. Rex Sandberg
Apartment 186
3712 North Broadway
Chicago, Illinois 60613

Dear Mr. Sandberg:

Thank you so much for taking time to meet with me during my visit to Howard Brown Clinic last week.

The personal concerns and ideas of individuals living with this virus shape the policy of my office, and provide a regular "push" to keep moving as quickly as possible.

Please stay in touch if you have other ideas in the future. My best wishes.

Sincerely,

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

Kex Sandborg
3712 N. Broadway #186
Chicago IL 60613
312/275-4214 Home
312/633-6142 work

ROBERT FORD
2541 W. DIVISION
CHGO IL 60622
312-276-0398

Art O'Shaughnessy
3525 N. Broadway 3rd
Chgo, IL. 60657-1871
312-883-0129

Frank Sabatino
2909 N. Sheridan #1109
Chicago, IL 60657
312/327-2911

Mark Kircher 312/871-2860
3311 N Oakley
Chicago, Illinois
60618

GREG LINDEMANN
5754 N. Winthrop 6
Chicago IL 60660
312-728-8566

THE WHITE HOUSE

WASHINGTON

March 15, 1994

Mr. and Mrs. Chuck Brainerd
19643 Dorr Road
Altoona, Florida 32702

Dear Mr. and Mrs. Brainerd:

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.

You should also know that the public service announcements featuring Anthony Kiedes have been pulled from circulation for some time now.

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

Condom



U.S. Government
Center for Disease Control
AIDS Czar Kristine Gebbie
Washington, D.C. 20510

Ms. Gebbie:

My husband and I were shocked and very upset when we saw the condom commercial on T.V.. I do not approve of you using my tax dollars for this horrible commercial. I have and am teaching my children Chastity, and ask for the withdraw of this commercial from T.V.

I cannot believe that you paid my tax dollars to a man charged with indecent exposure and sexual battery to make a sex commercial.

I ask at this time that you resign from this position before you do any more damage to our society and waste our tax dollars.

Sincerely,

Barbara E. Brainerd

Chuck Brainerd

Barbara E. Brainerd
19643 Dorr Rd.
Altoona, FL. 32702

Chuck Brainerd

C: Mr. Clinton

THE WHITE HOUSE

WASHINGTON

March 15, 1994

Mr. Stephen A. Munshower
Vice President
Public Affairs
Burroughs Wellcome Company
Post Office Box 12700
Research Triangle Park, North Carolina 22709-2700

Dear Mr. Munshower:

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

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

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

Sincerely,

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

Wellcome

**Burroughs Wellcome Co.**

3030 Cornwallis Road
P. O. Box 12700
Research Triangle Park, N.C. 27709-2700

cables & telegrams
Tabloid Raleigh, N.C.
TWX 5109270915
tel. 919-248-3000



March 8, 1994

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

Dear Ms. Gebbie:

It is with great pleasure that I recommend the nomination of State Representative Charles Quincy Troupe to be a vital member of the President's National HIV/AIDS Task Force.

Representative Troupe has been very active in his home state of Missouri as an advocate for the rights and treatment of people with AIDS. He will undoubtedly carry this commitment, knowledge and energy to your committee.

Additionally, Representative Troupe was a key participant at the National Black Caucus of State Legislators' AIDS Summit that was held in May 1992. He has consistently exhibited leadership qualities in leading the fight against this disease in the African American community and would be a great contributor to policy making for this committee.

I encourage you to give strong consideration to Representative Troupe for membership on your National HIV/AIDS Task Force.

Sincerely,

Stephen A. Munshower
Vice President, Public Affairs

THE WHITE HOUSE

WASHINGTON

March 15, 1994

Bernice Anderson
Number 3 Stuart Drive
Holly Hill, Florida 32117

Dear Ms. Anderson:

Thank you for your recent communication regarding your interest in dietary supplements. Since 1990, the Food and Drug Administration (FDA) has been authorized to allow health claims on dietary supplements and have interpreted this to require that they take whatever steps are necessary to assure that such claims are reasonably accurate and have some basis in fact as demonstrated by some kind of scientific studies. In my opinion, the FDA has done or said nothing that indicates they are interested in restricting the availability of the products; only the claims that are made on labels for such products.

The final regulations, which were published in the Federal Register on January 4, 1994, will go into effect on July 1, 1994 unless Congress acts before that date. Legislation under consideration in Congress proposes to substantially alter, and/or remove the responsibility of the FDA in this regard and the Department of Health and Human Services is working closely with Congress to try and find appropriate language which will allow us to meet three shared objectives: 1) continued availability of the products, 2) some degree of control over the accuracy of the information that is used to market such products, so people can exercise their freedom of choice on the basis of reasonably sound information, and 3) avoiding a regulatory burden that is not justified in order to protect the health of the public.

Since the HIV/AIDS community is my primary area of responsibility, I have been involved in this issue to protect the particular needs and interests of that community. As you know any product that has the potential to maintain health or increase immune competence is of particular interest to those with HIV infection and their advocates. At present, I do not believe that there is any threat to availability of dietary

supplements and I will do what I can to assure that it continues to be true. I also believe that, like any other individuals with life threatening illness, individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects and I am committed to insure that the information that they have is reasonably accurate--only with such information can freedom of choice be meaningfully exercised.

I appreciate your interest in this complex and vital area.

Sincerely,

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

Feb 16 1994

Nat'l Aids Policy Coordinator
Kristine Gebbie;

I'm asking for your support to encourage President Clinton to sign S784- H 1709 the Dietary Supplement Health and Education Act before April 1st 1994.

Sincerely
Thank you
Bernice Anderson



National Aids Policy Coordinator
Kristine Gebbie
The White House
#1600 Pennsylvania Ave.
Washington D.C.

Bernice C. Anderson
#3 Stuart Dr.
Holly Hill
FL 32117