FOIA Number: 2018-0756-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3769

FolderID:

Folder Title:
March Chron Files 1994 [6]

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

THE WHITE HOUSE

WASHINGTON

March 21, 1994

Anita Evans, RN, BSN
452 Valley Road
Hockesson, DE 19707

Dear Ms. Evans:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

March 21, 1994

Kathleen C. Hickingbottom, RN
1333 Gug Avenue
Bastrap, LA 71220

Dear Ms. Hickingbottom:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

March 21, 1994

Kathleen L. Russo
67 Sparro Drive
Royal Palm Beach, FL 33411

Dear Ms. Russo:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

March 21, 1994

Melcher
20 Abbey Road
Westbrook, ME 04092

Dear Melcher:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

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

RECEIVED MAR 15 1994

Dear Ms. Gebbie,

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

We urge you to put the full force of your office into insuring that: (1) HIV becomes a reportable disease, in keeping with sound preventive and treatment policies; (2) definitive studies about the potential of HIV to be spread by aerosol are completed and publicized; (3) operating rooms be equipped with special air filters and O.R. nurses be provided with special face shields and other impenetrable protection; (4) premarital, prenatal, and neonatal testing be mandatory; (5) routine testing of all patients and healthcare workers be mandatory.

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

Sincerely,

Melcher

Name

30 Abbey Road

Address

Westbrook ME 04092

City State Zip

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th N.W., Suite 1060
Washington, D.C. 20503

DANIEL K. INOUYE
HAWAII

PRINCE KUHIO FEDERAL BUILDING
SUITE 7325, 300 ALA MOANA BOULEVARD
HONOLULU, HAWAII 96850
(808) 541-2542

United States Senate
ROOM 722, HART SENATE OFFICE BUILDING
WASHINGTON D. C.
(202) 224-3934

March 21, 1994

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500

Dear Ms. Gebbie:

I am writing to share with you a copy of a report I recently received from Mr. James King, Director of the Office of Personnel Management, describing the extent to which various categories of nurse practitioners are now covered under the Federal Employees Health Benefits Act. I trust you will find this information to be of interest.

Without question, the Federal Employees Health Benefits program has been a leader in providing for the availability of nursing services. However, in my judgment, it would be quite useful to have objective information regarding utilization rates and quality care issues.

Aloha,

Daniel K. Inouye

DANIEL K. INOUYE
United States Senator

DKI/phd
Enclosure

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

1994 MAR -8 PM 1:42

OFFICE OF THE DIRECTOR

MAR - 1 1994

Honorable Daniel K. Inouye
United States Senate
Washington, DC 20510-1102

Dear Senator Inouye:

Thank you for your letter of January 14, 1994, requesting a report regarding the utilization of nurse midwife services and services of other nurse practitioners under the Federal Employees Health Benefits (FEHB) Program.

We do not currently require FEHB carriers to provide us with specific utilization data on these providers, and do not have any information from which to develop such a report. Previous studies conducted in 1983 (referenced in the attachment to your letter) and 1986 indicated that although coverage for nurse midwife services was widely available under the FEHB Program even then, utilization of these services by Federal members has been minimal. For example, the Blue Cross and Blue Shield Service Benefit Plan reported only 10 claims for nurse midwife services (out of about 70,000 total maternity claims) in the first half of 1982.

As you know, amendments to the FEHB law in 1990 and 1993 required all FEHB plans (except prepaid comprehensive medical plans) to provide reimbursement for otherwise covered services when rendered by, and to permit their enrollees direct access to, these providers. Consequently, claims from these providers are now treated the same as claims from any other covered provider, and there is no practical reason for carriers to collect separate utilization data for these providers.

Requiring FEHB carriers to provide additional utilization reports over and above those necessary to the FEHB rate-setting process will result in additional costs to the Program. This may not be in the best interests of our enrollees, in view of the fact that the availability of benefits for nurse midwife and nurse practitioner services under the Program is now so widespread. However, as we have in the past, we will ask our carriers if any are collecting such data for their own purposes and if any additional data is available, we will report it to you.

Thank you for your continuing interest in the FEHB Program.

Sincerely,

James B. King
Director

CON 131-64-4
July 1988

THE WHITE HOUSE

WASHINGTON

March 22, 1994

MEMORANDUM

TO: Donna Shalala, Secretary
Department of Health and Human Services

Phil Lee, Assistant Secretary for Health
Department of Health and Human Services

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

SUBJECT: DHHS HIV/AIDS Coordination

Several months ago when we met over lunch we discussed the need for some mechanism internal to HHS to assure coordination and communication on HIV and AIDS issues. The press of schedules made it much slower than I anticipated to pull together a group to discuss what might be the most useful approach. The gap of about 8 months since the previous set of standing meetings (two different groups, each meeting once each two weeks) has given people an opportunity to think about what would be the most useful investment of time. The meeting held on March 21 (attendance list attached) and resulted in the following recommendations.

1. There should be a monthly meeting of the principal HIV/AIDS staff within the Department. The group members would be the HIV/AIDS coordinator or director within each operating division of the Department, and of each agency within the Public Health Service. In addition, the Offices of the Secretary, General Counsel, Public Affairs, Civil Rights and AIDS Policy should be represented. This is to be "principals only" meeting, with a designated alternate. The anticipated membership list is attached. Additional staff will be included when needed to present issues.

2. Phil Lee, as the head of the operating division with the most significant HIV/AIDS responsibility, should chair the group.

3. To assure communication with and appropriate action by agency heads, a report from this group will be a regular agenda item at the PHS agency heads meeting. The Office

of the Secretary representative will coordinate meetings of Operating Division heads with the Secretary to assure that information is available at the departmental level, and needed decisions can be made.

4. Agenda items for meetings will be generated by participants, with approximately half of each meeting available for general exploration of issues important to the epidemic. Participants are committed to making this a useful, working group. Cross-agency teams will be created as needed to complete tasks between meetings (current example: the working group on vertical transmission of HIV and the use of AZT during pregnancy).

5. The next meeting (first meeting in the new configuration/format) will be on Tuesday, April 26, 1994, 9:00 -11:00 a.m. At that meeting, a decision will be reached on a standing meeting time.

6. The agenda for the next meeting will include:

- report from the working group on AZT/vertical transmission
- discussion of health care reform/HIV issues
- report on OAR organization (Dr. Paul)
- report on Drug Development Task Force first meeting

7. The Office of National AIDS Policy will serve as staff to the group, facilitate working group activities between meetings if needed, and assure that appropriate records of meetings are kept and distributed.

Please let me know if you have any questions, either about this first meeting, or about the plans for ongoing communication and coordination.

Attachment

HHS HIV/AIDS Coordination
March 21, 1994

Name	Office	Phone Number	Fax Number
Pastsy Fleming	IOS	202-690-5400	
Agnes H. Donahue	PHS Women's Health	202-690-7650	202-690-7122
Steve Bowen	HRSA	301-443-1993	301-443-9645
Marietta Anthony	AHCPR	301-594-4015	301-594-4027
Myron L. Belfer	SAMHSA	301-443-5305	301-443-0284
William Paul	NIH/OAR		
Jim Curran	CDC	404-639-0900	404-639-0910
John Fleishman	AHCPR	301-594-1354	301-594-2155
Richard T. Kotomori	IHS	301-443-4646	301-443-6213
Randy Wykoff	FDA	301-443-0104	301-443-4555
Sam Shekar	HCFA	202-690-7063	202-690-6994
Sonya Hunt Gray	OSG	202-690-6467	202-690-6498
Nan Hunter	OGC	202-690-7780	202-690-7998

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Ms. Kate Hill
Executive Director
Vermont Cares
30 Elmwood Avenue
Burlingotn, Vermont 05402

Dear Ms. Hill:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

Thanks for everything!

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Bruce V. Taft
Post Office Box 4174
Bennington, Vermont 05201

Dear Mr. Taft:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. John Dunham, Jr.
100 Observatory Street
Bennington, Vermont 05201

Dear Mr. Dunham:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. John D. Smalley
Post Office Box 241
Saint Albans, Vermont 05478

Dear Mr. Smalley:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Michael Dowling
5 School Street
Essex Junction, Vermont 05452

Dear Mr. Dowling:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Ms. Suzanne Webb
Vermont Cares
RR2, Box 2911-A
Charlotte, Vermont 05445

Dear Ms. Webb:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Kenn Delaney
Post Office Box 4034
Burlington, Vermont 05406

Dear Mr. Delaney:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I have asked Terry Beswick of my staff to send you information from our files on peroxide treatment issues.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Bradley L. Kleinerman
Mail Boxes Etc.
425 East Arrow Highway
Glendora, California 91740

Dear Mr. Kleinerman:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Ms. Sylvia R. Racca
Vermont Cares
Post Office Box 5248
Burlington, Vermont 05402

Dear Ms. Racca:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

The Honorable Susan W. Sweetser
Post Office Box 8438
Essex, Vermont 05451

Dear Senator Sweetser:

I'm so glad we had the opportunity to talk over lunch last Friday. Your health reform debate will be challenging. I do encourage you to include public health in the final package. If I can provide further information, please let me know. Likewise, if I can ever be of help on HIV issues, I would be very pleased to do so. My best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

The Honorable Barbara W. Snelling
201 Haubor Road
Shelburne, Vermont 05482

Dear Lieutenant Governor Snelling:

I'm so glad we had the opportunity to talk over lunch last Friday. Your health reform debate will be challenging. I do encourage you to include public health in the final package. If I can provide further information, please let me know. Likewise, if I can ever be of help on HIV issues, I would be very pleased to do so. My best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

The Honorable Helen Riehle
1559 Hinesburg Road
South Burlington, Vermont 05403

Dear Senator Riehle:

I'm so glad we had the opportunity to talk over lunch last Friday. Your health reform debate will be challenging. I do encourage you to include public health in the final package. If I can provide further information, please let me know. Likewise, if I can ever be of help on HIV issues, I would be very pleased to do so. My best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Gary Sexton
Apartment 3
10 Elm Street
Saint Johnsbury, Vermont 05819

Dear Mr. Sexton:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Laurent-Paul Perroud
Post Office Box 215
Danville, Vermont 05828

Dear Mr. Perroud:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Phillip James Hurley
RD 2, Box 228
Lyndonville, Vermont 05819

Dear Mr. Hurley:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Jim Gedraitis
Post Office Box 602
Bradford, Vermont 05033

Dear Mr. Gedraitis:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Ms. Erica Garfiu
Vermont AIDS Council
Post Office Box 275
Montpelier, Vermont 05601

Dear Ms. Garfiu:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Ms. Carolyn Bivona
Post Office Box 632
West Rutland, Vermont 05777

Dear Ms. Bivona:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Eugene L. Daniels
603-B Dalton Drive
Colchester, Vermont 05446

Dear Mr. Daniels:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Christopher J. Curtis
Apartment 410
20 West Canal Street
Winooski, Vermont 05404

Dear Mr. Curtis:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Mr. Jack V. Austin
Apartment 1
214 West Allen Street
Winooski, Vermont 05404

Dear Mr. Austin:

Thanks so much for taking the time to meet with me over lunch in Montpelier on Friday. It was so helpful to me to learn first hand about the experiences of people living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Ms. Rhonda Anderson, M.P.A., R.N., F.A.A.N.
President
American Organization of Nurse Executives
840 North Lake Shore Drive
Chicago, Illinois 60611

Dear Ms. Anderson:

Thank you for the invitation to attend the American Organization of Nurse Executives Annual Meeting on April 10-13, 1994 in Houston, Texas. Unfortunately, my schedule does not permit me to participate. I hope the conference is a success. Please keep me informed of future events.

Sincerely,

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

American Organization
of Nurse Executives

AHA

840 North Lake Shore Drive
Chicago, Illinois 60611
AONE 312.280.5213
Fax Number 312.280.5995

March 13, 1994

Kristine H. Gebbie, MN, RN, FAAN
National AIDS Policy Coordinator
Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Ms. Gebbie:

On behalf of the American Organization of Nurse Executives Board of Directors, I would like to cordially invite you to be AONE's guest at our upcoming 1994 Annual Meeting to be held on April 10 - 13th at the George R. Brown Convention Center in Houston, Texas.

Our theme for the meeting is ***"Exploring the Changing Universe of Health Care."*** We expect this year's conference to bring together 1,800 nurse executives and nurse managers in a comprehensive, energizing four days of networking, professional development, organizational business, and relaxation. Please find attached a copy of the registration form. The meeting brochure will be sent under separate cover.

If you will be able to accept our invitation, please complete the registration form and return it by fax directly to the AONE Office, attn: Debbie Campbell-Henderson at 312-280-5995. We would appreciate your response by Friday, March 25.

If you have any questions about the Annual Meeting, please feel free to call AONE's Meeting Director Joan Riebock at 312-280-4427.

Sincerely,

Rhonda Anderson

Rhonda Anderson, M.P.A., R.N., F.A.A.N.
President

Enclosure

I'd suggest regrets on this one.

1994 AONE ANNUAL MEETING – APRIL 10-13, 1994

GEORGE R. BROWN CONVENTION CENTER▼1001 CONVENTION CENTER BOULEVARD▼HOUSTON, TEXAS

To ensure your participation in the 1994 AONE Annual Meeting, complete this registration form and mail or fax it with your payment to:

AONE Registration
P.O. Box 92592
Chicago, IL 60675-2592
FAX 312/622-1071

ALL MAIL REGISTRATIONS MUST BE RECEIVED BY MARCH 21, 1994. Fax registrations must be charged to Visa, MasterCard or American Express and must be received by **MARCH 30, 1994**.
If you have questions or if you do not receive written confirmation of your meeting registration by April 4, 1994 please call AONE at 312/280-6422.

Last Name

First Name

First Name for Badge

Title

Organization

Street Address

City

State/Province

Zip Code

Country

Daytime Phone

COMPLIMENTARY

MEETING REGISTRATION CATEGORIES

❒ $545 AONE Member/Associate Membership Expiration Date_____
❒ $545 AONE Council Member Membership Expiration Date_____
❒ $745 All Non-Members* (Please Indicate: ❒ Nurse Executive ❒ Nurse Manager)
❒ $345 Full Time Graduate Student**
❒ $255 Single Day Registration

* Additional nonmember price will be applied to AONE membership if eligible.
** In order to qualify for the full-time graduate student rate, registrant must be enrolled in a recognized full-time graduate program and not employed in a full-time position.

OPTIONAL SPECIAL EVENTS

❒ $125 Pre-Conference Program
❒ $ 27 Lunchtime Roundtables
❒ I am interested in facilitating a roundtable discussion
❒ I suggest the following topics for roundtable discussion:

_____

_____

$_____ **TOTAL AMOUNT DUE FOR MEETING REGISTRATION AND OPTIONAL SPECIAL EVENTS**

METHOD OF PAYMENT

❒ Enclosed is a check or money order payable to AONE Registration
❒ Please charge my: ❒ VISA ❒ MASTERCARD ❒ AMERICAN EXPRESS

Card Number

Expiration Date

Signature_____

BIG BREAKOUT SELECTIONS

To help AONE plan comfortable and appropriate meeting room accommodations, please let us know your first, second and third choices for each Big Breakout session.

Use #1 to indicate your first (most desired) choice, #2 for your second and #3 for your third (least desired). Every effort will be made to accommodate your first choices.

Please note that your failure to pre-register for these Big Breakout sessions could result in your inability to attend a session. AONE cannot guarantee admission without pre-registration.

BIG BREAKOUT #1:
Monday 8-9:30 am
❒ 1.Start-from-Scratch Thinking
❒ 2.Implementing Point of Care
❒ 3.Benchmarking

BIG BREAKOUT #2:
Tuesday 10-11:15 am
❒ 4.Maintaining Sanity
❒ 5.Case Management
❒ 6.Building a Healthy Community

BIG BREAKOUT #3:
Tuesday 1:30-3 pm
❒ 7.If You Thought Getting Started Was Hard
❒ 8.Running the Vicious Cycle Backward
❒ 9.Transformational Model for Nursing

THE WHITE HOUSE

WASHINGTON

March 22, 1994

MEMORANDUM

TO: Carol Rasco, Domestic Policy Council
Timothy Wirth, Department of State
Anthony Lake, National Security Council

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

SUBJECT: Attendance at Government of France Sponsored AIDS Meeting, April 8, 1994

The purpose of this memo is to update you on my tentative plans to attend the upcoming meeting on April 8, 1994, in Paris, France. This meeting was originally scheduled to be a planning meeting for the AIDS ministerial level meeting which will be held in Paris on June 17, 1994.

Neither an agenda nor any plan geared towards expected outcomes for either meeting has been received to date. While the April meeting was at first proposed to be an experts' meeting of twelve donor nations, it was cancelled, by the French, in favor of a "sherpas" meeting. In this instance, a sherpa is a national AIDS coordinator. The purpose of the sherpa meeting is to refine a French-drafted declaration which will be used as the terminal document for a chiefs of state meeting at a yet to be determined date in November. The major change is from a technical to a political level meeting. No agreement has been reached about the November meeting and it would be premature to work on a declaration for a meeting that has yet to be proposed by the Government of France.

While not enough specifics are available to make a final decision on attending this meeting, I would like to propose the following USG personnel to attend as the US delegation: Prudence Bushnell, Deputy Assistant Secretary, Africa Bureau, Department of State; Helene Gayle, Director, Office of HIV/AIDS, Agency for International Development; and Kenneth Bernard, Associate Director for Medical and Scientific Affairs, Office of International and Refugee Health, Public Health Service.

Please contact me at 632-1090 if you have any questions about our participation.

Thank you.

THE WHITE HOUSE

WASHINGTON

March 22, 1994

Dana Weckesser, M.P.H.
AIDS Task Force
Delaware-Maryland Synod of the Evangelical
Lutheran Church in America
2702 Saint Paul Street
Baltimore, Maryland 21218

Dear Dana Weckesser:

Thank you for the invitation to attend the next meeting of the AIDS Task Force on April 23, 1994 in Thurmont, Maryland. Unfortunately, my schedule does not permit me to participate. Please keep me informed of your plans for the Eastern Shore event. I look forward to hearing from you again.

Sincerely,

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

regrets—

2702 St. Paul Street
Baltimore, MD 21218

March 14, 1994

Kristine M. Gebbie
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Gebbie:

For your files, I have enclosed a copy of the DE-MD Synod of the ELCA's newsletter, *The Network*, which has a photo and brief summary of our meeting on the 9th of November 1993 at Johns Hopkins University.

We have scheduled the next meeting of the AIDS Task Force for April 23rd in Thurmont, MD where we will be discussing plans for our Eastern Shore event in either September or October. We hope that your interest expressed at our November meeting in addressing this Fall gathering has not waned. You would be more than welcomed to come to our April 23rd meeting as we plan the Eastern Shore event. If you decide to come, please call me for directions (410/366-8008). Otherwise we will let you know the date and tentative agenda as soon as possible.

Again we appreciate your willingness to have met with us in November.

Sincerely yours,

Dana Weckesser

Dana Weckesser, M.P.H.
Member of the AIDS Task Force of the
DE-MD Synod of the ELCA

Enclosure

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

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

THE
NETWORK
News of the Delaware-Maryland Synod

Vol. 6, No. 5 | Evangelical Lutheran Church in America | December 19, 1993

Of cold nights & warm churches

When the temperature drops and the weather turns bad, not everyone is lucky enough to have a warm place to stay. Thanks to three DE-MD Synod congregations, however, this winter will not be as hard on the homeless in downtown Baltimore and Anne Arundel County.

Both Peace, Glen Burnie, and Our Shepherd, Severna Park, are participating in a program sponsored by about 20 churches of all denominations in the northern Anne Arundel County area. The congregations will take turns providing shelter for homeless men from mid-November to mid-April.

Peace will open its doors to 12 homeless men the week of December 13, from 6 p.m. until 7 a.m. each day. Volunteers will make and serve dinner and breakfast. Other volunteers will staff the shelter through the night and provide transportation.

Our Shepherd will run a similar shelter during Holy Week at the end of March. Because there will be worship services each night, the congregation plans to invite shelter residents to worship with them.

This is the first time either Peace or Our Shepherd has participated in the two-year-old Anne Arundel County program. If your congregation is interested in helping in some way, contact program coordinator Jim Fouse, 410/551-7448, for details.

As it has before, Christ (Inner Harbor), Baltimore, is opening its building to 50 homeless women and children throughout the winter, beginning November 1. Co-sponsored by the congregation and the South Baltimore

See SHELTERS, page 3

"WE WANT TO SEE THE CHURCH INVOLVED IN EVEN MORE PROJECTS like this," Synod Vice President Patricia Payne, Holy Comforter, Baltimore, tells those gathered for the dedication of Messiah Hall. Payne also brought greetings from Maryland's governor in the context of her job as deputy secretary of the Maryland Department of Housing and Community Development. Messiah's pastor, Lee Hudson, and several youth members await the official blessing of the building.

Messiah opens 104th anniversary gift

How did your congregation observe its last anniversary? For the people of Messiah, Baltimore, their 104th anniversary was marked by the opening of a gift to the Canton community--a 17-unit apartment building for independent senior citizens.

Now named Messiah Hall, the structure was built originally in 1925 on the ground where the congregation's first chapel had stood. For 65 years, the congregation used it in a variety of ways before deciding to use it for senior housing.

That decision was reached several years ago at a meeting of the congregation and members of the community. "We asked, 'What kind of congregation should Messiah be?'" says the Rev. Lee Hudson. They also asked how the parish hall could be put to use for the community.

"The answer was almost unanimous," he recalls. All of the southeast Baltimore area has a serious shortage of housing for the elderly, and Messiah's congregation committed itself to a $1.3 million project to allow independent seniors to stay in the community.

Its decision made, Messiah's congregation teamed up with Jubilee Baltimore, a non-profit housing developer in southeast Baltimore. The city and state governments, as well as the Enterprise Social Investment Corporation, helped in significant financial ways to make the project possible. The DE-MD Synod also has assisted financially.

See MESSIAH, page 3

I've added a couple of directions -

CWLA

Guarding Children's Rights • Serving Children's Needs

440 First Street, N.W., Suite 310, Washington, DC 20001-2085 • 202/638-2952 • FAX 202/638-4004

FAX TRANSMITTAL FORM

DATE: 3/22/'94

TO: Kristine Gebbie + staff

AGENCY: Office of Natl. AIDS Policy

FROM: Mary Pieper, CWLA

NUMBER OF PAGES, (INCLUDING THIS FORM): 4

COMMENTS: Please look this over + let me know if you'd like any changes. I can't make it longer, but I can shift things around.

About the 3rd question: Isn't your answer more about case (care) management than about managed care? They're not the same thing, to my knowledge. I'd appreciate any clarification possible. You've all been wonderful!

FOR FURTHER INFORMATION, PLEASE CONTACT CWLA AT THE NUMBER INDICATED ON THIS PAGE.

SAVE THE DATES!!

1994/95 CWLA CONFERENCES/TRAININGS

APRIL 12-14, 1994
CHILDREN '94
Ensuring Health and Security for America's Children
Grand Hyatt Washington
Washington, DC
****

MAY 26-JUNE 11, 1994
1994 Professional Exchange in Romania, Hungary, & Czech Republic
****

SEPTEMBER 25-28, 1994
CWLA BIENNIAL
Hyatt Regency Scottsdale
Scottsdale, AZ
****

FEBRUARY 28 - MARCH 3, 1995
CHILDREN '95
CWLA'S 75TH ANNIVERSARY
Grand Hyatt
Washington, DC
****

Conference inquiries please call (202) 942-0289

Voices for Children

Kristine Gebbie

Kristine Gebbie, RN, MN, is America's first National AIDS Policy Coordinator, appointed by President Clinton to ensure systems integration in federal policy on HIV/AIDS.

I'm waiting for bio information to add to this

In eight months as AIDS coordinator, what has surprised you the most?

First of all, [laughing] that the federal bureaucracy really is the monster some people say it is. It's a huge machine and there are huge practical difficulties in processing things, in planning across systems. It has taken more work than I'd anticipated. In some ways, though, it's been a delightful surprise. We've gotten a lot of response from many agencies, and there's a lot of activity.

Are you optimistic about the process of health care reform, particularly in terms of how it will deal with HIV/AIDS?

I think reform is absolutely essential. Right now many people with this infection are uninsured, or they lose their insurance just when they need it most because of the cost or the limits on policies or their inability to work. Without universal coverage it will be impossible to build the care systems we need. In every city I visit I hear poignant personal tales about how hard it is for people to put together the care packages that they need. I'm very committed to getting this done and getting it done right now.

In your view, how will a managed care approach to health coverage play out for HIV-positive children?

I have seen cases in which having the care of children with HIV managed by a knowledgeable person makes an enormous difference, both in the quality of the care and in the cost. The family of a child with HIV needs to have a central person they can consult with about medical care and all the support services. The programs that are working well with children can give us lots of ideas. I just had someone here from Children's Hospital in Seattle. They have kept their inpatient costs down, reduced hospital admissions, and cared for far more children than ever before. I've seen it work, and it's very impressive.

This is what managed care programs will have to do.

We at CWLA are particularly concerned about the prevention needs of young people in out-of-home care. Do you agree that the needs of this group are being overlooked?

You're right. They have not been addressed. But the whole nation's prevention needs have been neglected. There are very few places we can point to that have comprehensive prevention programs. In general, HIV prevention, like immunization, is most lacking in the very places where the needs are greatest, because these are the places where resources are already stretched thin. The health department is strapped and can't get out to do outreach, the clinics are swamped, they don't have school-based clinics, they don't have outreach in day care centers. Where there are barely enough resources for treatment, prevention programs are scrambling to keep up.

The President's proposal includes several hundred million dollars for an improvement in our public health system, for community-based prevention. I think this will get us out there where we can proceed. But the financing is set up so it would require special appropriations. I'm very worried that this could get lost in the arguments over employer mandates and the like. People have been pretty silent about it.

Is the federal government making any particular plans to provide for the care of children orphaned by AIDS?

I know the awareness is there. I participated in a meeting a few weeks ago with the Orphan Project in New York City. I also visited Second Families in Chicago, an excellent new program that

matches children in advance with families that are prepared to become their adoptive families. The families work cooperatively over a period of time to rear the children. Programs of this type will be eligible for funding under the Ryan White Act, and I would certainly encourage their development. As we get care paid for through health care reform, communities may be freed to do more of these innovative things with their Ryan White money.

Our member agencies often find it hard to offer services for children affected by HIV because of categorical funding. Do you see ways, in your role as Coordinator, to create more funding flexibility?

I certainly hope to. As just one example, we have made a move to let Ryan White funding, AIDS prevention funding and substance abuse funding be planned for at the local level, instead of coming with very rigid federal guidelines. I hope as we look at Ryan White reauthorization over the next few months we can find ways to make those sources as flexible as possible.

I spent years as a state official, so I'm very conscious of those multiple funding streams and having to meet grant requirements. I would love to do anything I can to make that better. I heard a while ago about a small not-for-profit community-based agency that had to keep track of 52 different funding sources. Each one of those separate programs made sense at one time, but no one has time to waste keeping all that sorted out today.

~~What do you think would be the ideal~~ balance of resources among prevention, treatment, and research? ~~Is the present balance reasonable?~~

Many people feel that prevention money is the tightest. In planning for FY '95, we put our prevention money into the substance abuse side because that has been so neglected. I think the research money has grown quite nicely, so it's at a level where Dr. Paul, the new head of HIV research programs, will be able to work with it. The care investment keeps growing because the number of people who are affected by HIV keeps growing.

• • •

We're steering by looking in the rear-view mirror.

• • •

Are you pleased with the CDC Prevention and Marketing Initiative?

The short term measures say yes, the ads are working. People are calling the prevention hotline for information. It takes six months to a year, though, to know if behavior is changing. We look at rates for other STDs as a relatively short-term measure, because they don't have the long latency period that AIDS has. We'll know something from that before too long.

Are there other prevention approaches you'd like to see implemented?

That's what I'm trying to think my way through. One question is whether communities should have technical assistance and resources to design their own materials. We do know that prevention messages have to be personal to reach people and change behavior, so localizing them might help.

I'm very hopeful about a companion to the media initiative, the Community AIDS Partnership Network, which was timed to overlap with the release of the PSAs. This can tie together media and schools and person-to-person outreach at the community level. There are several partnerships at work already. This program uses federal dollars as a carrot to motivate local investment, by matching 50/50.

Another issue is that none of the PSAs in this first batch contains an identifiably gay couple or a self-identified gay man. Despite the shift in demography—the fact that rates are growing fastest among women—the largest number of people living with AIDS today are still gay men. That ~~might be~~ is a need we have to meet.

You mentioned the demographic shift. People who work with children know that in the '90s AIDS is a child and family issue. Are people in general aware of this shift?

Not at all. People still look at me with amazed expressions on their

See Gebble, p. 27

that cannot be impaired, limited, or interfered with by the state without a compelling reason. When agencies intervene in families, that intervention has to be as minimal as possible consistent with protecting a child. The law does not require parents to be perfect. If parents who have made a mistake can again meet the basic needs of their children, they are entitled to have their children back, even though they may be far less than perfect parents. This unpopular view is embodied in P.L. 96-272.

The sobering and seldom-admitted truth is that sometimes bad things will happen to children despite our very best efforts, whether they remain in the home, go into family foster care, or go into expensive treatment facilities.

Our challenge is to understand and support good child welfare practice and to win the support of the wider community. Just because working with families can be unpopular and unpredictable does not mean that it is wrong. Yes, we need to draw a line—a line between child protection and retribution against parents.

We must take a firm stand for what we know is best for kids, and not use the children and the authority of the child welfare system to punish parents. When necessary, abusive parents should be punished to the full extent of the law, and when necessary, children should be removed from their homes, but one act does not take the place of the other. Let's draw the line between protecting children and punishing parents. Let's draw that line boldly and clearly.

Gebbie, from p. 11

faces whenever I talk about that outside the care centers. And I talk about it a lot. In the minds of the general public this is still a disease either of gay men or of neuter, asexual drug users. The public doesn't grasp how these circles intersect—that we're looking at a series of overlapping epidemics. But even those most in the know only see what's happening by looking at what has happened, because of the long delay between HIV transmission and full-blown cases of AIDS. We're steering by looking in the rearview mirror!

What agencies are you working with most closely in planning prevention, intervention, and research?

Health and Human Services is number one, of course. We're working a lot with Housing and Urban Development on housing, which is critically important for our population, and increasingly with the Department of Education on prevention. We're working with Commerce and Labor. But I don't think there's any federal agency we haven't worked with. One of the first things the President and I were able to do last fall, at the cabinet level, was to launch the Federal Workplace AIDS Awareness Initiative. We're going to make sure that the federal government, as an employer, is at least as good as the best in the private sector in educating every single worker and every single supervisor about their responsibilities under the ADA and their personal opportunities to be aware.

What are your goals for the next several years?

My broadest goal is to make a difference in fighting this epidemic: to slow down the rate of transmission, to really see that those affected are served, and to see that research is moving just as fast as possible. I want to see that health reform is passed in a way that works for people with HIV, and that Ryan White is reauthorized in a way that works. One more specific goal is to involve a broader cross section of this society in working on the problem. I want to reach religious groups, for example, and ask for their help. Every faith group I know values caring and concern and helping people learn and grow. We can build on that, without fighting over things like the theological basis for homophobia—if there is one, and I happen to think there's a good theological basis for going in another way. I've had some success with saying "Let's just put that over there and talk about the practical stuff we can agree on."

How can our readers help you achieve those goals?

They can realize that some of the children they serve today are already experimenting with their bodies in ways that could put them at risk of HIV—or if they're not, they're headed there very quickly—and therefore plan to provide parent supportive training, developmental training, health education, and identity development for those children. I want to see what you all want to see: a new generation without HIV.

THE WHITE HOUSE

WASHINGTON

March 23, 1994

The Honorable Mike Espy
Secretary of Agricultlure
14th Street & Independence Avenue, S.W.
Washington, D.C. 20250

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ms. Jane Nunez
Apartment 906
8033 Sunset Boulevard
Los Angeles, California 90046

Dear Ms. Nunez:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

Jane Nunez
8033 Sunset Blvd # 906
Los Angeles, CA 90046

March 14, 1994

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

Dear Ms. Gebbie:

I am writing to express my anger at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. Until we have a cure, the only way to stop the epidemic is by educating people on how to prevent becoming infected. The lack of prevention dollars will consign even more people to an early death. The lack of housing dollars increases the suffering of those with HIV who are also homeless.

As the National AIDS Policy Coordinator for the President, you are accountable for this woefully inadequate budget. I urge you to correct this disaster by lobbying Congress for $95 million extra for prevention, and $156 million extra for housing.

Sincerely,

Jane Nunez

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Brad Leathers
Apartment 129
1274 North Crescent Heights Boulevard
Los Angeles, California 90046

Dear Mr. Leathers:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

Brad Leathers
1274 N. Crescent Heights Blvd # 129
Los Angeles, CA 90046

March 14, 1994

MAR 17 1994

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

Dear Ms. Gebbie:

I am writing to express my anger at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. Until we have a cure, the only way to stop the epidemic is by educating people on how to prevent becoming infected. The lack of prevention dollars will consign even more people to an early death. The lack of housing dollars increases the suffering of those with HIV who are also homeless.

As the National AIDS Policy Coordinator for the President, you are accountable for this woefully inadequate budget. I urge you to correct this disaster by lobbying Congress for $95 million extra for prevention, and $156 million extra for housing.

Sincerely,

Brad Leathers

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Doug Wilson
Apartment 15
1435 North Fairfax
Los Angeles, California 90046

Dear Mr. Wilson:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

To Andrew...? He's drafting response to others. yes

March 8, 1994

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

Dear Ms. Gebbie:

I am a 27 year old HIV negative gay male. A frighting thing is happening, gay and straight youth are becoming infected with HIV at an alarmingly high rate. Obviously, the message of HIV prevention is not as successful as it could be. We need to educate people, all people on this horrible disease.

I am writing to voice my concern in regard to President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. The lack of housing dollars increses the suffering of those with HIV who are also homeless.

Not to have an increase at this time is unthinkable. It will only cost more money and lives in the long run.

Sincerely,

Doug Wilson
1435 N. Fairfax #15
LA, CA 90046
213-876-4707

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Gerald Lenoir
Executive Director
San Francisco Black Coalition On AIDS
1042 Divisadero Street
San Francisco, California 94115

Dear Mr. Lenoir:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

SAN FRANCISCO BLACK COALITION ON AIDS

1042 Divisadero Street San Francisco, CA 94115 • Tel: (415) 346-2364 • Fax: (415) 346-6037

Carlos
Andrew
draft reply

February 2, 1994

Kristine Gebbie, Director
Office of AIDS Policy
750 17th Street, N.W.
Washington, DC 20050

Dear Director Gebbie:

We want to express our concern that President Clinton's FY95 budget does not contain any new funding for HIV prevention efforts at CDC.

At the state and local level we have begun to implement the CDC's new community planning process for HIV prevention. It is absolutely critical that the Administration take the next step and provide new prevention funding to enable state and local health departments to respond to the needs and service priorities identified through this new planning process.

We feel that the Clinton Administration must include at least $45 million in new HIV prevention funding in its FY95 budget. This funding must not come at the expense of anticipated increases in other HIV programs, including Ryan White, housing and research.

Level funding of HIV prevention in FY95 is not adequate and does not allow us to reach the populations that need to be served. We urge this Administration to make prevention and education a priority and to increase funding to a level that will allow us to effectively outreach to our communities.

Respectfully,

Gerald Lenoir
Executive Director

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Garry J. Scoby
1443 North Alta Vista Boulevard
Los Angeles, California 90046-4303

Dear Mr. Scoby:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine Gebbie

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

Garry James Scoby
1443 North Alta Vista Blvd
Los Angeles, CA 90046-4303
(213) 969-9801

March 7, 1994

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

Dear Ms. Gebbie:

I am writing to express my anger at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. Until we have a cure, the only way to stop the plague is by educating people on how to prevent becoming infected. The lack of prevention dollars will consign even more people to an early death. The lack of housing dollars increases the suffering of those with HIV who are also homeless.

As the National AIDS Policy Coordinator for the President, you are accountable for this woefully inadequate budget. I urge you to correct this disaster by lobbying congress for $95 million extra for prevention, and $156 million extra for housing.

Very truly yours,

Garry J. Scoby
Concerned Citizen

THE WHITE HOUSE

WASHINGTON

March 23, 1994

William F. Skeen, M.D., M.P.H.
AIDS Project Los Angeles Public Policy
1313 North Vine Street
Los Angeles, California 90028

Dear Dr. Skeen:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

Citizens and
Neighborhood
Networks

AIDS
PROJECT
LOS ANGELES

March 3, 1994

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

Dear Ms. Gebbie:

I am writing to express my anger at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. Until we have a cure, the only way to stop the epidemic is by educating people on how to prevent becoming infected. The lack of prevention dollars will consign even more people to an early death. The lack of housing dollars increases the suffering of those with HIV who are also homeless.

As the National AIDS Policy Coordinator for the President, you are accountable for this woefully inadequate budget. I urge you to correct this disaster by lobbying Congress for $95 million extra for prevention, and $156 million extra for housing.

Sincerely,

William F. Skeen

William F. Skeen, MD/MPH

APLA Public Policy 1313 North Vine Street, Los Angeles, California 90028 telephone 213-993-1365 fax 213-993-1592

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ms. Grace Alvarez
Unit C
4109 West Carol Drive
Fullerton, California 92633

Dear Ms. Alvarez:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine Gebbie

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

Andrew
draft reply

March 03, 1994

Kristine Gebbie, RN
National AIDS Policy Coordinator
the white House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Gebbie:

I am Writing to express my concern at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. Until we have a cure, the only way to stop the epidemic is by educating people on how to prevent becoming infected. The lack of prevention dollars will consign even more people to earn an early death. The lack of housing dollars increases the suffering of those with HIV who are also homeless.

As the National AIDS Policy Coordinator for the President, you are accountable for this woefully inadequate budget. I urge you to correct this disaster by lobbying Congress for $95 million extra for prevention, and $156 million extra for housing.

Sincerely,

Grace Alvarez
4109 W. Carol Dr. Unit C
Fullerton, CA 92633

GA/ga.

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Bradley L. Kleinerman
Mail Boxes Etc.
425 East Arrow Highway
Glendora, California 91740

Dear Mr. Kleinerman:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

MBE MAIL BOXES ETC.®

RECEIVED

MAR 21 1994

March 16, 1994

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

Dear Ms. Gebbie:

I am a business owner and citizen concerned about the AIDS epidemic.

I wish to express my dissatisfaction with the President's failure to increase AIDS funding in prevention and housing.

To flat fund the CDC's HIV Prevention efforts at this time is unthinkable and will be extremely costly in the long run. Affordable living for people with AIDS helps them to be both healthy and productive.

Sincerely,

Bradley L. Kleinerman

POSTAL, BUSINESS AND COMMUNICATION SERVICES
425 E. Arrow Hwy., Glendora, California 91740 Tel 818 852-4761 Fax 818 852-4766
AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Dana Miller
Entertainment Radio Networks
64 Malibu Colony Drive
Malibu, California 90265:

Dear Mr. Miller:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

ENTERTAINMENT
RADIO NETWORKS

March 4, 1994

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

Dear Ms. Gebbie,

We met when you attended AIDS PROJECT LOS ANGELES COMMITMENT TO LIFE VII honoring Mrs. Clinton in January. I was the Producer of the show and currently serve on the Board of Directors for APLA.

I'm writing to add my voice of concern over the President's 1995 AIDS budget. You are well aware that right now education is our best weapon on the war on AIDS....to flat fund education at this time is, at the very least, short sighted. We **must** get the prevention message out to the people.

Ms. Gebbie, please lobby Congress for an additional $95 million for education. You as a nurse know how important this is. If successful, you will be directly responsible for saving thousands of peoples lives.

Best,

Mr. Dana Miller
#64 Malibu Colony Drive
Malibu, California 90265

23730 MALIBU ROAD • MALIBU, CA 90265 • 310-456-7879 • FAX 310-456-0611

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Joe Martin
Apartment 104
1538 North Martel Avenue
Los Angeles, California 90046

Dear Mr. Martin:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

March 15, 1994

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

Dear Ms. Gebbie:

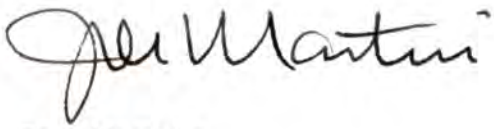
I am a gay man living in Los Angeles who has seen more than a dozen of my friends die in the last two years from AIDS. It is very disappointing to see what our government is doing to fight this terrible disease.

I am writing to you with the hope that you will use your position in Washington to do something about this condition, and help stop the suffering of hundreds of thousands of men, women and children in this country. Please insure that sufficient funds are included in the Labor/HHS Appropriations bill to mount a significant and effective fight against AIDS. The President's budget includes absolutely no increase in funding for HIV prevention. To flat fund the CDC's HIV prevention efforts at this time is unthinkable, and will be extremely costly in the long run. $95-million in new money is needed this year for HIV prevention.

If we have money for such things as a "Field and Stream" directory to the tune of $14-million; or contributing to the organized killing of over 400,000 American each year through tobacco subsidies, we should find the appropriations necessary to deal with the current health crisis.

Thank you.

Sincerely yours,



Joe Martin
1538 North Martel Avenue #104
Los Angeles, California 90046

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ms. Laurie Connor
2333 San Marco Drive
Los Angeles, California 90068

Dear Ms. Connor:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

LAURIE
CONNOR
WRITER

March 15, 1994

Ms. Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Re: AIDS Funding

Dear Ms. Gebbie:

As a citizen of this country, I am gravely concerned about the growing number of men and women who are dying every day from AIDS. I look to you to lead the fight against this plague.

As you know, the President's budget includes no increase in funding for the AIDS Housing Opportunities Act (AHOA) or--incredibly--AIDS prevention. This is unacceptable and unconscionable.

I'm a huge supporter of President Clinton--and I believe he is trying his best to lead our country back from the social ruin perpetrated by those Republican scoundrels--but doesn't take a crystal ball to realize that this sort of head-in-the-sand policy will be frighteningly expensive in the long run.

Tell him the hard things, Kristine. You're our first, best chance to shake off the shameful blinders of AIDS ignorance.

Please, do the right thing.

Respectfully,

Laurie Connor

Laurie Connor

2333 San Marco Drive
Los Angeles, California 90068
213 · 461 · 1212

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ms. Launa D. Romoff
Apartment 102
9025 West Third Street
Los Angeles, California 90049

Dear Ms. Romoff:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

March 15, 1994

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

Dear Ms. Gebbie:

I am writing you to express my dissatisfaction with the President's failure to increase AIDS funding in prevention and housing.

By all means, do not hesitate to pass this on to the president.

Sincerely,

Launa D. Romoff
9025 West 3rd Street #102
Los Angeles, CA 90049

MAR 23 1994

THE WHITE HOUSE

Dear Terje —

It was so good to spend some time with you last week, and to meet folks who are making a positive difference in HUD in Vermont. I look forward to more collaboration in the future. All the best —

Kristine

Dear —

Thanks you so much for taking time to meet with me over lunch — Montpelier on Friday. It was ~~so~~ so helpful to me to learn first hand about the experiences of living with HIV in Vermont.

I look forward to hearing from you in the future as issues or concerns arise. You have my best wishes

Sincerely

Richie
Sweetser
Snellen

Dear ———

I'm so glad we had an opportunity to talk over lunch last Friday. Your ~~Dr~~ health reform debate will be challenging. I do encourage you to include public health in the final package. If I can provide further information, please let me know. Likewise, if I can be of help on HIV issues I'd be very pleased to do so. My best wishes Sincerely

spec

peroxide treatments →

KENN DELANEY
P.O. BOX 4034
BURLINGTON, VT 05406
(H_2O_2 therapy info)

Erica Gartin
VT AIDS Council
P.O. Box 275
Montpelier VT 05601

CAROLYN BIVONA
P.O. Box 632
WEST RUTLAND, VT 05777
802-235-2185

Eugene T. Daniels
603 B Dalton Drive 8026555732
Colchester, Vermont.
05446

Christopher J. Curtis
30 West Canal Street #410
Winooski, VT 05404

Sylvia ~~Kucarca~~
~~Box~~ VT CARES
P.O. Box 5248
Burlington VT 05402

Jack V. Austin
214 W. Allen St. #1
Winooski, VT 05404

GARY SEXTON
10 Elm ST., #3
St Johnsbury, VT 05819

LAURENT-PAUL PERROUD POB 215 Danville, VT 05828

JIM GEDRAITIS POBOX 602 Bradford, VT 05033

Philip James Hurley
R.D 2 Box 228, Lyndonville VT 05819

KATIE HILL, EXEC DIR., VT CARES, 30 ELMWOOD AVE, BURL.

BRUCE V. TAFT P.O. BOX 4174
BENNINGTON, VT. 05201

John Dunham ST 100 Observatory St Bennington, VT 05201.
John D Smalley Feb 191 Acts Just Town P.O Box 241
St Albans, Vermont 05478

Spec. Senator Helen Riehle 1559 Hinesburg Rd So Burlington, VT 05403
Senator Susan W. Soetser PO Box 8438 Essex VT 05451
Lt. Gov. Barbara W. Snelling 201 Harbor Rd. Shelburne, VT. 05482

MICHAEL DOWLING 5 SCHOOL ST. ESSEX JCT., VT 05452

SUZANNE WEBB VT. CARES BOARD
RR2 BOX 2911A
CHARLOTTE, VT. 05445

Spec TERJE ANDERSON
VT DEPT OF HEALTH
PO Box 70; 108 CHURCH ST.
BURLINGTON, VT 05402

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ken J. Kallail, Ph.D.
Research Forum Chairman
Vice-Chairman, Department of Family
and Community Medicine
The School of Medicine in Wichita
The University of Kansas Medical Center
1010 North Kansas
Wichita, Kansas 67214-3199

Dear Dr. Kallail:

This letter confirms that Kristine M. Gebbie, National AIDS Policy Coordinator, will speak at the University of Kansas School of Medicine in Wichita's Fourth Annual Research Forum on October 13, 1994.

Ms. Gebbie does not accept honorariums, but is very pleased to accept your generous offer to cover all travel costs associated with her visit.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

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

Enclosures

THE WHITE HOUSE

WASHINGTON

yes

1913

March 10, 1994

Ken J. Kallail, Ph.D.
Research Forum Chairman
Vice-Chairman, Department of Family
and Community Medicine
The School of Medicine in Wichita
The University of Kansas Medical Center
1010 North Kansas
Wichita, Kansas 67214-3199

Dear Dr. Kallail:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the University of Kansas School of Medicine in Wichita's Fourth Annual Research Forum in October, 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

insert in his letter
I have asked Terry Bessick of my staff to send you information from our files on peroxide treatment issues

2dk no longer

The University of Kansas Medical Center
School of Medicine-Wichita

Family & Community Medicine

RECEIVED
FEB 14 1994

February 9, 1994

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

Dear Ms. Gebbie,

On behalf of the University of Kansas School of Medicine-Wichita, I invite you to participate in our Fourth Annual Research Forum as the keynote speaker. As you may know, our campus is a clinical one offering the third and fourth year of medical education and residency training. Each year, we hold a Research Forum to highlight the research of our faculty, residents, and students. As primarily a clinical campus, our research has been slow to develop. The Forum provides an opportunity to stimulate research and recognize our efforts.

The 1994 Forum is our fourth. We begin with a keynote speaker followed by poster presentations of UKSM-W research. Dr. George Lundberg (JAMA editor), Dr. Frederick Goodwin (NIMH director), and Dr. Helen Rodriquez-Trias (APHA president) have been our previous keynote speakers. These speakers have been top quality and have established a strong expectation for excellence.

In that light, it is appropriate to seek your participation in our Forum. The presentation will be approximately 45 minutes with a short additional time to respond to the audience's questions. We seek a research-related topic. My own thoughts include "research and politics" using the AIDS experience as a focus. Certainly, we solicit your input on an appropriate topic. The audience will be as diverse as the people in our medical school, therefore, we seek a broader, more general topic.

We will attempt to be flexible in our scheduling. Our preference is either October 13 or October 27. Your scheduler suggested that you will not commit to a date more than 60 days away. Unfortunately, that policy makes it near impossible for us to plan or obtain another nationally-recognized speaker if we wait. I humbly ask if you will consider our request and respond as soon as possible.

The university will pay for all travel costs associated with your presentation. Typically, we offer up to a $1000 honorarium. As I understand federal policy, these funds cannot be made

Ok - could combine with a Midwest loop — I assume they'd understand an emergency change if it had to happen —

PS - where is AIDS?

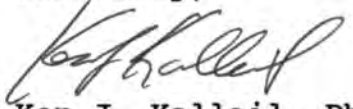
1010 N. Kansas • Wichita, Kansas 67214-3199 • (316) 261-2607
Main Campus, Lawrence • Medical Center, Kansas City and Wichita

directly to you. We are willing to work with you if you want to contribute these funds to a worthy organization or make some other arrangements.

The possibility of you making the keynote speech is very exciting. As you know, this campus is very involved in AIDS research. On a personal note, I look forward to having you back in Wichita. I had the opportunity to meet you a few times when the Kansas Health Foundation was developing their plans for a health policy and research institute. I completed a small project to assess health services research in Kansas for them. I remember and appreciate your openness and encouragement during that process.

Thank you for your consideration of our request.

Sincerely,



Ken J. Kallail, Ph.D.
Research Forum Chairman
Vice-Chairman, Department of Family and Community Medicine

THE WHITE HOUSE

WASHINGTON

March 23, 1994

MEMORANDUM FOR PATRICK BRIGGS

FROM JOHN PAUL GURROLA
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Request for Presidential greetings

Could you please send a 60th Anniversary greeting to the following couple.

Mr. and Mrs. Robert W. McBride
6331 North Highland
Apartment 2A
Chicago, Illinois 60646

MAR 23 1994

THE WHITE HOUSE

Dear Irene —

Thanks for writing, and so good to hear from you! I'll be in Oregon to speak at City Club in a few weeks. Maybe I'll see you then?

All the best —

Bill Clinton

3/15/94

Dear Kristine—

You've come a long way since your days in Oregon! I've read about you and your various positions and am proud to have known you when... I'm glad for my brief experience in the Public Health Advisory Board as now hospitals are moving more in the direction of integrating with physicians + creating community health networks including some aspects of public health.

The enclosed article showed up in one of my journals. Again, congratulations (and you look great!)

Sincerely,
Jane

Meridian Park Hospital

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Tim A. Setliff
141 Arsenal Drive
Franklin, Tennessee 37064

Dear Mr. Setliff:

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

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

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

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

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

Sincerely,

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

Retina,

Follow up with
Clearinghouse.

Copy of ltr.
sent to Clearing-
house 3/31/94
— sh

condom

Student ask hotline to mail copy

February 6, 1994

Tim A. Setliff
141 Arsenal Dr.
Franklin, TN 37064

MS. Kristine Gebbel
Office of AIDS Policy
750 17th St. NW
Washington, D.C. 20050

Dear Ms. Gebbel:

I apologize, if I misspelled your last name. The person who answered the 800 number wasn't sure of the correct spelling. I am writing concerning the advertisement that was shown on our local TV station that was produced from your office. In the ad and I quote - "The use of latex condoms will prevent the spread of HIV." This is a false, and potentially fatal misrepresentation of the truth.

The truth according Dr. Susan Weller of the University of Texas Medical Branch is that "condoms are only 69% effective in preventing the transmission of the human immunodeficiency virus (HIV) in heterosexual couples."

At the International Conference on Aids, June 1987, Margaret A. Fischl, reported on a study of couples in which one partner was infected with HIV found "that 17% of the partners using condoms for protection still caught the virus within a year and a half."

Elise F. Jones and Jacqueline Forrest, "Contraceptive Failure in the United States: Revised Estimates from the 1982 National Survey of Family Growth," Family Planning Perspectives 21 (May/June 1989); 103, have concluded that condoms can fail in 15.7 percent of the time annually in preventing pregnancy. Another study shows that the fail 36.3 percent of the time annually in preventing pregnancy among young unmarried minority women. In a study of homosexual men, the *British Medical Journal* reported the failure rate due to slippage and breakage to be 26 percent.

The process of recommending condom usage conveys the idea that "safe sex" is achievable; that everyone is doing it; and that mature adults expect them to do it. Planned Parenthood's own data show that the number one reason teenagers engage in intercourse is peer pressure. Therefore anything we do to imply that you should not do it, but we know that you are, so use a condom results in more ... not fewer people who give the game a try.

Our government must stop this misrepresentation of the facts. The only sure way to protect ourselves from these deadly diseases is abstinence before marriage, then marriage and mutual fidelity for life to an uninfected partner. You are in the position to do something - please do something.

Sincerely,

Tim

Tim A. Setliff

P.S. Please send me all available materials. I am involved.

FARMERS INSURANCE GROUP OF COMPANIES

Tim A. Setliff Insurance Agency
104 East Main St., Franklin, TN 37064
AMERICA CAN DEPEND ON FARMERS

37027

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 3/31/94

TO: Nat'l Clearinghouse

FROM: ~~W. STEVE LEE~~ Xx Kevin Holmes (202) 632-1090

_____ 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: Pls. forward the appropriate materials to Mr. Setliff.

Student ask hotline to mail info

Tim A. Setliff
141 Arsenal Dr.
Franklin, TN 37064

MAR 1 1994

e. The person who answered the 800 number wasn't sure of ning the advertisement that was shown on our local TV e. In the ad and I quote - "The use of latex condoms will se, and potentially fatal misrepresentation of the truth.

the University of Texas Medical Branch is that "condoms are smission of the human immunodeficiency virus (HIV) in

June 1987, Margaret A. Fischl, reported on a study of couples IV found "that 17% of the partners using condoms for year and a half."

ontraceptive Failure in the United States: Revised Estimates Growth," Family Planning Perspectives 21 (May/June 1989); il in 15.7 percent of the time annually in preventing fail 36.3 percent of the time annually in preventing rity women. In a study of homosexual men, the *British* due to slippage and breakage to be 26 percent.

sage conveys the idea that "safe sex" is achievable; that lts expect them to do it. Planned Parenthood's own data show gage in intercourse is peer pressure. Therefore anything we do know that you are, so use a condom results in more ... not fewer people who give the game a try.

Our government must stop this misrepresentation of the facts. The only sure way to protect ourselves from these deadly diseases is abstinence before marriage, then marriage and mutual fidelity for life to an uninfected partner. You are in the position to do something - please do something.

Sincerely,

Tim A. Setliff

P.S. Please send me all available materials. I am involved.

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Jon Allan
3 Putnam Street
Sanford, Minnesota 04073

Dear Mr. Allan:

Thank you for your inquiry, and your kind comments. Unfortunately, I am not in the habit of giving out my signature, and I have no photographs available to the public at this time. Enclosed in this letter are your unused card and stamp. Best wishes.

Sincerely,

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

3 Putnam Street
Sanford, ME 04073

RECEIVED

FEB 18 1994

Hon. Kristine Gebbie;

Dear Ms. Gebbie;

For Many years I have followed, and actively participated in American political life. Back in 1958, at the age of 10, I began collecting the autographs of noted political and historical figures. This collection now includes thousands of autographs of Senators, Congressmen, Governors, Diplomats, and State and Federal Officials.

I would be very honored to have your autograph to include in it, and I hope that you might provide me with a signature on an official photo or card.

As I am a serious collector, I would rather wait until you could authentically sign for me than receive an autopen or secretarial signature. Please find enclosed a 52¢ stamp for return postage.

Thank you for your consideration, and for your contribution to our country.

Sincerely,

Jon Allan

Jon Allan

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ms. Judy Leong
NCM Publishers, Inc.
Medical Communications
200 Varick Street
New York, New York 10014

Dear Ms. Leong:

Thank you for sending me the January/February issue of HIV Frontline. I am always interested in receiving new information related to people living with HIV and AIDS, and those who provide services for them. Please feel free to contact me again if you have any additional information you think may be of interest. Thank you again for writing.

Sincerely,

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

Steve — Thank you note — public. to Bob 9 done

NCM PUBLISHERS, INC.

MEDICAL COMMUNICATIONS

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

RECEIVED

FEB 23 1994

February 8, 1994

To: **Kristine Gebbie, RN, MN**
National AIDS Policy Coordinator

From: **Judy Leong**

Re: ***HIV Frontline*** **(January/February 1994, No. 16)**

As per Fred Gregg's direction, enclosed for your records please find the latest issue of *HIV Frontline.*

As you may know, *HIV Frontline* is an informational newsletter for HIV counselors, containing current news items, literature reviews, and notices of upcoming seminars and conferences. Each issue also features an in-depth article on areas of general interest to professionals who counsel people living with HIV/AIDS.

Judy Leong

cc: Fred Gregg
Phil Duncan
Cindy Wyatt
HIV Community Relations, Burroughs Wellcome Co.

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Stanley L. Holbrook
336 Union Street
Newport, Vermont 05855

Dear Mr. Holbrook:

Thank you for taking the time to write me.

My job is to implement a national AIDS policy, which is based on the best science. What is clear from that science is that the virus is having an impact on families all across the nation, and continues to spread. In fact, less than half of new cases of AIDS in the United States are due to male to male sexual contact.

If you have questions about the epidemic, you can contact the AIDS information hotline at 1-800-342-AIDS (2437).

Sincerely,

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

Dear —

Thank you for taking time to write to me. ~~It is~~

My job is to ~~develop~~ implement a national AIDS policy which is based on the best science. What is clear from that science is that the virus is causing an impact on families all across the nation, and ~~it is~~ continues to spread. In fact, less than 1/2 of new cases of AIDS in the US are due to Male-to-male sexual contact.

~~I am not~~

If you have questions about the epidemic you can contact the AIDS hotline (1-800-342-AIDS). Sincerely,

STATE NOTES

Clinton's AIDS official to speak in Vermont

SOUTH BURLINGTON — Kristine Gebbie, President Clinton's newly appointed national AIDS policy coordinator, will speak at the Vermont CARES annual dinner Friday at the Sheraton-Burlington Hotel and Conference Center.

Kristine Gebbie

The dinner is an opportunity for Vermonters to learn what steps to combat AIDS are being taken in the state and nationally.

Vermont CARES is the state's oldest and largest AIDS organization and serves Addison, Chittenden, Rutland and Washington counties.

Tickets cost $25 each and are available on a limited basis. For reservations, call Vermont CARES at 863-2437, before Wednesday.

MAR 16 1994

Stanley L. Holbrook
336 Union St.
Newport, VT 05855

March 12, 1994

Ms. Kristine Gebbie
AIDS Co*ordinator
The White House
Wash.n D. C.

Dear Ms. Gebbie:

Your job is one of the great contradictions in the Clinton Administration.

Isn't your boss furnishing great gobs of our tax dollars to the homo-sexual organizations to promote their aims for increased numbers in their ranks?

Since they are the one and only origin of AIDS - all hetero-sexual cases of AIDS trace back to acts of original homo-sexuals.

So, when your boss is doing his best to see to it that AIDS spreads by increased numbers of homo-sexuals - with our dollars - then you ard hired to go out preaching use of condoms - that are known not be reliable in prevention.

By the way, in my long life, I never heard of AIDS until the homos "came out of the woodwork" and proclaimed themselves GAYS, a preferred way of life. Dying from AIDS is a " " " death?
Sounds like punishment to me.

Yours truly,

S. L. Holbrook

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Rev. Randolph L. Frew
Staff Officer for AIDS Ministry
Episcopal Church Center in New York City
Suite K-80
332 Bleecker Street
New York, New York 10014-2980

Dear Rev. Frew:

Thank you for writing. The type of ministry you have been doing is indeed essential to our response to HIV.

You will be receiving the recruitment announcement for an opening in my office. I invite you to reply. Thank you for your interest.

Sincerely,

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

Art
Be sure to send him the recruitment announcement for Buchess position

8 March 1994

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
1750 17th Street N.W.,
Washington, D.C. 20500

Dear Ms. Gebbie:

We met recently at the national Episcopal AIDS Conference in Santa Monica, CA. For the past six years I have been the AIDS ministry consultant for the Episcopal Church, serving on the Presiding Bishop's staff, at the Episcopal Church Center in New York City. Enclosed is my resume.

During your remarks, I was struck particularly by your reference to the influence of the religious community in building support for persons living with AIDS/HIV and structuring a compassionate and substantive response. Much of my work has been precisely that. Small groups of people of faith with commitment to AIDS work have been educated and empowered in small and medium size cities throughout the United States. In addition to AIDS 101 and caregiving techniques, essential to their training has been the use of theological and scriptural underpinings which are crucial for a credible faith response in this effort. For individuals and faith communities themselves to come on board with AIDS education and response, the key components of that faith must be brought into that dialogue e.g. the Torah, the Christian Bible, the Koran.

This integrated response by faith communties has proved most effective and minimized the often used negative criticism that faith communities are something other than a social service agency. Additionally, the involvement among persons with AIDS/HIV has opened new possibilities for spiritual growth and development and a reawakening of a relationship many have thought impossible.

With Buck Buckingham's return to HRSA I wonder if there might exist a gap I could help fill in the effort to mobilize the religious community? I am pleased to offer these thoughts, and I request the opportunity to discuss these considerations with you further. My numbers are (O) 212-922-5228; (H) 212-633-1062, or may I call you at a time convenient to your busy schedule? I look forward to hearing from you. Thank you and best wishes.

Sincerely,

(The Rev.) Randolph L. Frew
Staff Officer for AIDS Ministry

RESUME

Randolph L. Frew
Suite K-80,
332 Bleecker Street
New York, N.Y. 10014-2980
(O) 212-922-5228
(H) 212-633-1062

I. EDUCATION

1972-1973 graduate study in history
University of Nevada, Las Vegas

1972 Master of Divinity
The General Theological Seminary
175 Ninth Avenue
New York, N.Y. 10011

1969 Bachelor of Arts, political science
University of Nevada, Las Vegas
4505 Maryland Parkway
Las Vegas, NV 89109

II. EXPERIENCE

1988 to the present AIDS/HIV ministry consultant
Episcopal Church Center
815 Second Avenue
New York, N.Y. 10017

1985-1987 Director of Development
The HOPE Program
120 West 69th Street
New York, N.Y. 10023

1982-1984 Founder and Executive Director
Holy Apostles Soup Kitchen
296 Ninth Avenue
New York, N.Y. 10001

1978-1984 Rector, Church of the Holy Apostles
296 Ninth Avenue
New York, N.Y. 10001

1972-1978 Vicar, St. Matthew's Church
4709 South Nellis Boulevard
Las Vegas, NV 89121

III. REFERENCES

Robert Ball, MD, MPH
South Carolina Department of Health
2600 Bull Street
Columbia, S.C. 29201
(O) 803-737-4040
FAX 803-737-4036

The Very Rev. Scott Kirby, Dean
Christ Church Cathedral
510 South Farwell Street
Eau Claire, WI 54701
(O) 715-835-3734

Ms. Muffie Moroney, Esq.
3730 Overlook
Houston, TX 77027
(O) 713-743-2143

The Rt. Rev. Douglas Theuner, Chair
Joint Commission on AIDS/HIV
The Episcopal Church
63 Green Street
Concord, N.H. 03301
(O) 603-224-1914

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

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

Praying with HIV/AIDS

20pgs

PRAYING WITH HIV/AIDS

COLLECTS, PRAYERS & LITANIES IN A TIME OF CRISIS

RANDOLPH LLOYD FREW

The Rev. Randolph L. Frew
THE EPISCOPAL CHURCH CENTER
815 SECOND AVENUE • NEW YORK, NEW YORK 10017-4594

NEW YOR Y 100
09 MAR
/994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
1750 17th Street, N.W.,
Washington, D.C. 20500

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Ms. Virginia Trotter Betts, J.D., M.S.N., R.N.
President
American Nurses Association
Suite 100 West
600 Maryland Avenue, S.W.
Washington, D.C. 20024-2571

Dear Gina:

Thank you for the wonderful invitation to the "Salute to Nurses". I'm honored to be in such great company, and look forward to the event.

I hope all is well for you. I know you're busy!

Sincerely,

Kristine

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

Dear Gina -

Thank you for the wonderful invitation to the Salute to Nurses. I'm honored to be in such great company and look forward to the event. —

I hope all is well for you - I know you're busy! Sincerely

On the calendar.

American Nurses Association

600 Maryland Avenue SW, Suite 100 West, Washington, DC 20024-2571
202-554-4444 • Fax: 202-554-2262

Virginia Trotter Betts, JD, MSN, RN
President

Shirley A. Girouard, PhD, RN, FAAN
Executive Director

March 9, 1994

Kristine H. Gebbie, MN, RN, FAAN
National AIDS Policy Coordinator
The White House
Washington, D.C. 20500

Dear Ms. Gebbie:

The American Nurses Association would like to honor you and 14 of your peers during a breakfast reception entitled, "A Salute to Nurses in Congress and the Executive Branch" on Tuesday, May 10, 1994, from 7:30 a.m.- 9:30 a.m., at the Hyatt Regency Washington, honoring your professional achievements as a nurse serving the U.S. Congress or the administration.

Until recently, service at the highest levels of government has been a rare feat for our profession. Your pioneering efforts deserve acknowledgement during National Nurses Week. Nurses who shape and influence public policy are poised to effect tremendous change for the good of the nation. ANA admires the strengths you have exhibited to attain your position and wants to publicly acknowledge your exemplary accomplishments. Your leadership in this highly-visible station fosters dignity, status and respect for the entire nursing profession.

Additionally, President Clinton has been invited to accept a special tribute in memory of his mother, Virginia Kelley, RN. A research grant will be given to a nurse-scholar in Mrs. Kelley's name.

ANA would like to present a distinguished plaque to you and a select number of your esteemed peers, including:

* Brigadier General Nancy R. Adams, FAAN, Chief, U.S. Army Nurse Corps
* Sheila Burke, MPA, RN, FAAN, Chief of Staff, Senate Republican Leader Robert Dole
* Shirley S. Chater, PhD, RN, FAAN, Commissioner, Social Security Administration
* Pat Ford-Roegner, MSW, RN, Administrator-designate, Region IV, (Atlanta), Department of Health and Human Services
* Kristine H. Gebbie, MN, RN, FAAN, National AIDS Policy Coordinator, The White House
* Ada Sue Hinshaw, PhD, RN, FAAN, Director, National Institute of Nursing Research
* U.S. Rep. Eddie Bernice Johnson of Texas
* Mary Lou Keener, JD, RN, General Counsel, Department of Veterans Affairs
* Rear Admiral Julia Plotnick, FAAN, Chief Officer, U.S. Public Health Service

* U.S. Rep. Eddie Bernice Johnson of Texas
* Mary Lou Keener, JD, RN, General Counsel, Department of Veterans Affairs
* Rear Admiral Julia Plotnick, FAAN, Chief Officer, U.S. Public Health Service
* Marla Salmon, ScD, RN, FAAN, Director, Division of Nursing, Department of Health and Human Services
* Rear Admiral Mariann Stratton, Director, U.S. Navy Nurse Corps
* Brigadier General Sue E. Turner, Director, Nursing Services, U.S. Air Force
* Nancy M. Valentine, PhD, RN, FAAN, Assistant Chief Medical Director, Nursing Programs, Department of Veterans Affairs
* Cynthia Vlasich, Chief Nurse Executive, American Red Cross
* Mary Wakefield, PhD, RN, FAAN, Chief of Staff, Sen. Kent Conrad

Many Washington dignitaries, including Members of Congress, the media and other celebrities are expected to be present at this large breakfast reception to pay respect to nurses in leadership positions. You may invite two guests to join you at this event.

To accept our invitation to be honored, please contact Katrina Burtt, RN, at (202) 554-4444, ext. 242, by April 1, 1994. Send your personal biography (including your home state) and the name of a contact person to Katrina at our ANA address by the same date, even if you are unable to attend the event. Upon your response, we will forward additional information about your participation in this breakfast.

Sincerely,

Virginia Trotter Betts

Virginia Trotter Betts, JD, MSN, RN

g:\kwb\nnw\honrletr

THE WHITE HOUSE

WASHINGTON

March 23, 1994

The Honorable Henry G. Cisneros
Secretary of Housing and Urban Development
451 7th St., S.W.
Washington, DC 20410

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 23, 1994

The Honorable Bruce Babbitt
Secretary of the Interior
1846 C. St., N.W.
Washington, DC 20240

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 23, 1994

The Honorable Janet F. Reno
Attorney General
Constitution Ave. & 10th St., N.W.
Washington, DC 20530

Dear Madam Attorney General:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 23, 1994

The Honorable Warren M. Christopher
Secretary of State
2201 C St., N.W.
Washington, DC 20520

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 23, 1994

Mr. Henry Kahn
Apartment 4
19655 Reno
Detroit, Michigan 48205

Dear Mr. Kahn:

Thank you for informing me about the serum you have developed to prevent HIV infection. I have referred your letter to the Food and Drug Administration, which is in charge of drug testing and approval. I suggest that you also contact them with further information about your serum. Thank you again for writing.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Michael Dolan
Suite 109-407
7985 Santa Monica Boulevard
West Hollywood, California 90046-5112

Dear Mr. Dolan:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

Keistone Gebbie RN
National Aids Policy Coordinator
The White House
1600 Pennsylvania Ave.
Washington D.C. 20500

Dear Mrs. Gebbie:

I am a volunteer with Neighborhood Networks a division of Aids Project Los Angeles. I had the privilege of meeting you on your visit to APLA. I am HIV+ positive since 1986. I have lost a great deal of friends from this epidemic. I fight everyday to find a cure. Not only do I want a cure Mrs Gebbie, I want my friends back as well.

The Presidents Budget falls far short of the money we need to mount an all-out-war on Aids. Incredibly, the President has not recommended <u>any</u> new money for Aids Prevention or Housing, and Aids Cases continue to Climb.

To not fund the CDC's HIV Prevention efforts at this time is unthinkable and will be extremely costly in the long run. $95 million in new money is needed this year for HIV Prevention. Additionally, $156 million in new money is needed this year to just keep pace with the growing need for affordable living that keeps people with Aids both healthy and productive.

Without this extra money, even more people will become infected, disabled and

die unnecessarily. This is not the type of Aids policy I expect from this Administration. I urge you to address the President to provide the money for Aids Prevention (Labor/HHS Appropriations) and Housing (VA/HUD Appropriations) that we so desperately need.

Sincerely,

MICHAEL DOLAN

Michael Dolan

7985 SANTA MONICA BLVD.
STE. 109-487
WEST HOLLYWOOD, CA 90046

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Mike Robinson
Post Office Box 341516
Los Angeles, California 90004

Dear Mr. Robinson:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine Gebbie

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

Mike Robinson
P.O. Box 341516
Los Angeles, CA 90004

MAR 2 3 1994

March 19, 1994

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

Dear Ms. Gebbie:

I am writing to express my anger at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention or housing. Until we have a cure, the only way to stop the epidemic is by educating people on how to prevent becoming infected. The lack of prevention dollars will consign even more people to an early death. The lack of housing dollars increases the suffering of those with HIV who are also homeless.

As the National AIDS Policy Coordinator for the President, you are accountable for this woefully inadequate budget. I urge you to correct this disaster by lobbying Congress for $95 million extra for prevention, and $156 million extra for housing.

Sincerely,

Mike Robinson

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Patrick Blickenstaff
Post Office Box 692051
West Hollywood, California 90069

Dear Mr. Blickenstaff:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

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

Patrick Blickenstaff
P.O. Box 692051
West Hollywood, California 90069

March 17, 1994

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

Dear Ms. Gebbie,

I am very concerned about President Clinton's failure to increase AIDS funding in prevention and housing.

With more people testing positive for HIV, and more people becoming sick with AIDS, it's obvious that we are going to have a problem with the PWA's whose financial resources become exhausted.

$156 million in new money is needed this year to just keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive.

The AIDS epidemic is still out of control, and will continue until the spread of it is prevented. The key word here is *prevented.* New money is needed.

To flat fund the CDC's HIV Prevention efforts at this time is unthinkable and will be extremely costly in the long run. $95 million in new money is need this year for HIV Prevention.

Sincerely,

Patrick Blickenstaff