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UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

Graduate School of Nursing
(301) 295-1990
(301) 295-1994 (Fax)

March 24, 1994

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

Dear Kristine:

Thank you so much for taking time out of your busy schedule to meet with me and our two Department Chairs (LtCol (Sel) Aune and CDR McCarthy).

You have given us several ideas about potential scholarly research projects for our students and ways in which we can involve HIV patients in our classes.

I want to let you know how proud we are to have you in such an important leadership position. If we can be of any assistance to you, please let us know.

Sincerely,

Faye

Faye G. Abdellah, Ed.D., Sc.D., RN, FAAN
Acting Dean
Graduate School of Nursing

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

Graduate School of Nursing
301-295-1989
Fax 301-295-1994

January 24, 1994

Kristine M. Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Kristine:

I wanted to tell you how much I enjoyed your presentation "AIDS Policy in 1994 and Beyond: the Role of Health Professionals."

We have received many positive comments about your presentation. Frankly, this is the first time that I have heard such an articulate approach to what needs to be done in relation to behavior modification if AIDS is to be controlled.

How refreshing it is to hear a high administrative official speak so candidly about AIDS. With that positive approach I feel that much can be accomplished to deter the spread of this disease.

I do want to meet with you to share with you how we are developing our FNP and Nurse Anesthetist curricula to be responsive to Health Care Reform and to AIDS. I like your suggestion to include a sexual and drug abuse history in our curriculum.

I will coordinate an appointment with Steve Lee.

Best wishes,

Faye

Faye G. Abdellah, Ed.D., Sc.D., RN, FAAN
Acting Dean
Graduate School of Nursing

cc:
LtCol Regina C. Aune
CDR E. Jane McCarthy

INFORMATION PACKET

GRADUATE SCHOOL OF NURSING

KRISTINE GEBBIE, RN, MN, FAAN

USUHS

INTRODUCTION

History:

The Uniformed Services University of the Health Sciences (USUHS) was established by the 92nd Congress with the passage of Public Law 92-426 providing the authority to grant appropriate advanced degrees. It was the 25 year effort of Congressman F. Edward Hebert (D-LA) that led to the Congressional passage of this legislation which created USUHS. The University was initially established to provide a comprehensive education in medicine to select young men and women who demonstrate potential for and commitment to careers as Medical Corps Officers in the Uniformed Services. The University is organized under the Department of Defense, and is advised by a Board of Regents composed of 15 members prominent in the fields of health and education, nine of whom are appointed by the President with the advice and consent of the Senate. In 1983 Congressional legislation officially designated the School of Medicine of USUHS as the F. Edward Hebert School of Medicine.

The University's developmental progress has been marked. The School of Medicine admitted its charter first-year class of 32 students in the fall of 1976. This was four years after the passage of the legislation creating the University. Sixty-eight medical students were admitted in 1977 and 108 in 1978. Current enrollment is 165 per class. The Graduate Program in the

Biomedical Sciences also has grown steadily since the first graduate students were admitted in 1977. Presently, there are 126 graduate students enrolled in Doctoral and Master's programs in the basic medical sciences.

Graduate School of Nursing:

The Graduate School of Nursing is the newest component at USUHS. In the fall of 1992, the Department of Defense received the authority along with an appropriation to design and implement a nurse practitioner training program at USUHS. The intent of the legislation is to meet the needs for advanced practice nurses in the Uniformed Services. The growing movement in health care from more acute settings to community health care centers as well as nurse-managed centers and clinics has placed a special demand on the Uniformed Services' Health Care System.

Despite the increased enrollment and graduation of nurses, the future demand for nurses will exceed availability. By the year 2,005, the estimated shortfall of graduate prepared registered nurses will stand at about 200,000. This prediction may have a significant impact in the Uniformed Services as well. As a result, all areas of health care in the Uniformed Services will need more nurses. For example, a recent survey of the need for nurse anesthetists found that Federal hospitals had a vacancy rate of 16% as compared to all other types of hospital ownership, which on average had a vacancy rate below 11%.

Family nurse practitioner preparation is at the graduate level

today across the country. Since graduate degrees in Nursing can be granted only by a School of Nursing, the creation of a Graduate School of Nursing was appropriate to grant the Master of Science in Nursing degree. Other appropriate advanced nursing degrees will be added in the future as the newest school at USUHS develops during this decade and into the next century.

The Graduate School of Nursing provides the administrative aegis for the preparation of all nursing students who receive the Master of Science in Nursing degree while enrolled at USUHS. The program areas initially targeted are: 1. Primary Care, and, 2. Nurse Anesthesia. The Primary Care program currently includes the family nurse practitioner program which will matriculate 6 students in the fall of 1993. Other advanced practice nursing specialties will be added in the future as the needs are identified by the Federal Nursing Chiefs, such as, nurse midwives, ob/gyn practitioners, pediatric nurse practitioners, psych-mental health nurses, etc. The Nurse Anesthesia program will commence with the admission of at least 6 or more students in the fall of 1994.

All students will come from the Uniformed Services. The students will receive preparation to practice as the future Federal advanced nurse practitioners and to serve as leaders in practice, education, and research. These students are being prepared as the future Uniformed advanced nurse practitioners and investigators of the discipline of nursing and are educated within the Graduate School of Nursing. Excellence in clinical practice along with the ability to respond during times of humanitarian needs and disaster

relief are hallmarks of the nursing graduates of these programs. In addition, the advanced practice clinical role is further distinguished by the acquisition of an increased depth of knowledge and a more refined ability to apply such knowledge to the solution of complex problems related to both health and illness.

Accreditation of all programs in the Graduate School of Nursing will be sought from both the National League for Nursing (NLN) and the Council on Accreditation (COA) of Nurse Anesthesia Programs. The NLN, the primary accrediting body for all programs in Schools of Nursing, evaluates all programs under its governance. Criteria are established which all nursing program areas must meet before accreditation is granted. The application for NLN accreditation is accepted only after the first class graduates from a School of Nursing. The submission of a Self-Study document along with a site visit by team representatives from the NLN to the school is done after the 1st class graduates. Following the site visit, the Council of Baccalaureate and Higher Degree Programs conducts an evaluation of the Self-Study document and site visitors report to render an accreditation decision. In contrast, the COA requires the submission of a Self-Study document before a program matriculates any students. Upon completion of the graduate degree, all students are prepared to take the appropriate national certification exam in their given nursing specialty. The Graduate School of Nursing is actively engaged in consultation with both accrediting bodies to assure that the appropriate accreditation will be obtained.

Program Materials:

The following content items provide the basis for the school's curriculum development, such as, the mission/philosophy statement, course descriptions, etc. Each item has been reviewed and approved by the Curriculum Committee of the Graduate School of Nursing. Most items have had distribution for comment and review by the Federal Nursing Chiefs, the Advisory body to USUHS Graduate School of Nursing, as well. All items remain in draft form until approved by the Board of Regents of USUHS.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Graduate School of Nursing

Mission Statement

The mission of the Graduate School of Nursing is consistent with the overall mission of the Uniformed Services University of the Health Sciences (USUHS). The Graduate School of Nursing is dedicated to quality education that prepares advanced practice nurses to deliver primary and acute care to individuals and families in the Federal services. The graduates will be prepared to deliver care in a wide variety of settings and communities, both nationally and internationally. Major emphasis will be on the nursing perspective of health promotion and disease prevention within the context of primary care.

A unique attribute of our graduates is expertise in emergency preparedness. This characteristic allows the graduates to be responsive to the needs of the Federal services, especially in times of international conflict, and when humanitarian services and disaster relief are required.

The location of the Graduate School of Nursing within the USUHS academic health sciences center where superior health care educational programs are established assures an environment which fosters collegial relationships with other health care professionals.

5/20/93

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Graduate School of Nursing

Philosophy

The philosophy of the Graduate School of Nursing is derived from the mission and goals of the University. The Philosophy is built on a foundation of nursing theory, research, and advanced practice that fosters critical thinking and a vision of future health care with consideration of the unknown and unforeseen.

The faculty believes that graduate nursing education builds upon a foundation of undergraduate nursing education. It provides baccalaureate nurses with learning experiences that increase the breadth and depth of their knowledge base in nursing. Students will acquire a new advanced level of competence while preparing for role specialization. This program prepares the students for independent and autonomous advanced practice roles which includes an emphasis on health promotion and disease prevention, management and delivery of primary health care, case management for the chronically and stable acutely ill including anesthesia services, administration, and unique expertise in emergency preparedness.

The faculty further believes that the Advanced Practice Nurse utilizes nursing science as a basis for the delivery of health care by incorporating scientific knowledge and clinical skills. The curriculum for advanced nursing practice is constructed upon a balanced theoretical and research base specific to the practice area. Graduates are prepared to participate in research that will advance the profession and improve nursing practice, as well as to pursue further educational endeavors.

Inherent in the philosophy of the Graduate School of Nursing are beliefs regarding the individual, society, environment and culture, nursing, health, and graduate nursing education. The Graduate School of Nursing utilizes an eclectic approach to implementing theoretical concepts and nursing models, thus providing a broad yet selective foundation.

Individual

People are complex biological, psychological, spiritual, social, and cultural beings who grow and develop through life. They possess inherent dignity and worth, independent of special endowments or external circumstances. They have the right to make decisions about their health and means for obtaining health care.

Society

Society is a complex social system consisting of a nation, community, or broad grouping of people who have common traditions, institutions, collective activities and interests. Society is composed of individuals, families, groups, and communities which may have a variety of cultural, racial, and social backgrounds. Societal direction evolves from its members' needs and goals in response to different technological and economic levels of development. Socioeconomic, political, cultural, and environmental conditions and values also influence goal attainment.

The basic unit within most societies has traditionally been the family. However, in today's rapidly changing society, the term family now encompasses nontraditional social units as well. From the family, the individual learns values, social norms, and patterns of interacting with social institutions. The family system has a significant influence on the growth and development of each individual. The individual, in turn, influences the family structure and functioning. Families are responsive to and influence the ever-changing community and ecological systems. While the family unit has significant influence on the individual, various subcultures also influence the evolution of the individual's values and beliefs.

Environment and Culture

The environment is seen as an aggregate of physical, biological, and social conditions. Each of the conditions is important and influences the individual either discreetly or synergistically. Of these conditions, the social circumstances significantly affect health and health care. Components within the social environment include technological, religious, philosophical, kinship, social, cultural, political, economic, and educational systems. The nurse assesses the environment to determine the existence of support systems and modify the environment to make it more conducive to client health and well-being.

Culture is the sum total of beliefs, practices, habits, likes, dislikes, norms, customs, rituals, and other social characteristics that are learned patterns transmitted from generation to generation. The faculty believes that all people possess culture which impacts and influences their response to health beliefs and practices and health seeking behaviors.

The changing demographics of the U.S. census indicates an increase in minority populations both currently and into the next century. Therefore, knowledge about cultural determinants of health and illness is imperative to the primary care nurse who provides services to these culturally diverse populations.

Nursing

Nursing is an art and a science. Care is the essence of nursing. The aim of nursing is to provide support, to ameliorate, improve, or correct unfavorable internal and external environmental conditions and to promote health and prevent illness. Nursing promotes wellness by assisting individuals to accept responsibility for their own health. Nursing is characterized by collegial, collaborative, and complementary relationships with clients and with other health professionals. Nursing has a unique knowledge base of scientific knowledge and clinical skills. It is a combination and synthesis of knowledge from other disciplines which creates a unique and comprehensive health care approach that incorporates practice, teaching, and research.

Health

Health is a relative state of being. A person's or society's state of health influences the potential for the realization of unique development. Wellness results from successful adaptation to biological, psychological, social, and cultural influences encountered throughout the life cycle. Optimal wellness is the highest state of health, both physical and mental, that can be achieved and, as such, should be a major goal of the individual and society. Whether a person or society attains wellness or illness is determined by the relative dominance of strengths and limitations in both the internal and external environments.

Graduate Nursing Education

The previously described primary concepts of nursing have been incorporated into and form the foundation of the graduate nursing curriculum of this School of Nursing. The faculty believes that the position of the Graduate School of Nursing within the interdisciplinary boundaries of the Uniformed Services University of Health Sciences is a distinct strength. This environment offers a unique blend of interactive didactic and clinical experiences which support the preparation of competent advanced practice nurses for peacetime as well as for the adverse conditions of international conflict, and when humanitarian services and disaster relief are required.

Graduates of the School of Nursing will be prepared to demonstrate excellence in clinical practice, management, research, and leadership in the advanced practice role. They will be qualified to influence health policy decisions not only in the uniformed services but in the nation as well.

The location of the Graduate School of Nursing within the USUHS academic health sciences center where superior health care educational programs are established assures an environment which fosters collegial relationships with other health care professionals.

6/3/93

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Graduate School of Nursing

Family Nurse Practitioner

Program Outcomes

Upon completion of the Program, the Family Nurse Practitioner graduates will be able to:

1. Assess the health and developmental status of the client, using appropriate data gathering and health assessment techniques.

2. Analyze family systems to determine individual as well as family health care needs.

3. Analyze cultural, economic, and environmental factors which affect family relations, client behavior, health and health care delivery.

4. Develop and implement, in conjunction with the client and family, an individual and family health care plan that emphasizes health promotion and disease prevention.

5. Analyze and comprehensively manage common acute and chronic health problems for the client population.

6. Engage in collegial and collaborative relationships with other health care providers in order to provide optimal delivery of primary care to the client, family and community.

7. Analyze personal skills in communicating with and counseling the client, family, other health team members and the public.

8. Analyze the delivery of client health services and the role of the Family Nurse Practitioner within the health care system.

9. Evaluate personal professional role development as a Family Nurse Practitioner.

10. Develop, promote, and implement the role of the Family Nurse Practitioner in traditional and nontraditional practice sites.

6/7/93

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

GRADUATE SCHOOL OF NURSING
NURSE ANESTHETIST

PROGRAM OUTCOMES

Upon completion of the program, the Nurse Anesthetist graduates will be able to:

1. Demonstrate advanced knowledge and mastery in nurse anesthesia practice to patients in all anesthetic risk categories and in various health care settings.

2. Critically examine and analyze the scientific and clinical bases of anesthesiology and decision making in nurse anesthesia practice.

3. Use informed judgement to formulate and implement physiologically sound anesthesia nursing management techniques depending on condition and age of patients.

4. Identify and utilize nursing science in anesthesiology and link nursing care to the anesthesia process.

5. Demonstrate the ability to identify researchable problems in anesthesia nursing and conduct systematic inquiry.

6. Expand the role and contributions of the nurse anesthetist in nursing and anesthesiology research by designing, implementing, and participating in studies.

7. Provide leadership in the development and expansion of clinical, administrative, and educational roles for nurses in advanced practice through innovative approaches.

8. Maintain collaborative and consultative relationships with members of the surgical care team, other health care providers, federal agencies, and the community of interest.

9. Integrate the principles of quality anesthesia care, advanced nursing practice, and federal/legislative policies to advance the nursing profession and the health care of the beneficiaries within the Federal system.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SERVICES

GRADUATE SCHOOL OF NURSING

MASTER OF SCIENCE IN NURSING PROGRAM

PROGRAM OBJECTIVES

Upon completion of the program, graduates will be able to:

1. Demonstrate commitment to clinical expertise in advanced nursing practice to improve quality of care to beneficiaries within the Federal system, and to the advancement of the nursing profession.

2. Analyze, synthesize and integrate theory, research findings and health policy into advanced nursing practice.

3. Assess the impact of sociocultural, developmental, and environmental determinants on the health and illness of clients, families, and communities, and design and implement an appropriate plan of care.

4. Analyze systems frameworks and clinical situations and integrate appropriate knowledge, skills, and theoretical concepts in order to provide quality care to diverse populations in various settings.

5. Evaluate and demonstrate ethical analysis and expertise in decision making in an advanced nursing practice role.

6. Synthesize leadership, management and teaching skills for the purpose of improving health care.

7. Analyze, establish and maintain collaborative and consultative relationships with other health care professionals.

8. Design, implement and participate in research studies that have implications for the improvement of health care delivery and the advancement of professional nursing.

9. Synthesize and integrate legislation and health policy information and strategies into advanced nursing practice.

6/7/93

FACT SHEET
USUHS GRADUATE SCHOOL OF NURSING

Programs and Beginning Dates:

Family Nurse Practitioner - August 1994
(May begin in July for pre-matriculation courses in basic sciences if determined by Admissions Committee)
Nurse Anesthesia Program - July 1994

Eligible Students:

Commissioned Officers in the US Army, US Navy, US Air Force and US Public Health Service who are qualified registered nurses. Acceptance is contingent upon approval of the sponsoring Agency or Service.

The service sponsoring the student will provide salary and entitlement. USUHS will cover the cost of tuition.

Applicants must have a baccalaureate degree in Nursing from a National League for Nursing accredited institution.

Length of Program:

Family Nurse Practitioner	21 months
Nurse Anesthetist	27 months

Pay Back Requirements:

Following graduation each student is obligated to serve a period of time according to the requirements of their sponsoring organization.

Degree Awarded: Master of Science in Nursing

EEO Statement:

USUHS gives careful consideration to all available information about each applicant and selects students on a competitive basis without regard to race, color, sex, creed or national origin.

Application Deadline: December 1, 1993

For further information:

Major Regina C. Aune - Director, Family Nurse Practitioner Program
CDR E. Jane McCarthy - Director, Nurse Anesthesia Program

11426 Rockville Pike
Suite 400B
Rockville, MD, 20852

Phone: 301-295- 1989/90/91/92

11/9/93

GRADUATE SCHOOL OF NURSING CURRICULUM
YEAR ONE

FAMILY NURSE PRACTITIONER (FNP)

NURSE ANESTHESIA (NA)

SUMMER SEMESTER (7 WEEKS)

Course	Credit
SFANP 1: Human Anatomy (PDP)	3
SFANP 2: Principles of Biochemistry (PDP)	3
SFANP 7: Neuroscience I	1
TOTAL	7

FALL SEMESTER

Course	Credit
SFANP 5: Physiology (PDP)(c)	2
SFANP 6: Clinical Pathophysiology for Advanced Nursing Practice (c)	3
Introduction to Primary Care (c) (2 credits didactic = 30 hours) (1 credit clinical = 60 hours)	3
Critical Pathways to the Development of Nursing Theory (c)	2
Role Development in Advanced Practice Nursing (c)	3
Nursing Research I (c)	2
TOTAL	15

FALL SEMESTER

Course	Credit
SFANP 5: Physiology (PDP)(c)	2
SFANP 6: Clinical Pathophysiology for Advanced Nursing Practice (c)	3
SFANP 7: Neuroscience II	2
Introduction to Primary Care	3
Critical Pathways to the Development of Nursing Theory (c)	2
Role Development in Advanced Practice Nursing (c)	3
Nursing Research I (c)	2
TOTAL	17

WINTER/SPRING SEMESTER

Course	Credit
SFANP 8: Pharmacology (PDP) (c)	6
Clinical Nursing Pharmacology (c)	1
Legal, Ethical and Cultural Considerations in Advanced Practice Nursing (c)	3
Nursing Research II (c)	2
Principles of Primary Care I (3 credits didactic = 45 hours) (2 credit clinical = 120 hours)	5
TOTAL	17

WINTER/SPRING SEMESTER

Course	Credit
SFANP 8: Pharmacology (PDP) (c)	6
Clinical Nursing Pharmacology (c)	1
Anesthesia Pharmacology (includes gas physics)	2
Legal, Ethical and Cultural Considerations in Advanced Practice Nursing (c)	3
Nursing Research II (c)	2
Basic Principles of Nurse Anesthesia Practice (includes operational readiness)	3
TOTAL	16

C = Core Course for FNP & NA
PDP = WRAMC Psychopharmacology Demonstration Project
SFANP = Scientific Foundations in Advanced Nursing Practice

lma/ejm (smt)

3/9/94

GRADUATE SCHOOL OF NURSING CURRICULUM

YEAR TWO

FAMILY NURSE PRACTITIONER (FNP)

SUMMER SEMESTER (15 WEEKS)

Course	Credit
Principles of Primary Care for Advanced Practice Nursing II (2 Credits Didactic = 30 hours) (3 Credit clinical = 180 hours)	5
TOTAL	5

FALL SEMESTER

Course	Credit
Elective	3
Principles of Primary Care for Advanced Practice Nursing III (1 Credits Didactic = 15 hours) (3 Credit Clinical = 180 hours) (1 Credit Seminar = 15 hours)	5
Scholarly Research Project I	1-3
Operational Readiness I	2
TOTAL	.11-13

SPRING SEMESTER

Course	Credit
Scholarly Research Project II	1-3
Operational Readiness for Nursing II	2
Preceptorship (1 Credit Seminar = 15 hours) (8 Credits Clinical = 480 hours)	9
TOTAL	.12-14

Graduation in May

Opportunities for elective courses will be developed.

NURSE ANESTHESIA (NA)

SUMMER SEMESTER (15 WEEKS)

Course	Credit
Advanced Principles of Anesthesia Practice I (includes operational readiness)	2
Clinical Practicum	4
TOTAL	6

FALL SEMESTER

Course	Credit
Advanced Principles of Anesthesia Practice II (includes operational readiness)	2
Clinical Practicum	4
Scholarly Research Project I	1-3
TOTAL	7-9

SPRING SEMESTER

Course	Credit
Clinical Practicum	4
Scholarly Research Project II	1-3
TOTAL	5-7

SUMMER/FALL SEMESTER (END SEPT 30)

Course	Credit
Clinical Practicum	4
TOTAL	4

C = Core Course for FNP & NA
PDP = WRAMC Psychopharmacology Demonstration Project
NC = Non Credit

lmn/ejm (sat)
3/9/94

USUHS
GRADUATE SCHOOL OF NURSING
ADMISSIONS CRITERIA

1. Open to qualified commissioned Registered Nurses in the Uniformed Services who receive authorization to participate in graduate education programs under the sponsorship of their parent organization.

2. Approval and sponsorship of the parent organization is required; it is to be understood that acceptance and participation in this program will incur an obligation for additional service on the part of the applicant in accordance with the regulations of the organizations which govern sponsored graduate education.

3. Successful completion of probationary period of the sponsoring organization.

4. Full time attendance is required.

5. Completion and submission of the application form by the designated due date is required for all applicants seeking admission to this graduate nursing program at USUHS.

6. Baccalaureate degree from a National League for Nursing (NLN) accredited school (school must have been accredited at the time of the student's graduation or retroactively accredited to include student's time of graduation).

7. Submission of complete college or post-secondary transcripts; A Grade Point Average (GPA) of at least 3.0 on a 4.0 scale is preferred in undergraduate work.

8. Submission of recent Graduate Record Exam (GRE) score taken within 3 years of desired matriculation. This requirement may be waived for applicants who hold advanced degrees.

9. Personal or phone interview with a faculty member.

10. Written personal statement from the applicant expressing his or her career objectives.

11. Meet Medical Standards of Fitness of the sponsoring organization.

12. Three letters of reference from individuals familiar with the candidate and who can address the academic and professional activities related to the goals and objectives of this graduate program.

13. Minimum of <u>two</u> years clinical practice for Nurse Practitioner applicants; <u>one</u> year in ambulatory or out-patient service is <u>preferred.</u> <u>One</u> year of acute care experience is <u>required</u> for the nurse anesthetist applicants.

14. Current Basic Life Support (BLS) certification is a <u>requirement.</u> Advanced Cardiac Life Support (ACLS) is <u>preferred</u> for the Nurse Anesthesia applicants.

8/26/93

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
GRADUATE SCHOOL OF NURSING
4301 Jones Bridge Road
Bethesda, MD 20814-4799
APPLICATION FOR ADMISSION
(Type in all information)

Date of Application:	Desired Date of Entry:	Degree:
Name: Last, First, Middle	Sex: M____F____ Married_____Single_____	Specialty Area Desired:
Social Security No.: (See Privacy Act Statement on Back)	Mailing Address: Street: City: State: Zip Code:	Phone: Home ( ) Office ( )
Branch of Service:	Rank: Grade:	Corps: Entry Date:
Date of Birth: Month, Day, Year	Citizen:U.S. Yes[ ]No[ ]	State of Legal Residence:
Indicate Racial/Ethnic Background: Statement Purpose only (Response Optional) *circle one	B = Afro American/Black AI= American Indian AN= Alaskan Native C = Caucasian M = Mexican American/Chicano A = Asian/Pacific Islander	P= Puerto Rican (Mainland) R= Puerto Rican (Commonwealth) H= Hispanic Z= Prefer not to respond X= Other

POST SECONDARY EDUCATION

Institution:	Dates of Attendance From: To:	Major:	Degree Received/or # of credits	Date

ART II EDUCATION

Have you taken the Graduate Record Examination? Yes__No__If yes..Have scores sent to Dean, Graduate School of Nursing, Uniformed Services University of the Health Sciences, 11426 Rockville Pike, Suite 400 B, Rockville, MD 20852.

Note: The graduate record examination must have been taken within three years of the date of this application.

All Other Baccalaureate/ Continuing Education:	Sponsor: Institution: State:	Dates Attended From:	To:	Credits:

Professional Certifications:

Licensure (List States, numbers and expiration dates for each):

Honors/Scholarships:

Honor Societies:

Professional and Civic Organizations and Offices Held:

Check Appropriate Box:	Yes	No	If Yes, please specify
Have your previously applied for admission to graduate study at USUHS? What academic year? What was the result?			
Have you previously applied for admission to another graduate nursing school? What academic year? What was the result?			
Have you ever been dismissed from/denied readmission to any college or university?			
Do you consider anything about your academic record or career pattern to be unusual?			
Do you have any teaching experience?			
Have you ever been withdrawn or repeated a term in any college or university?			

Research Projects: Have you participated in any post baccalaureate research projects? If yes, describe.

Publications:

Professional experience: List employment since completing nursing school including part-time.

[redacted]ployer	Name of immediate supervisor	Job description	Dates: To:	From:

Describe any periods of time since secondary school, three months or longer in duration, that are not accounted for.

Request one supervisor and one faculty member and one other individual who are acquainted with you and your academic work to send statements of your qualifications for graduate study to the Dean, Graduate School of Nursing, Uniformed Services University of the Health Sciences. These letters should include a statement of your aptitude and promise for independent research. Provide the following information concerning your references:

Name:	Institution:	Department:	Date of Request:

[redacted]**Statement of Purpose:** Write a brief statement concerning your past experience, your goals for graduate study and career plans in your field of interest; Use an extra sheet of paper and attach it to the application.

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance.

1. The collecting of information about applicants is authorized by Title 5 USC 301; Public Law 92-426; and Executive Order 9397.

2. The purpose of applicant records to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant's records.

3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.

4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of the form may delay processing and/or increase the probability of Accidental mishandling of applications.

I have read and understand the instructions (including the Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

[redacted]**gnature**_____ **Date**_____

USUHS
GRADUATE SCHOOL OF NURSING

COMPETENCIES*

At the completion of level one (end of first year of classes), the family nurse practitioner graduate student demonstrates competency in the following areas when she/he:

Assesses, diagnoses, monitors, coordinates, and manages the health status of client/families.

Demonstrates advanced knowledge of normal and alterations in physiologic functioning and the impact on the health of clients/families.

Communicates the client/family health status both verbally and in writing, using appropriate terminology and format.

Provides anticipatory guidance for expected changes, potential changes, and situational changes.

Incorporates patient education and nursing measures in the plan of care including preventive health teaching.

Applies a theory-based conceptual framework to guide practice.

Demonstrates skill in establishing a therapeutic plan of care related to history, physical findings, and the differential diagnosis.

Applies findings from research pertinent to primary care management for clients/families/communities.

Applies knowledge of therapeutic application of pharmacologic agents in plan of care in client/family management.

Demonstrates knowledge of therapeutic regimens and client/family responses.

Performs and interprets common laboratory tests.

Demonstrates skills in operational readiness when called to do so in the Federal environment.

*Adapted from NONPF's ***Advanced Nursing Practice: Nurse Practitioner Curriculum Guidelines, 1990***.

Demonstrates skills in humanitarian efforts when called to do so in the Federal environment.

Assesses own professional strengths, role, and scope of ability to peers, client/families, and other colleagues.

Incorporates concepts and interventions of health promotion/disease prevention in client/family plan of care.

Provides leadership to the Federal health care team in health promotion/disease prevention activities.

Refers and obtains specialist care for clients/families in the Federal environment while remaining the primary care provider.

Acts as the advocate for client/family needs in the Federal services.

5/20/93

USUHS
GRADUATE SCHOOL OF NURSING

COMPETENCIES

At the completion of level one (end of first academic year), the nurse anesthesia graduate student demonstrates competency in the following areas when she/he:

Applies a theory-based conceptual framework to guide practice.

Demonstrates skill in establishing a therapeutic plan of care related to history, physical findings, the differential diagnosis and anesthetic plan.

Applies findings from research pertinent to primary care management for patients.

Applies knowledge of therapeutic application of pharmacologic agents in plan of care.

Performs and interprets common laboratory tests.

Demonstrates skills in operational readiness.

Assesses own professional strengths, role, and scope of ability to peers, and other colleagues.

Explain the effects of anesthetic agents and ancillary drugs on a biochemical, physiological, and pharmacological level.

Recognize untoward effects of medications, anesthesia, surgical manipulation, or positioning.

Demonstrate a sound knowledge of physiologic principles by choosing appropriate intravenous therapy.

Demonstrate an understanding of professional conduct, federal policies, and ethical principles by establishing and maintaining interpersonal relationships that add to the efficiency of colleagues and the lessening of anxiety in patients.

Interpret arterial blood gases, pulmonary function studies, and any parameters necessary to evaluate adequacy of ventilation or ventilatory support.

Demonstrate sound professional judgement in meeting health needs for beneficiaries within the Federal system and others to whom services are provided.

Continue the acquisition of knowledge by reading and evaluating current literature and incorporating new knowledge into practice.

Demonstrate an acceptance of responsibility for one's own actions and be able to defend those actions with comments based on knowledge of the issues.

Function as an active member of the department or institution in such a manner as to be an asset to the federal services and society.

Conduct or participate in on-going research that enhances anesthesia nursing care, contributes to the science of anesthesiology, and improves the quality of anesthesia services provided.

USUHS
GRADUATE SCHOOL OF NURSING

COMPETENCIES*

At the completion of level two (end of second academic year), the family nurse practitioner graduate student demonstrates competency in the following areas when he/she:

Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.

Interprets own professional strengths, role, and scope of ability to client/family and the public.

Integrates professional/legal and Federal standards of care into role as an advanced nurse practitioner.

Critically evaluates and applies research studies pertinent to client/family care management.

Meets eligibility requirements for national certification.

Collaborates with other members of the federal health care team.

Functions in a variety of role dimensions, such as, consultant, educator, supervisor, administrator, researcher, and primary care provider in the Federal environment.

Protects and enhances the cultural diversity of the client/family populations served in the Federal services.

Assesses own knowledge base to develop mechanisms to update skills and knowledge base in advanced nursing practice.

Applies quality assurance evaluations to own professional practice as advanced nurse practitioner.

Incorporates a system of personal ethics in professional practice within the context of client issues, based on ethical principles/codes.

*Adapted from NONPF's *Advanced Nursing Practice: Nurse Practitioner Curriculum Guidelines, 1990*.

DRAFT: PROPOSED GRADUATE SCHOOL OF NURSING

Provides leadership in the Federal Nursing Services as an Advanced Nurse Practitioner.

Assesses health behaviors and learning needs of clients/families in the Federal environment.

Provides counseling to client/families regarding health behavior changes.

5/20/93

USUHS
GRADUATE SCHOOL OF NURSING

COMPETENCIES

At the completion of level two (end of the clinical practicum), the nurse anesthesia graduate student demonstrates competency in the following areas when she/he:

Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.

Integrates professional/legal and Federal standards of care into role as an advanced nurse practitioner.

Critically evaluates and applies research studies pertinent to anesthesia care management.

Collaborates with other members of the Federal health care team.

Obtain an adequate medical and surgical history of the patient relevant to the administration of safe anesthesia.

Review the patient's chart and assure that sufficient laboratory studies are ordered and performed to permit adequate evaluation of the patient for anesthesia administration.

Recognize abnormal laboratory reports and abnormalities in chest x-rays, EKG reports, pulmonary function studies, and other studies pertinent to anesthesia safety.

Demonstrate an understanding of ASA patient classifications and appropriately categorize patient status.

Select appropriate pre-operative medications and be able to state reasons for medication and dosage.

Organize necessary equipment and adequately prepare the anesthesia environment for the administration of any anesthesia.

Evaluate information provided by the patient and the chart, and after careful analysis, plan an anesthetic specific for patient and the particular procedure.

Utilize all available monitoring equipment with skill and understanding of the principles involved.

Evaluate patients' needs for specific invasive and/or non-

invasive monitoring techniques.

Administer physiologically sound inhalation and intravenous anesthesia utilizing all available agents and techniques.

Appraise indications for fluid, colloid, and blood replacement and utilize appropriate replacement therapy.

Place patients on mechanical ventilators adjusting the setting to maintain optimum patient status.

Follow established policies and procedures willingly and initiate necessary changes in a professional and appropriate manner.

Provide sedation, observation, general or regional anesthesia for procedures requiring anesthesia intervention in the operating room or other environments as necessary.

Evaluate patient airways when consulted and institute necessary measures to assure adequate ventilation.

Function as a team leader or member during cardiopulmonary resuscitation assuring optimum ventilation and closed cardiac massage.

Evaluate patients' post operative status and within medically established guidelines recommend courses of action aimed at preventing or correcting complications.

Plan and execute anesthesia for patients undergoing emergency surgery utilizing appropriate techniques to assure optimum patient safety.

Evaluate patients' cardiopulmonary status in the operating room and elsewhere and select appropriate airway management.

Be capable of teaching others cardiopulmonary resuscitation, physiological monitoring, respiratory care, and other related services that influence perioperative care.

Qualify for the certifying examination of the Council on Certification of Nurse Anesthetists.

Maintain continuing education requirements and certification to assure on-going quality of anesthesia care.

Function as a Certified Registered Nurse Anesthetist (CRNA), upon successful completion of the certifying exam, and be able to administer anesthesia in different types of anesthesia service structures.

Instruct and/or supervise others in the administration of anesthesia and anesthesia-related services.

Uphold the Standards for Nurse Anesthesia Practice as established by the American Association of Nurse Anesthetists.

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Julia Ann Hershey
302 South Burnaby Drive
Glendora, California 91741

Dear Ms. Hershey:

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

Julia Ann Hershey
302 South Burnaby Drive
Glendora, CA 91741

March 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,

Julia Ann Hershey

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Christine Ellenshaw
13155 Magnolia Boulevard
Sherman Oaks, California 91423

Dear Ms. Ellenshaw:

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.

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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

Christine Ellenshaw
13155 Magnolia Blvd
Sherman Oaks, CA 91423

March 16, 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,

Christine Ellenshaw

MAR 24 1994

THE WHITE HOUSE

Dear Mathilde -

Thank you so much for your gracious hospitality yesterday - it was delightful to share a pleasant lunch while reviewing our mutual interests in HIV research and health reform. I'll get back to you with specifics on the questions you raised. I hope your husband's recovery continues - all my best wishes - Hillary

Mathilde Krim, Ph.D.
33 East 69th
New York, New York 10021

MAR 24 1994

THE WHITE HOUSE
WASHINGTON

Mr President –

just a follow up note on your call to Michael, the young man living with AIDS – your impact on lifting his spirits was immeasurable! He graduated from highschool (a year early) based on his fine work under a tutor, and continues to speak out on HIV issues.

Your personal touch means so much to people – this is a fine example. Thanks for fitting it into your schedule –

Christine

MAR 2 4 1994

THE WHITE HOUSE

Dear David —

Thank you for everything! It was a great day in Vermont - I learned so much and met such wonderful people. Please let me know if I can be of any further assistance —

Hillary

MAR 24 1994

THE WHITE HOUSE

Dear Chris —

Thank you for being such an excellent host and driver during my Vermont trip. I enjoyed the chance to get to know you, & to know about the state. My very best to you & your colleagues. Christine

THE WHITE HOUSE

WASHINGTON

MAR 24 1994

January 30, 1994

David W. Curtis, Esq.
Chair, Board of Directors
Vermont C.A.R.E.S.
Box 5248
Burlington, VT 05402-5248

Dear Mr. Curtis:

This letter confirms the visit of Kristine M. Gebbie, National AIDS Policy Coordinator, to Burlington for the Vermont C.A.R.E.S. annual dinner meeting, and other meetings, on Friday, March 18, 1994.

Ms. Gebbie plans to arrive at late on Thursday, March 17, 1994 and depart early on Saturday, March 19, 1994, so she will be available all day March 18 to meet with public officials and representatives of the HIV/AIDS community.

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

cc: Senator Patrick J. Leahy
Senator Jim M. Jeffords

Vermont C.A.R.E.S.

Vermont Committee for AIDS
Resources, Education & Services
Box 5248, Burlington, VT 05402-5248
802-863-AIDS

YES 3/18

December 4, 1993

Hon. Kristine Gebbie
White House Office of National AIDS Policy
750 17th Street, Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

I serve as Chair of the Board of Directors of Vermont CARES, an AIDS service organization in Burlington, Vermont. On behalf of the clients, staff and Board of Vermont CARES, I would like to invite you to be the principal speaker at our Annual Meeting dinner in March, 1994.

Our organization is the oldest and largest AIDS service organization in Vermont, serving a geographic area of four counties with over half of the State's population. Although the incidence of HIV and AIDS is relatively low in Vermont compared to other areas of the United States, the need for services is equally as great. In 1993, we estimate that we will provide direct services to almost 600 people. Our education/prevention programs will reach out to over 5,000 people.

This year, over 175 people attended our dinner, including many state legislators and constitutional officers. This year we intend to have our meeting focus on health care reform and its impact on people with AIDS and HIV. Given the President's proposal to reform the health care system and the proposals pending in the Vermont legislature on the same subject, we are hopeful that we will have an even greater turnout next year. Your expertise in this area would be especially appropriate.

We have tentatively planned the dinner to be in the evening on either March 11 or 18. If those dates are impossible for you, we would make every effort to accommodate your schedule. In addition, if you wish to come to Vermont for the day, I am confident that we could arrange for you to meet with legislators, students at the University of Vermont, physicians or other groups that you might wish. We have scheduled the date in the middle of the week in order to provide you with maximum exposure, if you wish.

Finally, if you are a skier, Vermont does offer some of the finest skiing in the Northeast.

If appropriate, please also convey to the President our appreciation for his comments at Georgetown in commemoration of World AIDS Day.

Thank you for your consideration of our request.

Very truly yours,

David W. Curtis, Esq.
Chair, Board of Directors

DWC/mos

869 1531
1736

JAMES M. JEFFORDS
VERMONT

United States Senate

WASHINGTON, DC 20510-4503

COMMITTEES:
FOREIGN RELATIONS
RANKING: SUBCOMMITTEE ON AFRICAN AFFAIRS
LABOR AND HUMAN RESOURCES
RANKING: SUBCOMMITTEE ON EDUCATION, ARTS AND HUMANITIES
VETERANS' AFFAIRS
SPECIAL COMMITTEE ON AGING

December 10, 1993

Kristine Gebbie
White House Office of National AIDS Policy
750 17th Street, Suite 1060
Washington, DC 20503

Dear Ms. Gebbie,

I am writing you on behalf of the Vermont Committee for AIDS Resources, Education, & Services (Vermont C.A.R.E.S.). As you may know, Vermont C.A.R.E.S. has extended an invitation to you, asking that you be the principal speaker at its annual meeting dinner in March of 1994.

Vermont C.A.R.E.S. is the oldest and largest AIDS service organization in Vermont, serving four counties containing over half the state's population. While the number of AIDS and HIV-affected individuals is still low compared to other areas of the United States, there is still a tremendous need for AIDS/HIV related services.

I am writing to request your assistance in this important event, in the hopes that you will be able to fit the Vermont C.A.R.E.S. dinner into your schedule. Your attendance will help ensure the success of this evening.

Sincerely,

James M. Jeffords

James M. Jeffords

JMJ/kah

PLEASE REPLY TO:

☐ WASHINGTON OFFICE:
513 HART BUILDING
WASHINGTON, DC 20510-4503
(202) 224-5141

☐ BURLINGTON OFFICE:
SUITE 100
95 ST. PAUL STREET
BURLINGTON, VT 05401
(802) 658-6001

☐ RUTLAND OFFICE:
LINDHOLM BUILDING, 2ND FLOOR
2 SOUTH MAIN STREET
RUTLAND, VT 05701
(802) 773-3875

☐ MONTPELIER OFFICE:
58 STATE STREET
MONTPELIER, VT 05602
(802) 223-5273

TOLL FREE: 1-800-835-5500

TDD/TTY: 1-800-835-5500

UNITED STATES SENATE
WASHINGTON, DC 20510-4503

OFFICIAL BUSINESS

James M Jeffords
U.S.S.

Kristine Gebbie
White House Office of National AIDS Policy
750 17th Street, Suite 1060
Washington, DC 20503

√ Name & address of
VT Career PA
member who travelled
to me & Chris
Curtis during the
day ——

Who is this me?

HOFF, CURTIS, PACHT, CASSIDY & FRAME, P.C.
100 MAIN STREET
P.O. BOX 1124
BURLINGTON, VERMONT 05402-1124
802-864-4531
FAX 802-860-1565

RICHARD T. CASSIDY (NY)
DAVID W. CURTIS
JULIE A. FRAME
PHILIP H. HOFF
JOHN L. PACHT (NY)
RICHARD H. THOMAS

OF COUNSEL
SAUL LEE AGEL

January 18, 1994

Steve Lee
White Office of National Aids Policy
750 17th Street, Suite 1060
Washington, DC 20503

Dear Steve:

I want to follow up on our telephone conversation last week in which you advised me that Ms. Gebbie would be able to come to the annual meeting of Vermont CARES here in Burlington on March 18th.

In accordance with our discussion, I have talked with the Governor's office, the folks at the University of Vermont Medical School, appropriate folks in the legislature relative to meeting with Ms. Gebbie during the day. People in Vermont are excited at the possibility of spending time with her.

In order to set up some kind of schedule, we will need to know when Ms. Gebbie plans to arrive in Burlington. Apparently there are two flights from Washington to Burlington. One leaves at 7:00 a.m. in the morning and arrives in Burlington at 10:30 a.m. and the other leaves at 12:00 noon and arrives in Burlington at 1:45 p.m.

Could you please let me know what Ms. Gebbie's schedule would be for coming to Vermont.

I look forward to working with you.

Very truly yours,

David W. Curtis

DWC/dr
DWC

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ann C. Djuric
540 Notre Dame
Grosse Pointe, Michigan 48230

Dear Ms. Djuric:

Thank you for your letter last month regarding your interest in doing more in our national effort on AIDS. I was very touched about your husband's story and the frustration you must feel as you look back over the past year. Your desire to become part of the national effort to educate all Americans about AIDS, coupled with your skills in admirable.

There are many opportunities around the country for people to get involved at the State and local level in the area of prevention and services. Michigan has many programs on the prevention of HIV and in providing treatment services to those with AIDS and their families. Naturally, there is a great deal more that needs to be done.

In regards to our staff vacancies, as they become available, they are announced by the Department of Health and Human Services. I have enclosed a listing of telephone numbers for the various Public Health Service agencies. Our listings would be listed through the Office of the Assistant Secretary for Health.

I appreciate all you want to do and hope that you will continue to remain actively involved and lend your passion and professional expertise in our efforts.

Sincerely,

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

PERSONNEL INFORMATION

PHS PERSONNEL OFFICES LOCATED IN THE PARKLAWN BUILDING

Office of the Assistant Secretary for Health (OASH)	Rm 17A-07	Phone 443-6900
	Dial-A-Vacancy	443-1986
Agency for Health Care Policy & Research (AHCPR)	Rm 17A-07	443-6900
Substance Abuse and Mental Health Services Administration (SAMHSA)	Rm 15C-12	443-5407
	Dial-A-Vacancy	443-2282
Food and Drug Administration (FDA)	Rm 7B-41	443-1970
	Dial-A-Vacancy	443-1969
Health Resources and Service Administration (HRSA)	Rm 14A-46	443-5460
	Dial-A-Vacancy	443-1230
Indian Health Service (IHS)	Rm 4B-44	443-6520
National Institute of Mental Health (NIMH)	Rm 15C-12	443-9094
National Institute of Alcohol Abuse and Alcoholism (NIAA)	Rm 16C-17	443-4031
National Institute of Drug Abuse (NIDA)	Rm 10-21	443-9593
PHS Division of Commissioned Personnel (DCP) (Commissioned Officer Positions Only)	Rm 4A-18	443-9000 1-800-221-9393/703-734-6855

PHS PERSONNEL OFFICES LOCATED OUTSIDE THE PARKLAWN BUILDING

National Institutes of Health (NIH) Building 31C, Room B3C-15 9000 Rockville Pike Bethesda, Maryland 20892	Phone Professional Vac. Clerical/Tech. Vac. Hearing Impaired-TTY	496-2403 496-9541 496-9452 496-7460
Center for Disease Control (CDC) National Center for Health Statistics (NCHS) Office of Personnel 6525 Bel Crest Rd. Rm 1175 Hyattsville, Maryland 20782	Phone	436-6052
Center for Disease Control (CDC) Smoking and Health (SH) 12420 Parklawn Drive Room 1-10, Park Building Rockville, Maryland 20857	Phone	443-1575
Agency for Toxic Substances and Disease Registry MS-DO-1, Building 1 1600 Clifton Road, NE Atlanta, Georgia 30333	Phone (404)	639-3616

INFORMATION FOR NON STATUS APPLICANTS

U.S. Office of Personnel Management (USOPM) 1900 E. Street, NW Washington, DC 20044	Federal Job Information (202) 606-2700

March 13, 1994

ACTION MEMORANDUM

TO: Andrew Barrer

FROM: W. Steve Lee

DATE REQUIRED: **MARCH 21, 1994**

The following items need your attention: JG will Memo Patti

Letter from Debra Fraser Howe (2/1/94) on FLOTUS appearance. Please work with John to draft a reply for Kristine's signature.

Letter from John Meehan (2/22/94) that offers a communication plan for the ONAP. Please work with John to draft response for Kristine's signature. John will do

Letters from Alverez, Skeen, Scoby, and Miller on prevention and housing issues, and Lenoir on prevention only in the budget. Please draft a response for Kristine's signature that can be used for subsequent inquiries. Make sure Tonya and Retina have copies.

Letter from Paul Daniels (3/2/94) on information exchange. Please reply directly. Done

Letter from Ann Djuric (2/21/94) on getting involved with AIDS issues. Please prepare reply for Kristine's signature.

Attachments attached

Andrew draft copy -

February 21, 1994

Ms. Kristine Gebbie
US National AIDS Policy Coordinator
750 17th Street, N.W.
Washington, D.C. 20503

Dear Ms. Gebbie,

I am contacting you on the recommendation of U.S. Rep. Henry Waxman, who responded to the attached letter, which I had sent to him as well as other members of Congress in the hope of gaining entry into the national AIDS program.

As you can see from its content, I have been personally touched by the AIDS crisis. And I want to do something about it. I stand ready to devote all my talent, energy and courage to bringing this issue to the forefront of American thought. For not only is it tragic that cases continue to be diagnosed, but even more alarming is the way in which society deals with those infected with HIV. And I'm convinced that the reason is fear, based in ignorance. I, too, was unaware of the facts of AIDS until the disease arrived in all its intensity at my doorstep. Then, forced to learn, and quickly, I had to fight for information. From the simple basics of how you contract HIV to, even more importantly, how you don't; to names of doctors who specialized in AIDS treatments; to lists of experimental programs; to sources for discounted drugs; to help in combatting the numerous insurance company rejections. We suffered discrimination, dispassion, disdain. We were misdiagnosed and misinformed. We were victimized by treatments and medicines that failed miserably. And we paid dearly for it all. First with our resources. And then with life itself.

As I ask myself, "How can this happen in America", I must also ask "And what am I willing to do about it?"
Nothing short of total commitment.

I want to help. I want to give of myself because that is all that I have left. Surely, with my range of experience in the world of advertising, communications and marketing, there must be a place for me in this struggle. You see, I can never go back to that world of :30 "this week only" calls to action, print campaigns with slick graphics and compelling price points, and publicity pieces applauding the achievements of new store prototypes. No, I can only go forward. But maybe, just maybe, all those years spent calculating consumer response for corporate profit can now be parlayed into creating messages of far greater importance and with a more compelling stimulus. Simply put, I want to apply all my efforts to something that really matters. And life matters.

Along with that, I also want to stress that I don't seek any grand, highly placed position. I have no expectations of a great salary or an impressive title. I have no political ambitions. On the contrary, I'd much rather be given an opportunity to reach out to America about life in the face of AIDS. Be it grass roots or grand forum. I have already spoken to groups ranging from AIDS support teams, to families of AIDS victims, to school students, to health fairs, to a convention of Baptist ministers and parishioners. It was exhilarating because it was vital. To actually reach out to people. Hear their concerns. Answer their questions. Feel their fear. Only then can the door open even a little, to allow a different light to shine in. If I can get just 10 minutes to speak, then I treat it as the most important 10 minutes of my life. For it is that 10 minutes that can make a difference when AIDS arrives in communities, schools, workplaces, churches, and homes. Perhaps, in having spent that 10 minutes with me, individuals will reach out rather than turn away. They will remember that AIDS has a face, a personality, a heart.
To me, that's making a difference.

While many admirable efforts are being put forth in the prevention of HIV infection, my focus is more on confronting AIDS when it lands in someone's life. So that when a person is told this most devastating news, it does not have to be kept as some horrible secret, eating away at both body and spirit. Deprived of support and love, I've seen too many people virtually abandoned. Relying on themselves to weather the challenges, changes and disappointments. Relying on volunteer buddies for companionship and courage. And, finally, relying on only a team of faceless white coats for consolation while lying in hospital rooms with no cards, no flowers, no visitors. Nobody. This, to me, is the real tragedy, and one I hope to address.

To this end, I am not only working to secure a position in an AIDS organization, but also writing about my husband's AIDS experience. It documents our struggle, set against our travels across the U.S., as it was Micheal's dream to see America before he died. My joy was to share that dream with him. It became a quest to squeeze a lifetime into just a few months. Turning into a death race against the fiercest of modern day plagues, it culminated in the serenity of finding peace in a love that was unconquerable. Enduring. Infinite. And, finally, eternal.

Should you be interested in seeing excerpts from this work, I would be happy to share them with you. Perhaps you know of a contact that could help this story find its way to a publisher. Or even a screenwriter. I'm open to any option, as I feel this tale must be told. Michael wanted his life to be a source of inspiration, as well as information. He encouraged me to reach out to others, armed with all that his life had taught me. And so I shall.

In light of this mission, I would very much like the opportunity to meet with you. Perhaps there is something within your own organization. Or there may be another person to whom you could refer me. Any assistance would be a step forward. But I must step now. Financially drained, it is critical that I secure a position soon. But I am determined to work with my heart as well as my head. And for me, that's a lifetime commitment.

On the advice of Rep. Waxman I am also writing these agencies: American Foundation for AIDS Research; AIDS Action Council; National Minority AIDS Council. Though, with no contact person, it's likely my letter will become just another piece of the paper blizzard.
I've written to one of these organizations before, with absolutely no response. But I'm leaving no stone unturned!

You may contact me at: 540 Notre Dame
Grosse Pointe, Michigan 48230

Or you may call: (313) 884-9531
Should an answering machine respond, please say that you are leaving a message for me, as this is my brother's phone number.

I look forward to meeting you. Even if it's only for 10 minutes.
I promise you it will be time well-spent, if not long remembered.

Kind regards,

Ann Djuric

Ann C. Djuric

I am an AIDS widow. Just 18 months after our marriage, my husband passed away. It was November 3, 1992. Election Day. A day of promise for all who suffer from AIDS. A day of hope. Of change. Of celebration.

That day marked the end of the longest journey I had ever made. Diagnosed just one month after our marriage, my husband Michael vowed to fight his affliction...and win. He knew how to fight. He had been a paracommando in the Belgian army and in the French Foreign Legion. But little did he know that he would be forced to fight with weaponry that had only failed, that the other side had inumerable ways to attack him, that his fight would be a lonely one, a costly one, and one that he would lose.

I was at his side throughout his struggle, having forfeited my career for this much higher, and nobler, mission. Together we sought out doctors and treatments. Together we researched our options. Together we weathered the financial battering inflicted upon us by the medical, pharmaceutical and insurance communities. Together we hoped. Together we cried.

Michael suffered from Kaposis Sarcoma. And as that disease progressed his face and body became ravaged by disfiguring lesions. It was only a matter of time before the K-S did the same effecient job inside his body. And how quickly it did.

Throughout our struggle we learned everything the hard way. And our knowledge encompassed medical, nutritional, herbal, spiritual and emotional healing. I learned about living, loving and, the hardest lesson of all, letting go.

Michael often told me that AIDS was his destiny, not mine. No, mine would be to help those who suffered as he did. And his wish was that I continue to fight for the rights, and the respect, of AIDS sufferers, as I did for Michael.

So this is my dream.

To continue to seek out advancements in treatment. To fight for widespread accessibility to new drugs and test programs. To assure fair pricing of AIDS medicines, emphasizing that AIDS should not be a pharmaceutical profit center. To demand review of insurance company practices to assure fair guidelines in dealing with AIDS-related claims. And to use my extensive business and communications acumen to work to devise a system that is economically sound, unprejudiced and effective from Day 1. Most importantly, I want to unveil AIDS from its political shroud so that Americans may begin to understand it, rather than avoid it and anyone associated with it.

I want to get America talking about AIDS - from an informed standpoint. I want to show America that you can reach out to someone who suffers from HIV and AIDS, hug them, live with them, share with them, and, most importantly, love them. Only in this way can we stand a chance at conquering this disease. I want to touch America the way Michael touched me.

And so I am writing to those whose names were given me as possible sources where my efforts, in light of my talents, might be best utilized. Can you help? I would appreciate any information you can give me concerning my mission. It is a mission I must fulfill, for, you see, it is one fueled by the passion ignited by the great love Michael and I shared for 18 months. It burns eternally. And it burns for him. And as it burns it lights my path on the journey to help those who suffer as Michael did, so that they need not die as he did.

I believe that we all have a mission toward others, and mine has just begun. Please help me to continue it.

Kind regards,

Ann C. Djuric
540 Notre Dame
Grosse Pointe, Michigan 48230

Ann C. Armbruster-Djuric
540 Notre Dame
Grosse Pointe, Michigan 48230
(313) 884-9531

Vice President
American TV-R New York, New York 11/90-11/91

Developed marketing division in an expansion move for shop specializing in retail creative and production. Worked in partnership with company president to strengthen client service with strategic planning, co-op funding, sales collateral, and field implementation capabilities. Clients included Consumers Distributing Catalog Showrooms, Jamesway Discount Stores, True Value Hardware Stores, Barcana Inc., and Upton's Stores.

Vice President, Marketing
Lane Bryant Stores
div. of The Limited Columbus, Ohio 8/88-11/90

Management of all facets of sales promotion, brand imaging and product development for 700 unit national chain of women's apparel stores. Responsibility for planning, budgeting and execution of store presentation and signing, packaging, private label development, sales incentive programs, direct mail and credit marketing, and market research. Participated in store performance reviews and seasonal buying trips. Served on executive committee.

Sr. Vice President
Corinthian Communications New York, New York 10/87-8/88

Management of broadcast media buying company.
Responsibility for buyers, account management, finance, office operations, new business acquisition and trade agreement development.

Sr. Vice President, Marketing
Venture Stores
div. of The May Co. St. Louis, Missouri 6/85-10/87

Management of all advertising and sales promotion operations for 45 unit regional chain of discount stores. Responsibility for planning, production and circulation of weekly 12-16 page flyer (utilizing in-house creative and photo studio), creative and production of radio and television campaigns, store presentation and signing, private label development and packaging, vendor relations, special events, sales incentive programs, budgeting and co-op funding, public relations and market research. Also participated in new market planning and development, trade shows and buying trips for hard and soft line assortments.

Vice President, Management Supervisor
Grey Advertising Chicago, Illinois 5/84-6/85

Supervision of account service and creative work for all retail accounts: Venture Stores, Osco Drugs, Wickes Lumber and Colby's Furniture. Also interfaced with brand accounts, such as Regina, providing retail perspectives to national marketing strategies. Additional responsibilities included media planning, market research, co-op advertising, budgeting and new business solicitation.

Vice President, Account Supervisor
W.B. Doner & Co. Detroit, Michigan 10/79-5/84

Supervision of account service for retail accounts including Zellers Stores of Canada, Rich's Dept. Stores, Wickes Lumber, Provigo Supermarkets, Handleman Record Distributors, Herman's World of Sporting Goods and U.S. Shoe Corp. Participated in assignments for Federated Stores, Giant Eagle Food Stores, Eckerd Drugs and Pic 'n Pay Shoes.

Public Relations Manager
Gantos Stores Grand Rapids, Michigan 2/79-9/79

Sales Promotion Manager
Jacobson's Stores Grand Rapids, Michigan 8/75-2/79
East Lansing, Michigan 2/74-8/75

Salesperson
Jacobson's Stores East Lansing, Michigan
Grosse Pointe, Michigan
While attending Michigan State University 1970-1974
B.A. Advertising

References furnished upon request

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Diane Riley
Apartment 204
3501 East Ransom Street
Long Beach, California 90804-2609

Dear Ms. Riley:

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

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

Dear Kristine Gebbie,

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

With AIDS and other immunodysfunctional illnesses increasing in epidemic proportions in this country and throughout the world, I wonder whether our country's current policy reflects a realistic assessment of this health crisis.

I urge you to support efforts to bring the real needs of our national community up to realistic funding for AIDS prevention and housing grants.

Sincerely

Diane Riley

Diane Riley
3501 E. Ransom St. #204
Long Beach CA 90804-2609

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Dina Reich
122 Albert Street
La Puente, California 91744

Dear Ms. Reich:

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.

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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 10, 1994

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

Dear Ms. Gebbie:

The purpose of this letter is to express my anger at President Clinton's 1995 AIDS budget. It contains no additional funds for prevention and 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,

Dina Reich
122 Albert Street
La Puente, CA 91744

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Joyce Canham
776 North Mentor Avenue
Pasadena, California 91104

Dear Ms. Canham:

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

Joyce Canham
776 North Mentor Avenue
Pasadena, CA 91104
Tel: (818) 794-5432

March 17, 1994

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

Dear Ms. Gebbie:

My name is Joyce Canham and live in the Los Angeles area. I have worked in the AIDS community for three years in a variety of capacities. Because of the great need I see for housing for people living with HIV I am starting a one stop service center for women (especially women of color and women in poverty) to get some of their basic survival needs attended to, including and especially housing. It is only when these needs are met that we can begin to work on self-esteem issues so they get better hear and understand prevention messages and other long term efforts, for their and their families quality of life. However, without adequate funding for housing for a variety of populations, not just women, we will not be able to mount a meaningful prevention campaign will be hit and miss at best.

I also work a great deal with inmates of county and state correctional facilities and sit on the Dept. of Corrections Director's HIV/AIDS Committee, in which our local efforts were just recently suggested to act as a prototype throughout the State of California. These efforts include putting inmates in appropriate housing, with the assistance of a pre-release planner, immediately once they are released. If housing cannot be obtained for them, many will violate parole in order to have "three hots and a cot". We spend a lot of time with the inmates before they are released as well with a variety of education and training efforts which can have a great effect on these inmates self-esteem, and therefore a reduction in anti-social behavior.

I am quite concerned that President Clinton's 1995 AIDS budget contains no additional funding for prevention or housing. As National AIDS Policy Coordinator I strongly urge you to correct this disaster by lobbying Congress a $95 million increase for prevention and $156 million increase for housing.

Thank you for your attention to this matter.

Very truly yours,

Joyce Canham

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Marvin E. Schulman
Apartment 3
1910 Holmby
Los Angeles, California 90025

Dear Mr. Schulman:

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

1910 Holmby #3
Los Angeles Ca 90025
March 14, 1994

National AIDS Coordinator
Dear Mr Gebbie,

I would like to thank you for your service in your job as President Clinton's National AIDS Policy. I think you are drawing attention to the need for public awareness by your visits throughout our country which you make in a very energetic way.

I hope you will speak up for increased funding instead of flat funding for AIDS programs in the next fiscal year.

Thanks again for your much needed service.

Sincerely,
Marvin E Schulman

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Walter Draude, Jr.
2303 Lake Shore Avenue
Los Angeles, California 90039

Dear Mr. Draude:

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.

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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

WALTER DRAUDE, Jr.

training coordinator pasadena head start pasadena california
member governing board national association for the education
of young children

March 18,1994

Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Penn. Ave.,NW
Washington, D.C. 20500

Dear Ms. Gebbie,

I am an educator of young children and adults and I am a person living with AIDS. I was distressed to learn that President Clinton has not recommended any new money for AIDS prevention or housing.

The number of people living with AIDS still increases dramatically each year, and with that, the number of people needing housing. Until we have a cure, all we have is prevention. Lives are at stake.

I am writing to encourage you to insure sufficient funding in the VA/HUD Appropriations bills to mount a meaningful fight against AIDS. $156 million in **new** money is needed this year just to keep pace with the growing need for affordable living that keeps people like myself both healthy and productive.

I am writing to encourage you to insure sufficient funding in the Labor/HHS Appropriations bills to mount to mount a meaningful fight against AIDS. $95 million in **new** money is needed this year for HIV prevention.

Please help in this effort. I look forward to hearing from you on this matter.

Sincerely,

Walter Draude

2303 lake shore avenue los angeles california 90039 213.662.2489

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Marlow Fisher
Apartment 6
831 Pacific Street
Santa Monica, California 90405

Dear Mr. Fisher:

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.

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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

Marlow Fisher
831 Pacific Street #6
Santa Monica, CA 90405

March 18, 1994

MAR 23 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,

Marlow Fisher

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mrs. Edward Wallin
2009 Canyon Drive
Los Angeles, California 90068

Dear Mrs. Wallin:

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.

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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 19, 1994

Dear Madam,

This is a plea to increase AIDS funding. I'm a little old lady who is sorry for those suffering from AIDS.

Yours truly,
Anita Wallin

MAR 23 1994

MRS EDWARD WALLIN
2009 CANYON DRIVE
LOS ANGELES, CAL.
90068

USA 19

Kristine Gebbie, RN
Nat'l AIDS Policy Coord
The White House
1600 Pennsylvania Ave
Washington, DC 20500

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Roy W. Casper
Apartment 3
8581 Colgate Avenue
Los Angeles, California 90048

Dear Mr. Casper:

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.

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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

Dear Kristine Debbie, 3-18-94

I would like to see our President Clinton do more to increase aids funding in prevention and housing. I'm 71 years old and volunteer with Kaiser Permanente Sunset with aids patients for the last 7 years - and am aside of the sick & Proper assistance to my sick brothers and sisters - please let the President fight more for aids and its consequences Sincerely - Roy W Casper

Mr. Roy W. Casper
8581 Colgate Ave. #3
Los Angeles CA 90048

ROY W CASPER
8581 COLGATE AVE #3
LOS ANGELES CA 90048

RECEIVED MAR 22 1994

LOS ANGELES, CA 900

USA 19

Kristine Debbie R.N.
National aids Policy Coordinator
The White House
1600 Pennsylvania Ave
Wash. DC. 20500

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Jeannie A. Brewer, M.D.
2671 Laurel Pass
Los Angeles, California 90046

Dear Dr. Brewer:

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.

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Sincerely,

Kristine Gebbie

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

Jeannie A. Brewer, M.D.

March 17, 1994

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

Dear Ms. Gebbie:

I am a physician and mother of a two-year-old, living in Los Angeles. I had the pleasure of meeting you at AIDS Project Los Angeles last October and applaud you in your efforts to continue the fight against AIDS.

Unfortunately, President Clinton has not increased funding for AIDS/HIV prevention and housing in his budget despite the growing number of people affected by this disease in the United States. I am writing to express my extreme dissatisfaction with this flat-funding of a growing epidemic. As you are well aware, prevention is one of the precious few things we can do to combat this disease with no cure in sight. And low-cost housing for those with HIV/AIDS is crucial to their continued well-being and productivity.

Please do what you can to urge that these short-sighted budget-cutting measures for such an urgent cause be remedied. Thank you.

Sincerely,

Jeannie A. Brewer

2671 Laurel Pass Los Angeles California 90046 phone: 213.848.9368 fax: 213.656.3566

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Seran Williams
504 East Oak Avenue
El Segundo, California 90245

Dear Ms. Williams:

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 17, 1994

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

Dear Ms. Gebbie:

For over a decade, I've been painfully aware of the growing AIDS tragedy. Friends and family have all been affected in no small way by this deadly virus. My own daughters will soon enter their teen years facing an ever-increasing risk of becoming HIV-positive. I watched my brother go from a healthy, vibrant, valuable man to a withered shell, and die -- all in just over a month. He left behind a father in pain, rocked by questions that can never be answered, and a sister who loved him, knew him like no one else. This cruel disease took him away from his nieces, his friends, all his loved ones. He was only 41.

During this short but intensive illness, the level of social service support available to him was astounding. But, as the number of AIDS cases grow, how long can this support take care of the long queue of patients, who, like my brother John, need up to the minute medical treatment, counseling, medicine, home services, legal advice, hospice care and more -- all of which are absolute necessities.

AIDS is robbing our country of the finest minds we have today. We need our leaders to push for increased funding levels for AIDS prevention and housing for PWAs. And we need to put parasitic organizations like AIDS Project LA out of business. We need the President to ACT NOW.

Sincerely,

Seran Williams

Seran Williams
504 East Oak Avenue
El Segundo, California
90245

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Antoinette Laura
28613 Lomo Drive
Rancho Palos Verdes, California 90274

Dear Ms. Laura:

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.

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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

March 17, 1994

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

Dear Ms Gebbie:

I am a registered nurse who has seen the suffering caused by AIDS, as I know you have. In addition, I have a family member who is HIV+.

I am dissatisfied with the President's failure to increase AIDS funding in prevention and housing. Please use your influence to convince the President of the need to increase AIDS funding in prevention and housing.

Also, I am so happy that a nurse is the National AIDS Policy Coordinator. Nurses really care!

Sincerely,
Antoinette Laura
28613 Lomo Drive
Rancho Palos Verdes CA 90274

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Rich Thigpen
Apartment 202
630 Venice Way
Inglewood, California 90302-2869

Dear Mr. Thigpen:

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.

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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

630 Venice Way, #202
Inglewood, CA 90302-2869
(310) 412-6008

March 16, 1994

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

Dear Ms. Gebbie,

I do not have AIDS, nor am I infected with HIV, yet through volunteer work I am very close to many people who **are** impacted by the AIDS virus. I don't wish to see any more people infected with this horrible condition. I also don't wish to see people I know lose housing just when they need it most.

With these two wishes in mind, I am very disappointed in President Clinton's recommended budget for 1995. Please convince the President and Congress to increase appropriations in funding both for HIV Prevention at the Centers for Disease Control and for the AIDS Housing Opportunities Act (AHOA).

Sincerely,

Rich Thigpen

Rich Thigpen

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Noel Salzman
Apartment 7
1230 North Mansfield Avenue
Los Angeles, California 90038

Dear Mr. Salzman:

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.

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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

NOEL SALZMAN
1230 North Mansfield Avenue, #7
Los Angeles, California 90038
(213) 957-9428

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 25-year-old gay man living in Los Angeles. I know many people who are HIV positive, some of whom have AIDS and are suffering terribly. I was outraged to learn that President Clinton has not recommended any new money for the AIDS prevention or housing.

While the number of AIDS cases continues to climb, it is absurd not to fully fund the Centers for Disease Control's HIV Prevention efforts. An extra $95 million over last year's budget is needed. Without this money, even more people will become infected, disabled and die unnecessarily.

In addition, the new US areas qualified for 1995 AIDS housing grants will not receive any of the $156 million to meet the current need.

I am very dissatisfied with the President's failure to increase AIDS funding in prevention and housing. He is not living up to his pre-election promises on this issue either.

Please insure sufficient funding to the CDC and the AHOA and impress upon the President that human lives are at stake.

Thank you for your efforts.

Sincerely,

Noel Salzman

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Lori Marx-Rubiner
Wilshire Boulevard Temple
3663 Wilshire Boulevard
Los Angeles, California 90010-2798

Dear Ms. Marx-Rubiner:

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.

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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

WILSHIRE BOULEVARD TEMPLE

March 15, 1994

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

Dear Ms. Gebbie:

My name is Lori Marx-Rubiner, and I am a social worker and educator in Los Angeles. I am writing about concern. In my work with children and families, I am very concerned about issues of HIV/AIDS prevention.

I am disappointed with the President's failure to increase AIDS funding in prevention and housing.

I can appreciate the many issues which face our nation and the world today, many of which rightly deserve our attention and resources. However, we have proven over the years that AIDS is one of the most critical disease that we have faced. Particularly in the absence of a cure, it is critical that place our priorities in the areas of prevention – the word is not getting out there yet!

I hope to see the President's renewed commitment to the AIDS agenda.

Sincerely,

Lori Marx-Rubiner

Lori Marx-Rubiner

3663 WILSHIRE BOULEVARD • LOS ANGELES, CALIFORNIA 90010-2798 • (213) 388-2401 TELECOPIER (213) 388-2595

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Ms. Suzi L. Rodriguez
134-B 14th Street
Seal Beach, California 90740

Dear Ms. Rodriguez:

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

Suzi L. Rodriguez
134 B 14th Street
Seal Beach, CA 90740

March 16, 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,

Suzi L. Rodriguez

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Tom Hanks
c/o PMK
1776 Broadway
Eighth Floor
New York City, NY 10019

Dear Mr. Hanks:

I would like to wish you my heart-felt congratulations on your winning of the Academy Award. I felt a tremendous amount of emotion during your very moving acceptance speech, and I was so proud and thankful of your verbiage. Maybe it is my line of work that moved me to tears of joy, maybe not; regardless, I am elated for you.

I enjoyed meeting and talking to you at the reception after the AIDS Project Los Angeles "Commitment to Life" gala. I am very grateful to you for having the courage to take such a demanding and controversial role of a gay man with AIDS, and I am thrilled to see that you excelled in it. I am confident that your role helped to bring both AIDS and gays home to the American family.

Congratulations again to you on your much-deserved win. If I could ever be of any service to you, please call me at 202/632-1090.

With every best wish,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

March 24, 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 thousands of men, women and children in this country. Please insure that sufficient funds are included in the VA/HUD Appropriations bill to mount a significant and effective fight against AIDS. The President's budget includes absolutely no increase in funding for the AIDS Housing Opportunities Act (AHOA). $156-million in new money is needed this year just to keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive, rather than a burden on our already overextended welfare system.

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

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

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Bernard Hebden
6765 Downey Avenue
Long Beach, California 90805-1918

Dear Mr. Hebden:

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.

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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 was very disappointed to learn that the President's budget did not have an increase in funding for AIDS prevention or housing.

The spread of AIDS is still on the increase. There still is no cure or a vaccine that prevents AIDS so our best prevention is education. There must be enough money in the budget to do this job properly.

Sincerely,

Bernard Hebden
6765 Downey Ave.
Long Beach, CA 908

THE WHITE HOUSE

WASHINGTON

March 24, 1994

The Honorable Federico F. Pena
Secretary of Transportation
400 7th St., S.W.
Washington, DC 20590

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 24, 1994

Mr. Christopher Drake
4441 West 172nd Street
Lawndale, California 90260

Dear Mr. Drake:

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.

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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 writing to you to express my unhappiness about the President's failure to increase funding for AIDS/HIV prevention and housing in his most recent budget.

I have seen more than a dozen close friends become infected by and die from HIV; I cannot stand to see any more. But I know I will. Something must be done before even one more person is lost to this horrible plague. I know that prevention is currently the only way to do this. Funding must be increased to enable more extensive prevention measures to be implemented. Prevention is our first line of defense against HIV; without it, the numbers of people getting sick will increase, creating an even greater financial drain on the budget of the country in the long run.

Already there are thousands dying and the number increases each year. These people must be taken care of in various hospitals, hospices, and other medical institutions. Yet, there is no increase in funding for housing for AIDS patients even though the number of patients increases. This makes no sense.

We must prevent the spread of HIV but we must also help those already infected and sick. Please do what you can to insure sufficient funding in the Labor/HHS Appropriations bills.

Sincerely,

Christopher Drake
4441 W. 172nd Street
Lawndale, CA 90260

THE WHITE HOUSE

WASHINGTON

March 24, 1994

The Honorable Lloyd Bentsen
Secretary of the Treasury
1500 Pennsylvania Ave., N.W.
Washington, DC 20220

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.

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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 24, 1994

Mr. Butch Ellis
Apartment 6
848 South Irolo Street
Los Angeles, California 90005

Dear Mr. Ellis:

Thank you for your inquiry. The National Commission on AIDS completed its mission last year, and was disbanded in accordance with its charter so I am unable to provide you with a current mailing address. The Office of National AIDS Policy was established to act on the Commission's findings. Please feel free to contact the office with any further questions or concerns you may have. I have enclosed the Commission's final report for your information.

I regret to inform you that Representative Ted Weiss died two years ago just before the election in which he was running as the incumbent. His post was taken by Jerrold Nadler.

Thank you again for writing. Keep in touch.

Sincerely,

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

Enclosure

B U T C H E L L I S
848 South Irolo Street #6
Los Angeles, California 90005

February 9, 1994

Steve pull copy of Commission final report & draft copy

THE WHITE HOUSE
Washington, D.C. 20050

ATTENTION: Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

- Dear Ms. Gebbie -

Thank you for your letter of December 17, 1993.

I am gratified by your cooperation.

I am certain I have several other issues I wish to consult with you.

May I impose upon you to request that you provide me with the correct mailing-address for the National Commission on AIDS? I seemed to have misplaced it.

I am interested in learning where I can obtain copies of minutes/reports of hearings-meetings. Some years ago, Ms. Polly Gault (?) sent me a copy of the entire first report made by the then-Presidential Commission.

However, you can help me will be greatly appreciated.

Further, am I correct in thinking that Rep. Ted Weiss (D-New York) has died? I have had a long-time correspondence with him; he provided me with a great deal of Congressional reports and information in general. I sincerely hope I am wrong.....

- Respectfully -

BUTCH ELLIS

THE WHITE HOUSE

WASHINGTON

March 24, 1994

MEMORANDUM FOR CRAIG LIVINGSTONE
DIRECTOR OF WHITE HOUSE PERSONNEL SECURITY

FROM KRISTINE M. GEBBIE for
NATIONAL AIDS POLICY COORDINATOR

SUBJECT Office of National AIDS Policy (ONAP) staff access list

Please list the following ONAP staff under my responsibility for access to the White House complex effective immediately.

Lance Alworth
Andrew Barrer
John Paul Gurrola
Retina Holmes
Arthur Lawrence
William Steve Lee

Thank you for your attention to this matter. If you have any questions or if I can be of further assistance, please call me at 202/632-1090.

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Rev. Diane R. Dixon-Proctor, M.Div.
Pastor
Franklin United Methodist Church
Post Office Box 38
Churchton, Maryland 20733

Dear Rev. Dixon-Proctor:

The name of the book we discussed is AIDS and the Church: The Second Decade by Earl E. Shelp and Ronald H. Sunderland. I hope you are able to find a copy.

It was good to meet you. Please keep in touch. Best wishes.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. David Hanson
3104 Ocean Boulevard
Corona Del Mar, California 92625

Dear Mr. Hanson:

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

"Determined to Live for Christ"
Diane R. Dixon-Proctor, M. Div.
Pastor
Franklin United Methodist Church
Church:
5345 Deale-Churchton Rd.
P.O. Box 38
Churchton, MD 20733
(410) 867-3521
Home:
453 Aventura Ct.
Glen Burnie, MD 21061
(410) 766-4890

David Hanson
3104 Ocean Blvd
Corona Del Mar, CA 92625

March 17, 1994

MAR 23 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,

David Hanson

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. Leland W. Bard
3350 North Knoll Drive
Los Angeles, California 90068-1520

Dear Mr. Bard:

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.

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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

16

March 16, 1994

RECEIVED

MAR 23 1994

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

Dear Ms. Gebbie,

I write to direct your attention to a troubling discrepancy between the President's FY '95 draft budget and his stated intention to initiate an appropriate national response to the AIDS pandemic.

It is expected that cumulative, confirmed diagnoses of symptomatic AIDS will reach 385,000 by December, 1994. Nevertheless, the President's FY 1995 budget proposal shows no new monies for HIV education and prevention -- at a time when prevention of more HIV transmissions is clearly more urgent than ever.

Yes, the issues relating to AIDS and successful prevention of HIV transmission have been around for a long, long time now -- it is, tragically, an over-familiar need. That certainly means that more ingenuity, more media air time, more on-going public acknowledgment of the means of halting HIV are needed, in the face of waning public sensitivity. But don't doubt that realistic, explicit programs to inform and to encourage safer behavior CAN show results -- and save lives. It was a shamefully under-reported development but in 1992 the number of new HIV diagnoses among gay and bisexual men DECLINED from the number in 1991 (cases independent of IV drug use) -- by a small percentage, it is true, but the numbers did come DOWN. Unfortunately that GOOD news isn't repeated for 1993 because of the new more-inclusive AIDS definition (the change was important to make but it has obscured an important success story in AIDS prevention). I believe the decline in 1992 reflects a change in sexual behavior by MILLIONS of INFORMED, MOTIVATED gay and bisexual men beginning from the time that the nature of HIV transmission was understood, in 1984-5 -- remember, please, that the average time between HIV infection and manifest AIDS symptoms is very near ten years, so the impact of the new information in the '80's was deferred until the '90's. I am so distressed that this sequence of events is not lauded and praised every day in the media and the CDC and the Oval Office -- but, apparently by a lingering lethal level of homophobia, or whatever reason, we seem never to hear what a terrific effect AIDS awareness has achieved.

Please work to secure $100 million in ADDITIONAL funding for HIV education/AIDS prevention in FY 1995. This crisis will not go away, but it is a PREVENTABLE plague and to leave education funding at a business-as-usual level is reprehensible.

Thank you.

Sincerely,

Leland W. Bard

Leland W. Bard
3350 North Knoll Drive
Los Angeles, CA 90068-1520
(213) 851-9569

THE WHITE HOUSE

WASHINGTON

March 24, 1994

Mr. William M. Burke
President
The Washington Center
Suite 500
1101 14th Street, N.W.
Washington, D.C. 20005

Dear Mr. Burke:

Thank you for the invitation to be the keynote speaker for the Health Day portion of the Washington Center's tenth annual Women as Leaders Seminar on Tuesday, May 24 from 9:00 a.m. to 10 a.m.. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

regrets - w.
Cincinnati

THE WASHINGTON CENTER

For Internships and Academic Seminars

The Washington Center for Internships and Academic Seminars is an independent, non-profit, educational organization founded in 1975. Its mission is to utilize the resources of the nation's capital to provide participatory learning experiences in order to enhance students' academic, civic, and professional development. In this way, The Washington Center seeks to promote future leadership for the public, private, and non-profit sectors of our society.

RECEIVED

MAR 23 1994

March 21, 1994

Ms. Kris Gebbie
Office on National AIDS Policy
200 Independence Ave., NW
Room 728 F
Washington, DC 20201

Dear Ms. Gebbie:

This May, 200 of the nation's most outstanding women leaders will be in Washington, D.C., for the tenth annual **Women as Leaders Seminar**. Given your tremendous accomplishments as a exemplary professional and role model, it is our hope that you will be able to share your valuable insight with these culturally-diverse women of vision and promise as a speaker during the seminar.

The Women as Leaders Seminar is conducted by The Washington Center, a non-profit organization dedicated to providing academic seminars and internships for college students. This year's **Women as Leaders Seminar** promises to be the best ever. The 1994 class of students is made up of three college women from each state, Washington, D.C., and Puerto Rico in addition to 44 at-large candidates. It includes women of all ethnic backgrounds, physically-challenged individuals and many non-traditionally aged college women with families. All of the students were nominated by their college or university president and then selected by a panel of educators and women leaders, based on their leadership activities, interest in women's issues, letters of recommendation and academic achievement. The program is highly competitive, with were over 800 applicants for this year's seminar alone.

During the seminar, students will develop their leadership potential and examine a variety of women's issues through lectures, small group discussions, tours, mentor opportunities and volunteer community activities--all with nationally prominent women leaders. Some of the topics previously covered include The Evolution of Women in Leadership Positions, The Treatment of Women by the Media, Work Force Challenges Facing Women and Women as Entrepreneurs.

Given your outstanding accomplishments, your service in numerous leadership roles and your insight into the challenges women leaders face, we would be honored to have you give the keynote address on the Health Day portion of the seminar on **Tuesday, May 24th, from 9:00-10:00 a.m.**

We would be grateful and honored to have you participate in our program. Laura Hudson, Director of Academic Seminars will contact you in the near future. In the meantime please feel free to contact me at (202)336-7578. In advance, thank you for your consideration of our application.

Sincerely,

William M. Burke
President

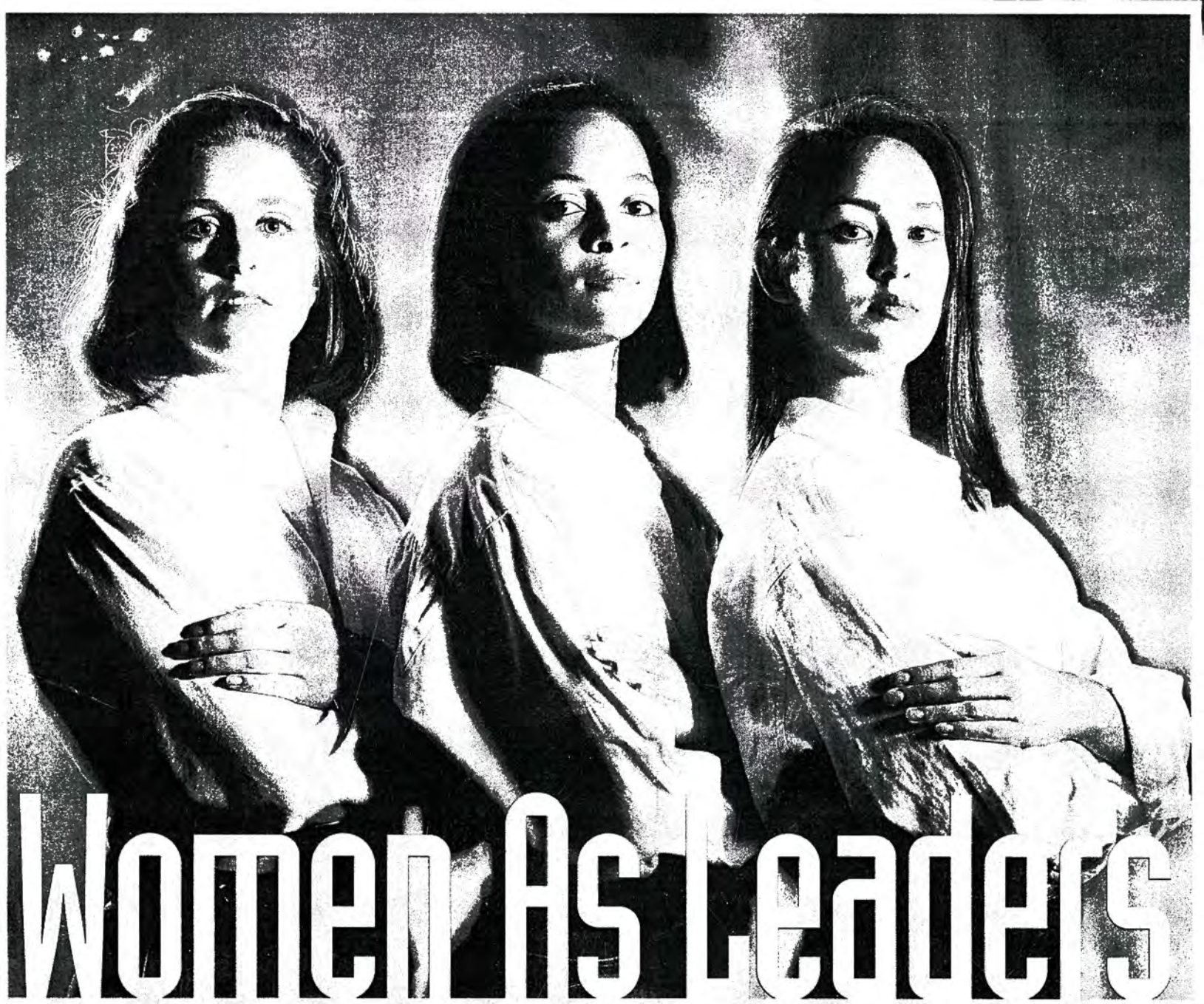
1101 14th Street, NW Suite 500 Washington, DC 20005 202/ 336-7600 Fax: 202/336-7609

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 WASHINGTON CENTER

For Internships and Academic Seminars

SEARS

March 25, 1994

Ngoc Din
860 Farmdale Road
Mt. Joy, PA 17552

Dear Ms. Dinh:

I would like to thank you for your beautiful letter. I truly admire your dedication to your friend Mike and to the fight against AIDS.

I encourage you to continue with your efforts because they are making a difference in the lives of people living with AIDS. Volunteering and giving time of yourself is what helps to make this country great. I applaud you for all of your efforts.

Young student leaders like yourself continue to give me confidence in the future of the United States of America.

Best Wishes,

B.C.

2/28/94

Dear President Clinton,

Hello, my name is Ngoc Dinh (Knock Din) from Lancaster, Pennsylvania. I represented the 1994 Clearasil National Teen Summit during a meeting with AIDS Czar Kristine Gebbie on March 1, 1994. I did not have the honor to speak with you about one of my concerns. My best friend Mike Hartranft is living with AIDS.

Mike contracted the HIV virus when he was seven years old from receiving Factor VIII in 1984. Since going public with his condition in 1991, he and his mother Linda Mowrer have been educating teenagers about the disease. Mike is giving his life for AIDS.

Mike has not only educated me about AIDS, but he also has educated me about Life. He taught me how to see the beauty in everything around us. He gave me hope in this world. He made me see the joy of living. I learned that Life is based on dreams. If we didn't have any, why would we continue to live? I also realized the only difference between people without AIDS and those who are living with AIDS is time. We have the rest of our lives to accomplish all of our hopes, dreams, and goals. We even have time to make new ones. Learning this makes life easier to live. It is sort of like a proof in math. If you understand how and

why the proof works, rather than memorize the process, it is easier to go through again and again. These are only a few things Mike has given to me. I cannot express how much impact he has on my life. Mike is my hero. I can never repay him for all that he has done for me. One of my dreams in life is to make all of Mike's dreams come true.

I have raised thousands of dollars for him to spend on dream vacations and luxuries. All the little things in life that we take for granted. One of his biggest dreams is to meet you. Mike has so much faith and hope in you to become known as the President who stopped the spread of AIDS. He idolizes you both as a person and as a president.

Please give Mike Hartranft a telephone call and speak to him. He recently left Hershey Medical Center Wednesday, February 23 from a tough bout with PCP and MAI. Presently, he is unable to have visitors and is having trouble speaking, but he would love a call from you. Your telephone call would not only make my dream come true, but also Mike's. I know this is a big favor to ask from you, but he

means the world to me, and a call from you would mean the world to him. I was blessed to have Mike be a part of my life. Please give Mike a call in the near future at

(717) 569-9268

Thank you for taking the time to read my letter, I am honored.

Sincerely yours,

Nyree Smith

P.S. Mike's address is

2302 Valley Rd.
East Petersburg, PA 17520

My address and telephone number is

860 Farmdale Rd.
Mt. Joy, PA 17552
(717)684-5694

3/28/94

Dear President Clinton,

Hello, my name is Ngoc Dinh (Knock Din) from Lancaster, Pennsylvania. I represented the 1994 Clearasil National Teen Summit during a meeting with AIDS Czar Kristine Gebbie on March 1, 1994. I did not have the honor to speak with you about one of my concerns. My best friend Mike Hartranft is living with AIDS.

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(717) 569-9268

Thank you for taking the time to read my letter, I am honored.

Sincerely yours,

Inger Smith

P.S. Mike's address is

2302 Valley Rd.
East Petersburg, PA 17520

My address and telephone number is

860 Farmdale Rd.
Mt. Joy, PA 17552
(717)684-5694

THE WHITE HOUSE

WASHINGTON

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

before

HIV/AIDS Prevention Education for
Diverse Communities of Women Conference

~~Brooklyn, NY~~
March 9, 1994 KMG 3/25

1. Why worry about HIV and Women
   - A. Continuing growth of cases in young women
   - B. Impact of Infection on women
     1. On their own health
     2. On their children
     3. On their families

2. Why this area is missed
   - A. Focus on men
     1. Gay men
     2. Injection behavior
   - B. Tendency to denial
     1. On the part of society
     2. On the part of caregivers
     3. On the part of women themselves

3. What it takes to get a prevention message through

Policy issues
Research - ?'s about women / inclusion in decision making
Services - focus on family
Prevention

A. That the risk is real
B That there is something which can be done
C. That the individual can do it/is worth it

4. The issue of making messages pertinent/receivable
A. The images must be relevant
B. The messages must get where people are
C. The messages must fit into priorities

5. Ownership of the issues

Direct Phone: 508-748-2915 Sent by: R. H. Norweb Direct Fax: 508-748-2585

WASHINGTON FAX™

An information and communications service...

March 28, 1994

Please delivery this fax to

Ms. Kristine Gebbie
National Institutes of Health

MAR 29 1994

RE: *High Performance Computing and Information (HPCI)* edition

Dear Ms. Gebbie:

You currently are receiving a trial subscription to the *Life Science* edition of Washington Fax. Did you know that there is a *High Performance Computing & Information (HPCI)* edition also?

HPCI delivers concise intelligence on important programs and issues at the federal level. Additional information on *HPCI* articles and other high performance computing and information topics can be obtained by calling our *Interactive Research Service.*

If you would like to receive a trial subscription to *HPCI*, please mark the box below. Your trial subscription will include free access to our *Interactive Research Service.*

I hope to hear from you.

Sincerely,

R. Henry Norweb III
Special Accounts
508/748-2915

Check box and fax to 508-748-2585

☐ Please send me a free, no-obligation, trial subscription to the *High Performance Computing and Information* edition of Washington Fax.

TV NEWS: THE CUTTING EDGE - III
THE SHERATON IMPERIAL HOTEL & CONVENTION CENTER
RESEARCH TRIANGLE PARK, NC
MARCH 27TH-29TH, 1992

FRIDAY EVENING, MARCH 27

7:30 - 9:30 p.m.	WELCOME RECEPTION AND BUFFET (Empire ABC)
9:30 p.m.	Hospitality Suite (President's Suite - 10th Floor)

SATURDAY, MARCH 28

7:30 a.m.	Breakfast (Imperial Foyer)
8:15 - 8:20 a.m.	WHY WE'RE HERE -- AGAIN (Imperial I-III) Alan McGowan, President, SIPI
8:20 - 9:45 a.m.	**THE CRISIS IN HEALTH CARE** Moderator: Alan McGowan
8:20 - 8:35 a.m.	THE SOCIAL CONTRACT: WHAT'S WRONG Uwe Reinhardt, Ph.D., James Madison Professor of Political Economy Princeton University Princeton, NJ In this presidential-election year, edical-care coverage has zoomed to the top of the political agenda. Americans want the health care system reformed. What's collapsing -- and what's most in need of drastic revision -- is the way we finance health care.

8:35 - 8:50 a.m.	RATIONING HEALTH CARE: THE OREGON PLAN Ralph Crawshaw, M.D., Clinical Professor, Department of Psychiatry, Department of Public Health and Preventive Medicine, University of Oregon Medical School Portland, OR A highly innovative albeit controversial scheme, on the verge of being launched in Oregon, may well become the Medicaid model for the rest of the nation. Advocates say, given limited financial resources, that the plan is fair, rational and practical. Critics worry that the poor may wind up getting the worst of it.
8:50 - 9:20 a.m.	Q&A
9:20 - 9:45 a.m.	HEALTH INSURANCE FRAUD: IT'S GROWING Julian W. De La Rosa, Inspector General, US Department of Labor Washington, DC Priced out of the market for conventional group-health coverage by rising Medicare costs, many small employers have been obliged to turn elsewhere -- all too often to financially weak, sometimes dishonest, companies incapable of delivering on promised benefits.
9:45 - 10:20 a.m.	BREAK
10:20 - 11:10 a.m.	**IN SEARCH OF AN AIDS VACCINE** Dani P. Bolognesi, Ph.D. Director, Center for AIDS Research; James B. Duke Professor of Surgery Duke University Medical Center, Durham, NC

	A dozen and more experimental vaccines are now undergoing clinical trials. You'll get an up-to-the-minute report on the prospects from one of the pioneers of anti-HIV vaccine development; the outlook suddenly seems far less foreboding than it did just a few years ago.
11:10 - 11:40 a.m.	**LESSONS IN PEACE FROM PRIMATES** Frans B. M. de Waal, Ph.D., Research Professor, Yerkes Regional Primate Center; Associate Professor of Psychology, Emory University Atlanta, GA There may be much for humans to learn from monkeys and apes, judging from the results of studies centering on how these primates work to improve social relationships and actively strive to reduce conflict and keep the peace.
11:40 - NOON	BREAK
NOON - 1:15 p.m.	LUNCHEON (Empire ABC)
1:15 - 2:15 p.m.	**WORKSHOP:** **"COVERING THE IMPOSSIBLE"** Ira Flatow, Moderator Executive Producer/Anchor, "Talk of the Nation: Science Friday" Michael Guillen, Ph.D., Science Editor, ABC-TV and WCVB-TV, Boston, MA Craig Smith, General Assignment/ Science Reporter, WFLA-TV Tampa, FL

	The panelists show the ploys, tricks, strategies they've employed to make tough, seemingly arcane, presumably untellable but highly significant stories come alive and make it on the air.
2:45 p.m. SHARP	Buses depart for Research Triangle Park
3:15 - 3:20 p.m.	WELCOME TO MCNC (Auditorium) George F. Howe, Director, External Relations, MCNC Research Triangle Park, NC
3:20 - 3:50 p.m.	**NEW DIMENSIONS IN SUPERCOMPUTING** Moderator: Alan McGowan CATCHING BUCKEYBALLS Jerzy Bernholc, Ph.D. Professor of Physics, North Carolina State University Raleigh, NC New supercomputer-generated images of recently discovered soccer-ball and egg-shaped carbon molecules promise to speed the way to a dazzling array of "super" applications. In the offing: sensitive electronic devices able to withstand super-high temperatures; super-efficient industrial lubricants; and new, super-precise cancer-fighting agents. VIRTUAL REALITY Henry Fuchs, Ph.D., Federico Gil Professor of Computer Science, University of North Carolina, Chapel Hill, NC It's a way of dramatically expanding human perception -- a way of heightening reality through illusion -- a 3-D video game you enter by strapping on a mask, containing tiny, TV-like displays that, by fooling your senses, transports you in a flash into a new habitat. Applications are

growing rapidly in medicine, chemistry, architecture and a host of other arenas.

4:05 - 4:35 p.m.

NEW DIMENSIONS IN COMMUNICATIONS
Moderator:
Alan R. Blatecky,
Vice President, Center for Communications, MCNC
Research Triangle Park, NC

VIRTUAL PROXIMITY
Alan R. Blatecky

For now and the immediate future, it has to be the last word in electronic communication -- the next best thing to being there -- the most intimate, interactive teleconferencing experience yet. You'll get a chance to see it and "feel" it for yourself by way of a show-and-tele-interview relating to one of the most fundamental and profound mysteries of biology....

THE MYSTERY OF PROTEIN FOLDING
George Rose, Ph.D., Professor of Biochemistry and Biophysics,
University of North Carolina,
Chapel Hill, NC

As brokers of life, proteins play many important biological roles, from regulating blood pressure to facilitating chemical reactions. Function has much to do with form -- with the way the protein building blocks, the long strings of amino acids, twist and fold into 3-D structures. Once they can fathom the rules of folding, scientists will have acquired the power to create new molecules with entirely new functions.

	PACKET VIDEO Alan R. Blatecky The latest innovation that allows for TV remotes to be transmitted through telephone lines, thereby doing away with the need for satellite feeds.
4:45 p.m.	Buses depart for the Sheraton Imperial Hotel
6:30 p.m.	RECEPTION (Poolside)
7:30 p.m.	DINNER (Empire ABC) Featured Speaker: Judith Stone Author, "Light Elements: Essays on Science from Gravity to Levity"
9:00 p.m.	President's Suite for into-the-night schmoozing
SUNDAY, MARCH 29	
8:00 a.m.	Breakfast (Imperial Foyer)
8:30 - 11:00 a.m.	**INTRODUCING TOMORROW** (Imperial I-III) Moderator: Alan McGowan
8:30 - 9:15 a.m.	SEEING THINKING Marcus Raichle, M.D., Senior McDonnell Fellow, Washington University; Professor of Radiology, Washington University School of Medicine St. Louis, MO Neuroscientists are now able to take pictures of the brain at work, a key advance that not only will lead to better understanding of memory and other complex cerebral functions but should also help researchers get to the root of a variety of cognitive disorders, as prelude to therapy.

9:15 - 11:00 a.m.	FAST FORWARD Snapshots from the human-senses research front.
9:20 - 9:40 a.m.	<u>WIRED FOR SMELL</u> Robert Gesteland, Ph.D., Professor, Anatomy & Cell Biology; Associate Dean Biomedical Sciences, University of Cincinnati College of Medicine Cincinnati, OH Unlike most other body organs, the brain lacks the ability to repair or regrow damaged cells, but for that domain concerned with smell. New knowledge about how the continuously renewed olfactory neurons, the conduits of smell, get properly wired from nose to brain points to new strategies for restoring function to hitherto unrecoverable nerve tissue.
9:40 - 10:00 a.m.	<u>COCHLEAR IMPLANTS FOR KIDS</u> Bruce J. Gantz, M.D., Professor of Otolaryngology-Head and Neck Surgery, University of Iowa College of Medicine Iowa City, Iowa Having proved their mettle in adult and children who lost their hearing after they had already learned language, cochlear implants are now being extended to much tougher cases -- prelingually affected kids. Initial results are heartening.
10:00 - 10:20 a.m.	<u>'MOMMY TALK'</u> Patricia K. Kuhl, Ph.D., Professor of Speech and Hearing Sciences, University of Washington Seattle, WA Surprising new findings suggest by the age of six months, long before they understand or utter their first word, infants are already on their way to becoming speakers and

listeners of their native language -- thanks largely to "motherese," the comforting, vowel-drenched, attention-getting style of speech practiced by moms (and dads) the world over. The findings have important clinical implications.

10:20 - 10:40 a.m.

THE ARTIFICIAL RETINA

Eugene de Juan, M.D.
Associate Professor, Department of Opthalmology & Cell Biology,
Duke University Medical Center,
Durham, NC

It's the visual analog of the cochlear implant -- a retina-on-a-microchip now under development that is meant to serve as a light -- and motion-sensing surrogate in patients blinded by retina detachment and other eye disorders.

10:40 - 11:00 a.m.

VOCAL COLOR

Ingo Titze, Ph.D., Professor,
Department of Speech Pathology & Audiology; Director, National Center for Voice and Speech,
University of Iowa
Iowa City, Iowa

Imagine a gadget attached to the telephone (or microphone) that, at the mere flick of a switch, endows your voice with any of a variety of desirable characteristics -- sexiness, warmth, you name it. New advances in human voice similation are bringing that idea closer to reality as well as opening the way to enhanced treatment of vocal disorders.

11:00 - 11:30 a.m.	BREAK
11:30 - 1:00 p.m.	**THE ROUNDTABLE** (Empire ABCD) Moderator: Alan McGowan Our now-traditional all-hands free-for-all
1:00 - 2:00 p.m.	**FAREWELL LUNCHEON (Imperial I-III)**

-- A D J O U R N M E N T --

INTERVIEWS WILL TAKE PLACE IN CROWN A, CAPITAL AND PARK BOARD ROOMS.

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. Gary A. Stevenson
11416 Clifton Boulevard #2
Cleveland, Ohio 44102

Dear Mr. Stevenson:

Thank you for taking the initiative and petitioning the Postmaster General to make the limited issue "AIDS Awareness" stamp a permanent edition to the U.S. Postal Service.

I agree that the wide distribution of the stamp increases AIDS awareness. Constantly reminding the public of AIDS and its consequences is the only way to prevent the spread of HIV.

Good luck with everything. Please keep me informed of your progress.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Tom Drach
5342 S. Westwood Drive
Knightstown, IN 46148

Dear Mr. Drach:

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 28, 1994

Marie A. Jackson, RN, CCRN
P.O. Box 263
Shannon, MS 38868

Dear Ms. Jackson:

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.

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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

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. Michael O. Stewart
4341 San Simeon Circle
Yorba Linda, California 92686

Dear Mr. Stewart:

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 18, 1994

Michael O. Stewart
4341 San Simeon Circle
Yorba Linda, CA 92686

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

Dear Ms. Gebbie,

I am a concerned resident in Orange County, California who has had several friends die from the AIDS epidemic.

I would like to express to you my dissatisfaction with the President's lack of increase for AIDS funding inprevention AND housing. $156 million in new money is needed this year to keep pace with the growing need for affordable living for people with AIDS.

Also, the fact that the President has allowed NO increase in funding for HIV prevention at the Centers for Disease Control is unthinkable. Please help save lives. I can hardly bare any more friends of mine to die from this cruel disease.

Sincerely,

Michael O. Stewart
714-524-0263