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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

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March Chron Files 1994 [8]

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THE WHITE HOUSE

WASHINGTON

March 28, 1994

Ms. Lynne M. Partington
Post Office Box 3494
Manhattan Beach, California 90266

Dear Ms. Partington:

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

Lynne M. Partington
P.O. Box 3494
Manhattan Beach, CA. 90266

Krishne Gebbie, R.N.
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

21 March 1994

Dear Ms. Gebbie,

I am writing to express my concern over President Clinton's lack of concern in his budget regarding HIV prevention. To flat fund the CDC's budget for HIV Prevention efforts at this time is shortsighted.

Education is our only means of prevention in stopping or curtailing the spread of this virus.

I am a biology teacher and Science department chair in a comprehensive secondary school in the Los Angeles area. HIV/AIDS education is included in our curriculum, and I, as a mentor Teacher, am responsible for the training of the teachers who are presenting this information. I am also a pre and post HIV test counselor at a local free health clinic in Manhattan Beach. Through all of my experiences, education is definetely our only answer at the present time.

I urge you to express my concern to President Clinton.

Sincerely,
Lynne M. Partington
Lynne M. Partington

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. Steward Deluca
2295 Verde Oak Drive
Los Angeles, California 90068

Dear Mr. Deluca:

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

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

Dear Ms. Gebbie:

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

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

Sincerely,

Steward Deluca
2295 Verde Oak Drive
Los Angeles, CA 90068

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Ms. Michelle Rollens
17171 Celtic Street
Granada Hills, California 91344

Dear Ms. Rollens:

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 21, 1994

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

Dear Ms. Gebbie:

I am a person who has lost ten friends to the AIDS virus, and will lose many more before we find a cure for this epidemic. I am also a volunteer for AIDS Project Los Angeles, and lobby for increase AIDS funding.

I am writing this letter to express my dissatisfaction with the President's failure to increase AIDS funding in prevention and housing. I know the President has done much more than our past Presidents with the fight against AIDS, but he is not doing enough. He is definitely not doing all he promised during his campaign.

He must increase AIDS funding in prevention and housing.

Sincerely,

Michelle Rollens
17171 Celtic St.
Granada Hills, CA 91344

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. John Lewis
3375 Lemon Avenue
Long Beach, California 90807

Dear Mr. Lewis:

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

John Lewis
3375 Lemon Avenue
Long Beach, CA 90807

March 20, 1994

MAR 24 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,

John Lewis

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. Robert G. Tice
10456 Riverside Drive
Toluca Lake, California 91602

Dear Mr. Tice:

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 16 1994

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

Dear Ms. Kristine Gebbie:

My lover, David, is HIV positive and I must ask for your help with this dreadful disease.

Please insure sufficient funding in the Labor/HHS Appropriations bills to mount a meaningful fight against the AIDS epidemic. The President's budget includes absolutely NO INCREASE in funding for HIV Prevention at the Centers for Disease Control.

To flat fund the CDC's HIV Prevention efforts at this time in unthinkable and will be extremely costly in the long run. $95 million in new money is needed this year for HIV Prevention. Let's stop AIDS before it starts by PREVENTION.

Sincerely,

Robert G. Tice

10456 Riverside Drive ▪ Toluca Lake, CA 91602 ▪ Phone 818-763-1363 ▪ Fax

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. Raymond So
Apartment 132
3175 South Hoover Street
Los Angeles, California 90007

Dear Mr. So:

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

3175 S. Hoover St #132
Los Angeles CA 90007

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

Dear Ms. Gebbie:

I am concerned that the President's budget does not contain adequate funding for the national fight against AIDS. I understand that the budget does not provide any increase in funding for AIDS prevention and housing. I am disappointed to learn this and urge the President to make greater efforts to fight this national epidemic.

I encourage you to devote your attention to making the President fully aware of the tragedy of AIDS on our society and asking for greater support from the White House in this area.

Sincerely,

Ray So

Raymond So

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Ms. Rita Stumps
Apartment 306
14556 Magnolia Boulevard
Sherman Oaks, California 91403

Dear Ms. Stumps:

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

3-18-94

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

Dear Ms. Gebbie,

My name is Rita Stumps, and I am very worried about the AIDS epidemic in our country today. I have friends who have suffered of and died from this disease.

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

$95 million in new money is needed this year for HIV prevention, and $156 million in new money is needed just to keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive.

Sincerely,

Rita Stumps

Rita Stumps
14556 Magnolia Blvd #306
Sherman Oaks, CA 91403

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Mr. Charles A. Griffis, R.N.
1237 Carmona Avenue
Los Angeles, California 90019-2531

Dear Mr. Griffis:

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

3/21/94

Kristine Gebbie, RN
National AIDS Policy Coordinator

Dear Ms Gebbie:

As a fellow RN caring for patients with AIDS/HIV, I implore you to express my extreme dissatisfaction with President Clinton's failure to increase AIDS funding in prevention and housing.

As you know, documented cases of full blown AIDS are rising steeply. In the face of this, it is not acceptable to increase funding to care for these affected Americans.

Help me, ms Gebbie. It's lonely in the trenches of this heartbreaking war.

Sincerely

Charles A Griffis RN
1237 Carmona Ave
LA CA 90019

MAR 28 1994

THE WHITE HOUSE

Dear Juanita —

I'm so sorry I didn't get to see you, and meet Monique, during my trip to New Mexico. I'm delighted that you are doing so well, and of course pleased that Monique is healthy. If you have an extra picture, I'd love to see it.

My best wishes Katherine Ortega

THE WHITE HOUSE

WASHINGTON

March 28, 1994

MEMORANDUM TO:

Patsy Fleming, Office of the Secretary, HHS
Thea Spires, Office of the Secretary, HUD
Nancy-Ann Min, OMB

FROM: Andrew E. Barrer, Ph.D.
Office of the National AIDS Policy Coordinator

SUBJECT: standard letter on prevention and housing budget

Our office has been receiving letters about the need for more funding for housing for people with AIDS as well as additional funding for HIV prevention programs. Attached is the standard response to these letter.

If you have any questions or comments, please contact me at 632-1090.

Thank you.

THE WHITE HOUSE

WASHINGTON

March 28, 1994

The Honorable Donna E. Shalala
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Madam 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.

Please provide the following information for each non-PHS agency within your Department. We have also taken the liberty of sending a memorandum directly to the Assistant Secretary for Health requesting similar information from the Public Health Service Agencies.

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

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

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy
Room 738G
Hubert Humphrey Building

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

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

Enclosure

THE WHITE HOUSE

WASHINGTON

March 28, 1994

Bill Roberts, President
San Diego Community Research Group
3800 Ray Street
San Diego, CA 92104

Dear Mr. Roberts:

Thank you for sending me the materials which your organization puts out including the booklet, The Language of HIV/AIDS. I have shared these materials with staff. This will become a valuable reference tool for our college interns who volunteer in our office and are always eager to learn more about HIV and AIDS.

It was good seeing you in San Diego last month and I appreciate your kind words regarding my presentation at San Diego University.

Keep up the good work.

Sincerely,

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

Steve
needs = thanks
for sender - give shared
with staff a note

Bob 9-fyi

SAN DIEGO
COMMUNITY RESEARCH GROUP
3800 RAY STREET • SAN DIEGO • CA 92104 • 619 • 291 • AIDS

RECEIVED
MAR - 7 1994

March 2, 1994

Fax (619) 291-1152

Ms. Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Executive Office of the President
Washington, DC 20500

Dear Ms. Gebbie:

It was a pleasure meeting you at the AFL-CIO Leadership Conference on AIDS in January and meeting you again on your visit to San Diego. I was particularly impressed with your ability to respond to questions from the students at SDU.

I've enclosed some of the basic materials we've created and use in our *Fight Back* classes.

In the event there are openings for PWAs on the Secretary of Health's new committee, I would like to be considered.

Andrea
fyi

Sincerely,

Bill Roberts

Bill Roberts
President/Board Chair
(and a grandfather with AIDS)
BR/jc

enclosures: 1. *Fight Back Against HIV/AIDS* materials
2. copy, *The Language of HIV/AIDS*
3. tape, *Fight Back Against HIV, an AIDS Survival Course*
4. tape, *AIDS the Second Decade*

MAR 2 8 1994

THE WHITE HOUSE

Doreen —

Thanks for the newsletter — and for the message about Dan. Sorry I've not given you a call. I continue to be impressed by what's being done in Washington state on public health reform! Good job —

Kristine

S.F. 80 **ROUTING SLIP**
SF 80 F

TO: Kristine Gebbie	DATE
ADDRESS	MAIL STOP
FROM: Doreen Garcia	MAIL STOP / PHONE / SCAN

- [ ] For Action
- [ ] For Approval
- [ ] For Signature
- [ ] Per Your Request
- [ ] Read and Return
- [ ] For Your Information
- [ ] Per Our Conversation
- [ ] Read & Route to Files
- [ ] For Your Comments

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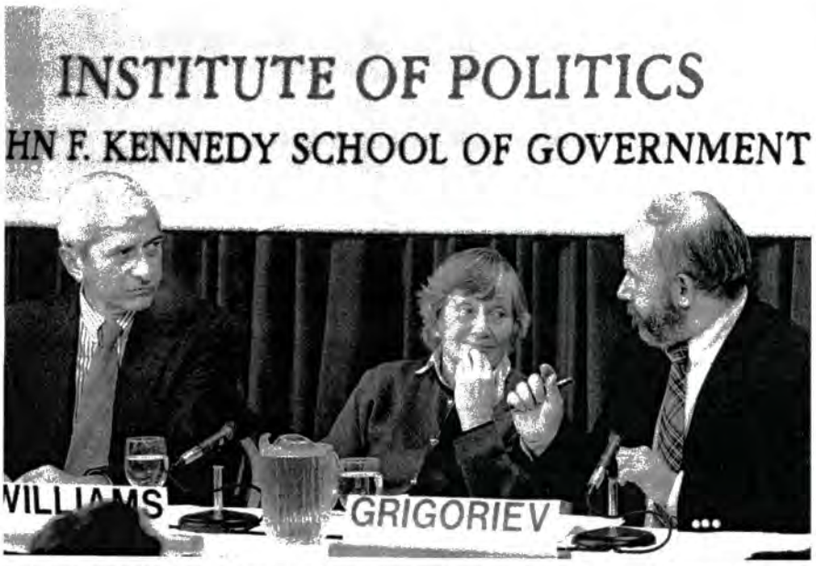
Send to Kristine Gebbi
from Dorcas

U P D A T E

JOHN F. KENNEDY SCHOOL OF GOVERNMENT HARVARD UNIVERSITY

NOVEMBER/DECEMBER 1993



Professor Shirley Williams and Sergei Grigoriev MPA '93 (right) agreed that Yeltsin's politics since becoming president have been anything but democratic. At left is panel moderator Marvin Kalb.

Will Russia Become a Democracy?

Yelstsin's hard line raises doubts

A panel of experts on Russia seemed to feel about Boris Yeltsin the way Churchill felt about democracy: he's the worst possible person to lead Russia – except for all the others.

Asked by moderator Marvin Kalb, director of the Joan Shorenstein Barone Center, if "Yeltsin is a budding democrat to be trusted by the West to bring elections and a free market to Russia," the four experts in the Forum answered with a lukewarm "maybe."

"How could Yeltsin be a democrat, even if he wants to be?" asked Professor Shirley Williams. "He has had no democratic background. He overturned the constitution, and although it wasn't a good constitution, disobeying it is not a good preamble in a society where the concept of obeying the rule of law and of a civil society is, at best, in its early stages."

Marshall Goldman, associate director of Harvard's Russian Research Center, detailed Yeltsin's abuses of democratic practices. "He holds himself above parties," said Goldman. "He didn't create a party for himself." After ousting his opponents from the Russian White House, Yeltsin banned many parties and newspapers, both officially and unofficially. He effectively took over the management of 2,400 newspapers, moving them under the direction of his proconsul from the supervision of local consuls. And support for him during the recent civil struggle was narrow, compared to the hordes who supported him during the attempted coup of August 1991, Goldman explained. He called Yeltsin's victory in October "the lesser of two evils."

See Yeltsin, page 2

South Africans Adopt KSG Methods

Begun in 1992 to lead executive training sessions in South Africa, the Program on South Africa is now helping South Africans set up their own programs based on Kennedy School models.

In September the program conducted a pilot executive training session with a new Public and Development Management Program at the University of Witwatersrand in Johannesburg.

The 40 participants included a cross-section of people drawn from the mass democratic movement, including political parties, community and civic groups and unions. Many of the program's graduates will serve as policymakers and senior civil servants in the first majority-elected South African government. In January 1994 the program will teach a workshop there on case writing, with the South African faculty assuming primary responsibility for the program's planning and teaching.

Professor Dutch Leonard joins a dance with residents of Kliptown, outside Soweto.

MAR 28 1994

THE WHITE HOUSE

Dear Keith —

Thank you for all you did to make my New Mexico visit so successful & informative. And a special thank you for the beautiful flowers!

All best wishes in your work —

Please stay in touch - Hillary

MAR 28 1994

THE WHITE HOUSE

Dear Kelly —

As I write this, I'm wearing my "Suite" red ribbon - many thanks for sharing the beautiful sewing hand design. And thank you for all you're doing in New Mexico - both your official housing work, and the efforts on behalf of women - it's great!

Kristine

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. Robert Diario
High School HIV/AIDS Resource Center
Apartment 133
351 West 18th Street
New York, New York 10011

Dear Mr. Diario:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Ms. Brigitte DeGil
2 Astor Place
New York, New York 10003

Dear Brigitte:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. William Pineda
Apartment 5-A
258 East 4th Street
New York, New York 10009

Dear William:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Sean Current
Provincetown Positive
People with AIDS Coalition
P.O. Box 1465
406 Commercial Street
Provincetown, Massachusetts 02657

Dear Mr. Current:

My office recently received your materials on Peptide T, which you sent originally to the Office of the First Lady. Thank you for sharing them with the White House.

Dr. Paul Tran, my staff, has been following the development of Peptide T regarding its past and current clinical trials and its technology transfer issue, which you have raised in your communication. You can always contact him directly to further discuss the matter with him. His phone number is (202) 690-5560.

As the National AIDS Policy Coordinator, I advocate public health policy that has a sound scientific basis. You can be assured that I will support expeditious technology transfer policy and the use of therapeutics that have been shown to be safe and effective, and the fastest, fairest possible testing of promising therapies.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

cc: Melanne Verveer, Deputy Chief of Staff to the First Lady

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Ms. Marsha Uzuri James
Herrick-Martin Institute
2 Astor Place
New York, New York 10003

Dear Marsha:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. William Balgobin
c/o David Nieves
2 Astor Place
New York, New York 10003

Dear William:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Ms. Diana Casillas
2 Astor Place
New York, New York 10003

Dear Diana:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Shantar Owens
c/o John Daly
133 West 46th Street
New York, New York 10036

Dear Shantar:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. Samuel Johnson III
342 Tenth Street
Brooklyn, New York 11215

Dear Poely:

Thank you for meeting with me last week when I was in New York. The information you have shared regarding needs for HIV prevention and services for gay, lesbian, bisexual, and transgender youth is very helpful to me in planning our national effort to stop AIDS.

My best wishes to you in all your activities.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. August Pusateri
Community Advisory Board
Pitt Men's Study
University of Pittsburgh
P.O. Box 7319
Pittsburgh, Pennsylvania 15213

Dear Mr. Pusateri:

Thank you for your letter informing me of the impending decrease in funding for the Pitt Men's Study. As you noted, I am committed to supporting community involvement in all aspects of the Federal response to the HIV epidemic. The decrease in funding proposed is substantial and certainly will effect your ability to continue the research occurring in the Pitt Men's Study.

I do not know the details surrounding the decision by the National Institutes of Health (NIH) to decrease funding for this program. Therefore, I am forwarding your letter to the Office of AIDS Research (OAR) at NIH for a reply. I trust OAR will be able to enlighten you as to their reasons for this action.

An identical letter is being sent to Mr. Kaelin.

Sincerely,

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

cc: Dr. Paul

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. William Kaelin
Community Advisory Board
Pitt Men's Study
University of Pittsburgh
P.O. Box 7319
Pittsburgh, Pennsylvania 15213

Dear Mr. Kaelin:

Thank you for your letter informing me of the impending decrease in funding for the Pitt Men's Study. As you noted, I am committed to supporting community involvement in all aspects of the Federal response to the HIV epidemic. The decrease in funding proposed is substantial and certainly will effect your ability to continue the research occurring in the Pitt Men's Study.

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An identical letter is being sent to Mr. Pusateri.

Sincerely,

Kristine Gebbie

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

cc: Dr. Paul

March 30, 1994
Jo Messore
C:\WP51\FILES\pusateri.kgm

4/4

Lisa,
Go. Paid wait
until Kristine signed
the letters for a
copy to Dr. Paul
HSP

Deborah -

Please make the
envelopes for
these 2 letters
and 1 envelope
for the CC: Dr. Paul.

Also, please make
2 copies of the
letters w/ copy of
the incoming attached.
Thanks!

Lisa
4/1

March 30, 1994

NOTE TO STEVE LEE:

FROM: Jo Messore

SUBJECT: Letter for OAR Response

After Kristine signs the attached letters to Mr. Pusateri and Mr. Kaelin, please send a copy of the incoming letter (or the original) and copies of the signed letters from KG ~~to Barbara Brady in the Executive Secretariat, PHS, for re-routing~~ to Dr. Paul at the Office of AIDS Research, NIH.

Thank you.

I spoke with Barbara Brady in Exec. Sec. She said it is okay to send directly to Dr. Paul —

Jo

University of Pittsburgh

Paul (Terry draft reply

Pitt Men's Study

P.O. Box 7319
Pittsburgh, Pennsylvania 15213
(412) 624-2008

MAR 17 1994

March 11, 1994

Ms. Kristine Gebbie
National Coordinator for AIDS Policy
750 17th Street
Washington, D.C. 20500

Dear Ms. Gebbie:

When members of our Board reported on their meeting with you in Pittsburgh, we were very pleased to learn about your commitment to supporting community involvement in the federal response to the HIV pandemic and about your dedication to increase prevention efforts. We were also pleased that you were willing to assist our community by voicing our concerns to federal officials. Unfortunately, the time has come for us to call upon you.

We are deeply distressed to learn that the NIH is proposing a 66% cut in the Pitt Men's Study. In effect, this cut will dramatically hamper the single most important HIV research and prevention effort in south west Pennsylvania and devastate our only remaining major federal HIV research project in Pittsburgh. Since state spending on HIV prevention is one-half the national average, it is unlikely that the efforts by NIH can be funded from other sources.

Over 4500 western Pennsylvanians have joined federally-sponsored HIV research projects since 1983. We formed one of the first community HIV advisory boards in the country in 1983. We believe that our local response has been one of the strongest in the country. The NIH has decided that some of our volunteers can continue to donate specimens to be analyzed somewhere else and that most of our volunteers will have to do without the testing and education that they have come to depend on. Despite our long history of support and in light of increases in NIH and AIDS budgets, it is difficult to understand NIH's decision. It has given us no reasons and has made its decision without any consultation with us. This is difficult to understand in light of an increasing NIH, AIDS budget. We had greater expectations of this administration. We hope that you will help.

Yours truly,

August Pusateri
Mr. August Pusateri
Co-Chair
Community Advisory Board

William R. Kaelin
Mr. William Kaelin
Co-Chair
Community Advisory Board

cc Congressman Coyne
Senator Specter
Senator Wofford

PITT MEN'S STUDY BRIEF

The MACS study:

The Pitt Men's Study of the University of Pittsburgh is investigating the natural history of HIV infection in gay men in the Pittsburgh/Tri-State area. It is one of five sites in the United States that constitute the Multicenter AIDS Cohort Study (MACS). Other clinical MACS sites are in Los Angeles (UCLA), Baltimore (Johns Hopkins University) and Chicago (Northwestern University); a statistical center is also in Baltimore (Johns Hopkins).

The MACS conducts numerous studies of the basic epidemiology, virology, immunology, clinical outcomes and public health policy of HIV infection and AIDS in over 5,500 gay men in the four geographic areas. The Pittsburgh MACS has approximately 900 actively participating men of its over 1,200 MACS enrollees. The current focus of the MACS includes delineation of virologic, immunologic and genetic factors related to progression of HIV infection, the epidemiology and etiology of various AIDS-related cancers, neuropsychological outcomes of HIV infection, the effects of various drug therapies on progression of HIV infection and the impact of HIV infection and AIDS on public health policy and health care access. The MACS has published almost 300 scientific papers on their findings since 1984.

The Financial crisis:

The MACS was initiated in 1983 with approximately 90% of its support from the NIH-NIAID and 10% from the NIH-NCI. A small additional supplement has been given by the AHCPR since 1991. The current funding period for the MACS ends on March 31, 1995.

The current plans for funding of the MACS in 1995-99 include a massive overall cut of approximately 50%. In particular, the Pittsburgh site is facing a 67% decrease in total funding from the NIH-NIAID for 1995-96. Moreover, the NIH-NCI and the AHCPR have not yet committed any support for the MACS for 1994-95. The projected budget for the Pittsburgh MACS is therefore:

	Current (1994-95)	Projected (1995-96)
NIH/NIAID	$2,289,879	$750,000
NIH/NCI	386,242	0
AHCPR	68,063	0
Total funds	$2,744,184	$750,000

This is an overall decrease of 73% for 1995-96. One potential, partial alleviation from this cut will be a competitive project on the viral immunopathogenesis of HIV infection. Although we hope to compete successfully for this grant, the total funds available will be $200,000. Moreover, this has to be divided among the MACS sites and possibly other non-MACS investigators.

THE PITT MEN'S STUDY'S COMMUNITY ADVISORY BOARD'S POSITION ON PROPOSED 1995 BUDGET CUTS

The Community Advisory Board to the Pitt Men's Study strongly opposes the National Institutes of Health's (NIH) proposal to cut funding to the study by at least 66% in 1995. This proposed cut is the latest in a list of excessive cuts in federal AIDS dollars to southwestern Pennsylvania. Scientists generally agreed that epidemiological research into the natural history of HIV in a cohort of gay men remains a critical component of the national research effort. Because the average time between infection and the diagnosis of AIDS is about 10 years, this cohort will have to be maintained for another ten years, at least, in order to observe the full course of the infection. The impact of new therapies, the continued mutation of HIV, and the changing spectrum of diseases affecting patients because of improved prophylaxis necessitate such follow-up.

In light of the serious need for the continuation of the research occurring at the Pitt Men's Study and the other MACS sites, the proposed cut by NIH is unexpected and surprising. Since the need for the science seems clear enough, the only other likely rationale for the cut is to save money. We believe that such an argument is not supported for the following three reasons:

1. In the past, it was proposed that most of the seronegative men in the MACS be dropped from the study. However, careful analysis showed that very little money would be saved by doing so since the major costs of the study such as personnel are not proportionally reduced when the number of seronegative study subjects is reduced.

2. Because, an opportunity to test and educate HIV negative men would be lost, an increase in seroconversion may result. Besides the human cost of such an occurrence, the financial cost of each new infection is significant.

3. The proposed cuts will most severely affect our research laboratories. In effect, most or all specimens collected in Pittsburgh will have to be sent elsewhere for laboratory analysis. No evidence has been presented to support the argument that such an approach will save any money. Instead, other laboratories and other scientists will have to be funded to carry out the work presently being done in Pittsburgh. Valuable time will be lost waiting for proposals, setting up labs and hiring staff. Also, the analysis will be jeopardized because white blood cells and other specimens may be adversely affected when frozen and shipped.

(OVER)

The proposed cuts will also cause other serious problems. Cuts will preclude an opportunity to engage in important relapse and prevention studies. This cohort is an exceptionally valuable source of men for such studies. Despite the fact that men in this cohort are well educated about HIV transmission, relapse from safer sex has been well documented among them. Understanding why relapse and seroconversion are still occurring and what can be done to prevent them are extremely important and have national implications.

Cuts may threaten future cooperation between Pittsburgh's gay and lesbian community and researchers. Men in the Pitt Men's Study and other gay men and lesbians have been key supporters of the study since its inception. Further, these people have been most valuable by volunteer or recruiting volunteers into new studies designed to assess other important infections. Recent experiences with studies of tuberculosis and hepatitis C give evidence of their importance. The proposed cuts threaten future community support, will generate bad will and may prove fatal to the MACS.

It must be noted that the decision-making process used to propose cuts to this study is very similar to the process used to determine other cuts of federal AIDS dollars to southwestern Pennsylvania. Community input on the impact of such cuts on Pennsylvania citizens was never sought. This is unacceptable. Federal decisions that result in less access to testing, information, and referrals, and decisions that may result in an increase in local rates of HIV transmission, must not be made in a vacuum. The citizens of the Pittsburgh region have a long history of cooperation with federal research efforts and should not be treated with callous disregard.

In the end, the proposed cuts will mean fewer public health opportunities for Pittsburgh men, insubstantial savings, fewer jobs in Pittsburgh, and weakening the scientific strength of the study.

COMMUNITY ADVISORY BOARD

MEMBERS

Groups listed for identification purposes only

Mr. Jonathan Benfer	Pittsburgh AIDS Task Force Cry Out/Act Up Lesbian/Gay Community Center
Mr. Geo Custard	Student Clergy
Reverend Roberta Dunn	Pastor, Metropolitan Community Church, Pittsburgh
Mr. Paul Jay	Asians and Friends Pittsburgh
Mr. William Kaelin	Proprietor, Arena Health Club Pittsburgh Tavern Guild Lambda Foundation
Ms. Cynthia Klemanski	Pittsburgh AIDS Center for Treatment Pittsburgh Treatment and Evaluation Unit Southwest PA AIDS Planning Coalition, Chair
Mr. Herman J. McClain	Persad Center
Mr. James E. Miles, Jr.	Minority AIDS WorkingGroup PA HIV Advisory Council
Mr. Albert Pasquarelli	Steel City Softball League
Mr. August Pusateri	Dignity Pittsburgh Lambda Foundation
Mr. Peter Rapp	Pittsburgh Motorcycle Club The Eagle, Inc.
Mr. James Skinner	Gay Lesbian Community Center Persad Center Pittsburgh Interorganizational Council on AIDS
Ms. Sharon Sutton	Lambda Foundation

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Terri L. Thomeson, RN
411 J Park Ridge Lane #411J
Winston Salem, NC 27104

Dear Ms. Thomeson:

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 29, 1994

Bridget Prescod
43-10 48th Avenue, apt. 5-G
Woodside, N.Y. 11377

Dear Ms. Prescod:

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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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 29, 1994

Faith McAdams
90 Donna Road
Holliston, MA 01746

Dear Ms. McAdams:

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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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 29, 1994

Bobby L. Prince
110 Channel Drive, West
Marathon, FL 33050

Dear Mr. Prince:

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 29, 1994

John J. Meehan, Chief Executive Officer
Meehan Public Relations
29 Phillips Street
Providence, RI 02906

Dear Mr. Meehan:

I recently received your letter and I want to thank you for offering your services. I have passed your materials on to my Director of Communications, John Gurrola.

The Office of National AIDS Policy (ONAP) is not contracting for public relations activities at the present time. I will be certain that you are notified, should that occur.

Thank you again for your continuing interest in our national efforts to stop AIDS.

Sincerely,

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

Meehan Public Relations
29 Phillips Street
Providence, RI 02906
(401) 331-0578

MPR

February 22, 1994

Kristine Gebbie
National AIDS Coordinator
Office of AIDS Policy
750 17th Street North West
Washington, D.C. 20050

Dear Ms. Gebbie:

Mail has finally caught up with Sailing Vessel Serenity in a remote island Cay in the Bahamas. I was delighted to receive your letter expressing interest in my plan for a National Public Relations Campaign to combat the AIDS epidemic.

Seldom in our nation's history have we faced such an urgent challenge and seldom has the response to President Kennedy's plea "Ask what you can do for your country" resounded so obviously.

Never in my 30-years as a public relation's professional has the need for a national educational and motivational program been so urgently required.

Time is of the essence. President Clinton's concern, caring, and leadership combined with your appointment and assignment mission demand that we seize the day immediately. Thus, we at Meehan Public Relations have taken the liberty of preparing a complete National Public Relations Program to combat the AIDS epidemic.

An outline of the plan is enclosed for your information and we request an appointment to present a detailed plan to you and your staff at your earliest convenience.

We are pleased to provide this National PR plan as a public service contribution to our government. Should you decide to execute various segments

Meehan Public Relations
29 Phillips Street
Providence, RI 02906
(401) 331-0578

MPR

as recommended, we would of course be pleased to be included among those considered for the providing of vendor services.

Please read the enclosed outline and let us know when we may plan to visit you in your office to discuss our proposal in more detail.

Sincerely,

John J. Meehan
Chief Executive Officer

P.S. As I am presently enjoying a sabbatical aboard my sailboat, communication may be addressed to my Providence, RI office at:

Meehan Public Relations
29 Phillips Street
Providence, RI 02906
401-331-0578

Or in care of my assistant Susan Meehan, a graduate student at John F. Kennedy School, Harvard University:

Susan Meehan
60 Chilton Street
Cambridge, MA 02138
617-354-3389

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Gail W. Muller, RN
Route 2, Box 41
Seaford, DE 19973

Dear Ms. Muller:

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 29, 1994

MEMORANDUM FOR KATHY WALEN
CHERYL D. MILLS
OFFICE OF GENERAL COUNSEL

FROM JOHN PAUL GURROLA
DIRECTOR OF COMMUNICATIONS
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Presidential HIV/AIDS Advisory Council reception

In response to the phone call that I had with Kathy Walen concerning my inquiry to the possibilities for a reception for the soon to be named HIV/AIDS Advisory Council, I submit this request for counsel:

We need to know if it would be legal for the Office of National AIDS Policy in the Executive Office of the President to allow one of two events:

For Geffen Records to host and pay for a reception for the HIV/AIDS Advisory Council at a (TBD) location in the Washington area.

For Trumpets Restaurant to host and pay for a reception for the HIV/AIDS Advisory Council at their location in Northwest Washington.

We expect the Council to be named within the next few weeks and need to have some idea of what we can or cannot do celebration wise after the announcement by the President.

Thank you for your attention to this matter. If you have any questions, please call me at 202/632-1090.

THE WHITE HOUSE

WASHINGTON

March 29, 1994

Mr. Howard Tyner
Editor In Chief
The Chicago Tribune
435 North Michigan Avenue
Chicago, Illinois 60611

BY FAX

Dear Sir:

In your February 6, 1994 edition, an article by John Crewdson appeared entitled "Measuring The AIDS Threat: The Dreadful 20th Century Scourge Apparently Poses Only A Small Danger To The Youngest Americans". Blended in with a number of interesting and thought-provoking observations are a number of glaring errors which call into serious question the credibility of the author and the balance of the content.

In paragraph two the author attempts to compare research spending between pediatric AIDS and two other diseases which occur exclusively in childhood. He states at one point that "...the U.S. Public Health Service spends $246,511 in research for each child who dies of AIDS, compared with $803 for every infant who succumbs to SIDS or $211 for every child born with spina bifida". Neither SIDS nor spina bifida has an adult counterpart. In the case of AIDS, on the other hand, the overwhelming majority of cases are adults. It appears that the author has taken the total U.S. investment in AIDS research and divided it by the approximate number of deaths from AIDS which have occurred in children under the age of 13. The Public Health Service spent approximately 1.2 billion dollars on AIDS research in 1993. We know of no way to segregate those dollars into adult and pediatric since most of the research applies to both. Since, as the author points out, less than two percent of the cases are pediatric, however, one can certainly not divide the total by the number of pediatric AIDS deaths.

Whatever the actual numbers may be, the author fails to consider the important things which distinguish AIDS from other diseases he mentions. Things which might well account for a societal decision to invest more in its study. AIDS is an infectious disease which has appeared anew. In a bit more than a decade it has already achieved the distinction of being the major cause of death in young adults. We have every reason to believe that it is preventable and it may well turn out to be curable. Although there is some evidence that the epidemic may be slowing in its most important initial target group--the gay male--it continues to spread with increasing vigor in young people, women, and

minorities. The recent discovery that AZT can substantially reduce the likelihood of infections in infants of HIV positive mothers will reduce the numbers of cases which occur under the age of 13 still further. This wonderful news is a product of AIDS research.

In the seventh paragraph the author refers to Ryan White as the namesake of the "...principal piece of AIDS research funding legislation..." In fact, the Ryan White CARE Act authorized the major program which provides care for people with HIV and AIDS and supports almost no research. The major U.S. investment in research is appropriated through the Office of AIDS Research at the National Institutes of Health.

I hope that future articles by Mr. Crewdson, Tribune Staff Writer, will be more thoroughly researched and more carefully written. Misinformation about this tragic epidemic helps no one and may well hurt many.

Sincerely,

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

Office of the National AIDS Policy Coordinato

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

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

Deliver To: Mr. Howard Tyner

Sent From:

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

Number of Pages: 2 + Cover Fax Number: (312) 222-3143 Date: 3/29/94

Message:

KG—
Here's a draft.
Andrew

Chicago Tribune
(312) 222-3232
fax #: (312) 222-3143

March 21, 1994

Editor
CHICAGO TRIBUNE

Dear Sir,

In your February 6, 1994 edition, an article by John Crewdson appeared entitled MEASURING THE AIDS THREAT: THE DREADFUL 20TH CENTURY SCOURGE APPARENTLY POSES ONLY A SMALL DANGER TO THE YOUNGEST AMERICANS. Blended in with a number of interesting and thought-provoking observations are a number of glaring errors which call into serious question the credibility of the author and the balance of the content.

In paragraph two the author attempts to compare research spending between pediatric AIDS and two other diseases which occur exclusively in childhood. He states at one point that " . . the U.S. Public Health Service spends $246,511 in research for each child who dies of AIDS, compared with $803 for every infant who succumbs to SIDS or $211 for every child born with spina bifida". Neither SIDS nor spina bifida has an adult counterpart. In the case of AIDS, on the other hand, the overwhelming majority of cases are adults. It appears that the author has taken the total U.S. investment in AIDS research and divided it by the approximate number of deaths from AIDS which have occurred in children under the age of 13. The Public Health Service spent approximately 1.2 billion dollars on AIDS research in 1993. We know of no way to segregate those dollars into adult and pediatric since most of the research applies to both. Since, as the author points out, less than 2% of the cases are pediatric, however one can certainly not divide the total by the number of pediatric AIDS deaths.

Whatever the actual numbers may be, the author fails to consider the important things which distinguish AIDS from the other diseases he mentions. Things which might well account for a societal decision to invest more in its study. AIDS is an infectious disease which has appeared anew. In a bit more than a decade it has already achieved the distinction of being the major cause of death in young adults. We have every reason to believe that it is preventable and it may well turn out to be curable. Although there is some evidence that the epidemic may be slowing in its most important initial target group--the gay male--it

continues to spread with increasing vigor in young people, women, and minorities. The recent discovery that AZT can substantially reduce the likelyhood of infections in infants of HIV positive mothers will reduce the numbers of the cases which occur under the age of 13 still further. This wonderful news is a product of recent AIDS research.

In the seventh paragraph the author refers to the Ryan White as the namesake of the " . . principal piece of AIDS research funding legislation. . ." In fact, the Ryan White CARE Act authorized the major program which provides care for people with AIDS/HIV and supports almost no research. The major U.S. investment in research is appropriated through the Office of AIDS Research at the National Institutes of Health.

I hope that future articles by Mr. Crewdson, Tribune Staff Writer, will be more thoroughly researched and more carefully written. Misinformation about this tragic epidemic helps no one and may well hurt many.

PROJECT inform

FAX COVER PAGE

To: Kristine Gebbie	From : M. Delaney
Fax Number : 1-202-690-7560	Company : Project Inform
Date : 2/24/94 Time : 0:11:48	For Information Call:
Subject :	Fax Number :

Kristine,

Enclosed is the John Crewdson article we discussed, the first of a series which are likely to be damaging. I have reason to believe that he is driven in this regards by people within the NIH, people who have long made the same argument using the same distorted figures. You'd be surprised how highly placed this sentiment is. You might call Art Ammann for the real figures.

It's interesting to note that he believes the "Ryan White" funding is the heart of AIDS research.

MARTIN DELANEY

Andrew
Bob
Do you think any comments to the Chicago paper are in order?

misleading headline

MEASURING THE AIDS THREAT: THE DREADFUL 20TH CENTURY SCOURGE APPARENTLY POSES ONLY A SMALL DANGER TO THE YOUNGEST AMERICANS Chicago Tribune (CT) - SUNDAY, February 6, 1994 By: *John* *Crewdson*, Tribune Staff Writer. Edition: FINAL EDITION Section: NEWS Page: 1 Word Count: 1,157 MEMO: This story begins an ongoing examination of the measurable risks in various areas of American life. It assesses the extent to which AIDS poses a serious health risk for children.

TEXT:
WASHINGTON - Because so many health problems that beset the adult population have their beginnings in the early years of life, the need for accurate assessments is especially urgent where health risks to children are concerned. Despite its enormous affluence, the U.S. has an infant mortality rate higher than that of many developed countries. While that rate has declined somewhat in recent years, the proportion of infants who are murdered before reaching their first birthdays has nearly doubled. Almost a million American children suffer from serious heart disease, and a million more from muscle and brain disorders. Sudden infant death syndrome continues to claim more than 5,000 lives each year, and birth defects nearly twice that number. Among the threats to America's children, AIDS is far down the list. But when Congress passes out money for medical research on childhood diseases, the bulk of it goes to AIDS. These days, when Americans read and hear about the suffering of their children they are most likely to hear about children with AIDS. AIDS among children is a problem that will not soon disappear. But in deciding what priority it should be accorded, the question to be asked is: a problem compared to what?

1 murdered

+

A dozen years into the AIDS epidemic, the number of children under 13 ever reported as having been diagnosed with AIDS makes up less than 2 percent of the nation's total AIDS cases. As of last October, fewer than 5,000 children had ever been diagnosed with AIDS and fewer than 2,300 American children were reported to be living with AIDS-a vanishingly small proportion of the 45 million children under the age of 13. Many more American children die from auto accidents, in fires or by drowning than from AIDS. Everywhere except New York City more children are murdered, and even there more children die from sudden infant death syndrome or accidents. Despite this, the U.S. Public Health Service annually spends $246,511 in research for each child who dies of AIDS, compared with $803 for every infant who succumbs to SIDS or $211 for every child born with spina bifida.

what is he counting as "research" here?

Adults don't get SIDS. Adults don't get SB

To say that an enormous imbalance exists between research funding and risk is not to say that too much money is being spent on AIDS. For one thing, some of that money is targeted for AIDS prevention programs, and the relatively small number of children with AIDS may owe much to those programs. It is equally the case that not enough money is being spent on the other childhood diseases. Re-slicing the pie is not the only option if the pie can also be made larger. But in an era of finite resources, enlarging the pie means shortchanging other children, such as the 1 to 2 million poor children each year who still do not receive the full complement of polio, measles and other vaccinations.

+

Americans are still falling ill with AIDS. But experts believe the spread of the AIDS virus among homosexual men, by far the largest group at risk, peaked in this country in the mid-1980s. The death and disease that have been seen since then can be compared to the light from a distant star, the product of a slow-acting virus that takes many years to do its fatal work. The disease curve now is virtually flat; the 26,830 AIDS cases reported in 1992 among homosexual and bisexual adult males was only 19 more than the number reported the year before.

except in young men

As the overall AIDS epidemic has leveled off, the focus has shifted to "sub-epidemics" among women, heterosexuals, teenagers and children, among whom AIDS is often described as "exploding" or "mushrooming." Where children are concerned, however, the real news appears to be good news. There is no epidemic of childhood AIDS in this country, nor any sign that one is on the horizon. In the U.S., AIDS is another chronic childhood condition, not an epidemic disease but an endemic one that will probably remain at a manageable level.

What is new

The inordinate attention that has been paid to pediatric AIDS is emblematic of a pronounced, and disturbing, willingness to make important public policy decisions on the basis of perceived, rather than actual, risk. What accounts for much of the imbalance is an effective and well-financed AIDS lobby, some segments of which have purveyed incomplete and misleading estimates that are often presented out of context and without refinement. As a result, it has become difficult for Congress or the public to know where pediatric AIDS ranks among the panoply of health-care problems.

True of all kids problems

The plight of children with AIDS was brought most dramatically to public attention by the struggle and death of the schoolboy hemophiliac Ryan White, in whose honor the principal piece of AIDS research funding legislation is named. In recent years, however, the battle for public attention and research funds has been led by a highly professional lobbying organization, the Pediatric AIDS Coalition, a loose consortium of three dozen organizations. The principal forces behind the coalition have been two large organizations whose members benefit most directly from increased funding for research on pediatric AIDS, the National Association of Children's Hospitals and the American Academy of Pediatrics.

WRONG almost NO research

NACH and AAP do not profit from ↑ funding for AIDS ped research.

In its lobbying efforts, the coalition has flooded the news media with statistics and predictions, many of them alarming. Some, repeated in countless articles and broadcasts, have simply not been borne out. The coalition's 1992 estimate that 5 percent of all infants born in the U.S. are infected with the AIDS virus, for example, is a hundred times greater than the estimate of five hundredths of a percent by the federal Centers for Disease Control and Prevention. Despite the coalition's prediction at a 1987 news conference that at least 4,000 children would be hospitalized with AIDS by 1991, by the end of that year only 1,400 American children were living with AIDS and most were not hospitalized. Although the coalition warns that the incidence of AIDS "continues to rise unabated" among infants and children, the statistics presented on these pages tell a happier story.

CAPTION: PHOTO (color): In New York City, which has the nation's highest number of children with AIDS, a new pediatric AIDS case is reported every other day. Most other U.S. cities report one a month or fewer. Photo by Mark Peterson/SABA.

PHOTO: A nurse takes a blood sample from a baby with AIDS. As of October, fewer than 5,000 U.S. children had been diagnosed with AIDS. Reuters photo.

PHOTO: Ryan White.

GRAPHIC (color): Major disease affecting U.S. children. Estimated number of children born or diagnosed each year with maternally transmitted AIDS and other major conditions or diseases.

Sources: American Cancer Society, National Centers for Disease Control, National Center for Health Statistics and United Cerebral Palsy Foundation.

Chicago Tribune / Terry Volpp. DESCRIPTORS: SERIES; RESEARCH; REPORT; ANALYSIS; CHILD; HEALTH; DISEASE;
VICTIM; DEATH; POPULATION; CAUSE

– DIALOG File 632 : Chicago Tribune – PRESS TO SELECT 1 Review results again 5 Start a new search 6 Leave System H for Help, C for Commands Total charges thus far: $ 6.00 -> 6

NATIONAL FLIGHT NURSES ASSOCIATION

6900 Grove Road, Thorofare, NJ 08086 Phone 609·384·6725 FAX 609·848·7561

March 29, 1994

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

Dear Ms. Gebbie,

I would like to thank you for speaking at the NIWI conference. Your knowledge and enthusiasm were very inspiring. It is encouraging to know that there are nurses, such a yourself, representing our profession within government. You serve as a role model who encourages others like myself to become more involved at the local and national level.

Thank you once again.

Sincerely,

Cheryl

Cheryl Wraa, RN CEN CFRN
Chief Flight Nurse
UCDMC Life Flight
President Elect
National Flight Nurses Association

FAX COVER SHEET

Co-op America
Business Network

1850 M Street NW, Suite 700
Washington, DC 20036

202-872-5307
fax 202-331-8166

To KRISTINE GEBBIE, JOHN GUROLA, ANDREW BARRER

At ONAP

From LUKE ADAMS

Date 3-30-94

1 pages, including cover

Message

Considering Bob held his punches in the POZ article (he could have been far more harsh in his criticism and still be on target), perhaps your time would be better spent increasing the reach and effectiveness of the office, rather than in giving catty, petulant quotes to The Federal Page.

Who are these mythical "supporters"? Certainly none of the leaders of the major AIDS organizations with whom I've spoken. I've tried to be helpful, but you're not making it easy.

Luke

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Doris Fields
Program Manager
Tuberculosis Control Program
Post Office Box 9814
Santa Fe, New Mexico 87504

Dear Ms. Fields:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Karyn Rae Doddy, M.D.
Medical Director
Physical Medicine and Rehabilitation Services
Saint Vincent Hospital
455 Saint Michael's Drive
Santa Fe, New Mexico 87501

Dear Dr. Doddy:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Minnie M. Whitehead, M.S.W., L.I.S.W.
1819 Carlisle, N.E.
Albuquerque, New Mexico 87102

Dear Ms. Whitehead:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Alice Hoppes
President
NAACP of Albuquerque
13113 Pinehurst, N.E.
Albuquerque, New Mexico

Dear Ms. Hoppes:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Peter Counterman
Executive Director
New Mexico Association of People
Living with AIDS
111 Montclaire, S.E.
Albuquerque, New Mexico 87108

Dear Mr. Counterman:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Bill Jordan
Executive Director
HIV Coordinating Council
4200-B Silver, S.E.
Albuquerque, New Mexico 87108

Dear Mr. Jordan:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Janet Voorhees
Chief
HIV/AIDS/STD Bureau
New Mexico Department of Health
1190 Saint Francis Drive
Santa Fe, New Mexico 87501

Dear Ms. Voorhees:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Linda Siegle
Resources For Change
Post Office Box 8602
Santa Fe, New Mexico 87504

Dear Ms. Siegle:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

The Honorable Liz Stefanics
New Mexico State Senate
Post Office Box 10127
Santa Fe, New Mexico 87504

Dear Senator Stefanics:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Carole Otero
Program Manager
CASAA
University of New Mexico
5028 Pheasant, N.W.
Albuquerque, New Mexico 87120

Dear Ms. Otero:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Barbara Rickert
Professor of Nursing
College of Nursing
University of New Mexico
Albuquerque, New Mexico 87131

Dear Ms. Rickert:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Paul Stoesz
President of the Board of Directors
New Mexico AIDS Services, Inc.
14 Columbine Lane
Santa Fe, New Mexico 87501

Dear Mr. Stoesz:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Dale J. Guillot
Assistant Director
New Mexico AIDS Services, Inc.
1223-C Saint Francis Drive
Santa Fe, New Mexico 87505

Dear Mr. Guillot:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Jim Baca
Suite 1-211
2400 Rio Grande Boulevard, N.W.
Albuquerque, New Mexico 87104-3222

Dear Mr. Baca:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. M. Nadine Ulibarri-Keller
Coordinator, HIV Clinic
UNM University Hospital
1832 Neat Lane, S.W.
Albuquerque, New Mexico 87105

Dear Ms. Ulibarri-Keller:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Donald Sanchez
Secretary, Board of Directors
New Mexico AIDS Services, Inc.
4009 Ridgeley, N.E.
Albuquerque, New Mexico 87108

Dear Mr. Sanchez:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. S. J. Sanchez, M.P.A.
Program Officer
The Marshall L. and Perrine D. McCune
Charitable Foundation
Suite 201
123 East Marcy Street
Santa Fe, New Mexico 87501

Dear Ms. Sanchez:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Emmalou Rodriguez
State Board of Education, District 3
3715 Smith, S.E.
Albuquerque, New Mexico 87108

Dear Ms. Rodriguez:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

The Honorable Ann Descheny
Council of the Navajo Nation
Post Office Box 1062
Gallup, New Mexico 87305

Dear Councilwoman Descheny:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Mary Juzang
Director
African American AIDS Education
and Prevention
12212 Apache, N.E.
Albuquerque, New Mexico 87102

Dear Ms. Juzang:

Thank you for giving up part of your Saturday to meet with me in Albuquerque. I appreciate the opportunity to learn more about the day-to-day efforts to develop and manage HIV prevention and services in New Mexico, especially the combined challenges of inclusion of all ethnic groups in a big, rural state.

I look forward to hearing from you as you continue your work. You have me best wishes for success.

Sincerely,

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

MAR 31 1994

THE WHITE HOUSE
WASHINGTON

Kevin —

This is the version of the CDC guidelines essence that went to Patsy Fleming & the PHS folks —

Ken Lee

Patsy
Kevin
PKG
Ph. Lee
Curran

THE WHITE HOUSE

WASHINGTON

MARCH 30, 1994

MEMORANDUM TO DR. PHIL LEE — VIA FAX
DR. JIM CURRAN
DR. DAVID SATCHER
PATSY FLEMING

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

Subject: CDC Guidelines on the Content of Printed and Audiovisual Materials

Language restricting the contents of materials was originally proposed by Sen. Jesse Helms (R-NC) to restrict the use of funding to promote homosexuality, substituted by the Kennedy-Cranston compromise, which effectively asked review panels to make the determination. This original language was interpreted to mean that no printed or audiovisual materials could make reference to sexual activity or bodily organs. The Kennedy-Cranston compromise language expired on December 31, 1991.

Prior to the expiration of the language, CDC internally developed guidelines that mimicked the legislative language, but imposed an obscenity standard. This new guidance became effective on January 1, 1992. The obscenity language was struck down as unconstitutional by the federal court of the southern district of New York in Gay Men's Health Crisis v. Sullivan. CDC amended the guidelines again for an effective date of June 1992. This new guidance withdrew the obscenity standard, but retained the "promote sexual activity, whether heterosexual or homosexual and the use of intravenous drugs." All grant and cooperative agreement applications that go out of CDC for HIV/STD prevention include a certification that a review panel will be in place that will examine all printed and audiovisual materials. The restrictions prohibit the use of federal funds for materials that promote sexual activity, whether heterosexual and homosexual, and the use of intravenous drugs.

This June 1992 guidance is still effective. All grants and cooperative agreement applications which receive funding in FY 1994 have to continue to abide by this language.

The new guidelines on the content of printed and audiovisual materials that CDC has drafted and that were due to become effective January 1, 1994, have not received final clearance. The comment period on the draft concluded in the fall of 1993. The expectation from state and local governments, directly funded CBOs and national organizations was that the change would effectively only require that all printed and audiovisual materials be technically accurate and appropriate for the intended audience. It is imperative that the new guidance be implemented as soon as possible.

Many of the funded activities believe that the restrictions were removed at the end of the comment period. With that in mind, many funded programs may already be working on linguistically specific materials. In February of this year, the General Accounting Office issued a report which in part indicated that CDC is not enforcing the provisions of their own guidance on printed and audiovisual materials. There is a risk that a repeated inquiry on the results of the GAO report may lead CDC programs and funding to be endangered.

I am asking Steve Lee to set up a meeting at which this can be discussed.

THE WHITE HOUSE

WASHINGTON

MARCH 30, 1994

MEMORANDUM TO KEVIN THURM

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

Subject: CDC Guidelines on the Content of Printed and Audiovisual Materials

The original language restricting the contents of materials was proposed by Sen. Jesse Helms (R-NC) to restrict the use of funding that might "promote homosexuality," with a Kennedy-Cranston compromise, which asked review panels to make the determination that no printed or audiovisual materials made reference to sexual activity or bodily organs. The Kennedy-Cranston compromise language expired on December 31, 1991.

Prior to the expiration of the language, CDC internally developed guidelines that mimicked the legislative language, but imposed an obscenity standard. This new guidance became effective on January 1, 1992. The obscenity language was struck down as unconstitutional by the federal court of the southern district of New York in Gay Men's Health Crisis v. Sullivan. CDC amended the guidelines again for an effective date of June 1992. This new guidance withdrew the obscenity standard, but retained the "promote sexual activity, whether heterosexual or homosexual and the use of intravenous drugs." All grant and cooperative agreement applications that go out of CDC for HIV/STD prevention include a certification that a review panel will be in place that will examine all printed and audiovisual materials.

This June 1992 guidance is still effective. All grants and cooperative agreement applications which receive funding in FY 1994 have to continue to abide by this language. Though new guidelines on the content of printed and audiovisual materials were due to become effective January 1, 1994, and the comment period on the draft concluded in the fall of 1993, the new guidelines are still in the clearance process at the Departmental level. The expectation from state and local governments, directly funded CBOs and national organizations was a change that would require that all printed and audiovisual materials be technically accurate and appropriate for the intended audience. There are no other restrictions on content.

Many funded programs believed that the restrictions were being removed at the end of the comment period and are already be working on linguistically specific materials. They may need to be told that it is alright to proceed with the new materials,or be told specifically that the old rules apply. An alternative would be to tell them all guidance has lapsed, due to the statutory lapse, but that leaves no control on technical accuracy.

Office of the National AIDS Policy Coordinato

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

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

Deliver To: Patsy Fleming/Joyce

Sent From:

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

Number of Pages: 2 + Cover Fax Number: 690-7098 Date: ~~3/30/94~~ 5/25/94

Message:

Office of the National AIDS Policy Coordinato

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

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

Deliver To: Kevin Thurm

Sent From:

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

Number of Pages: 1 + Cover Fax Number: 690-7055 Date: 3/30/94

Message:

Office of the National AIDS Policy Coordinato

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

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

Deliver To: Dr. Phil Lee

Sent From:

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

Number of Pages: 2 + Cover Fax Number: 690-6960 Date: 3/30/94

Message:

Office of the National AIDS Policy Coordinator

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

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

Deliver To: Dr. David Satcher

Sent From:

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

Number of Pages: 2 + Cover Fax Number: (404)639-2657 Date: 3/30/94

Message:

Office of the National AIDS Policy Coordinato

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

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

Deliver To: Dr. James Curran

Sent From:

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

Number of Pages: 2 + Cover Fax Number (404) 639-0910 Date: 3/30/94

Message:

THE WHITE HOUSE

WASHINGTON

March 31, 1994

TO: Acting Director
National AIDS Information and Education Program, CDC

FROM: Acting Deputy National AIDS Policy Coordinator
Office of the National AIDS Policy Coordinator

SUBJECT: Action Memorandum - Response to Personal Correspondence

The purpose of this memorandum is to alert you to the fact that our office has begun to receive requests, in the form of personal correspondence, that we support the provision of an 800 number for the AIDS Education General Information System (AEGIS), and to request that you respond to the correspondence.

AEGIS is an electronic bulletin board system developed and operated by Sister Mary Elizabeth, San Juan Capistrano, CA. The sole function of AEGIS is dissemination of AIDS information. The National AIDS Clearinghouse (specifically Anne Wilson) is aware of AEGIS and works cooperatively with Sister Mary Elizabeth to assist in many ways.

The mission of our office is one of coordination of national effort in the fight against AIDS. We have no budget to implement any programs. We are forwarding this correspondence to your office because of your mission to address access to AIDS information by a variety of target audiences.

We appreciate your cooperation in responding to these communications.

Arthur J. Lawrence, Ph.D.

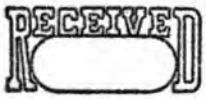
Attachments

Prepared by:AJLawrence:OASH/NAPO:3/31/94:690-6248

No reply needed

April 18, 1994

1304 Beverley Road
Brooklyn New York 11226



APR 26 1994

Dr. Kristine M. Gebbie
National AIDS Policy Coordinator
750 - 17th Street, N. W.
Washington D. C. 20050

Dear Dr. Gebbie:

Your communication of 3/31/94 was forwarded to my New York address. I regret, however, that in responding on behalf of the Clinton Administration, the information you provided overlooked the questions raised in my letter of February 8th concerning TV commercials sponsored by the CDC.

Perhaps I did not express myself clearly. I was not challenging the message, although it is flawed, but the messenger. I questioned the appropriateness of sound bites designed to shock careless sex partners into the use of condoms.

At this point, my concern may be moot. Since taking the time to write to you, none of the silly ads have been seen dancing on the air waves!

Yours truly,

M. S. Cherkis

Martha S. Cherkis

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Martha S. Cherkis
7080 Environ Blvd.
Lauderhill, Florida 33319

Dear Ms. Cherkis:

Thank you for your comments on the Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC). This administration is committed to stopping the spread of HIV, especially among our youth. The age group with the greatest increase of new cases is the 18-25 year old group; the majority of these infections occurred during adolescence. Best information indicates that 72 percent of all high school seniors have engaged in sexual activity and 19 percent of those have had 4 or more sexual partners.

Although abstinence is the most effective way of preventing transmission, the campaign is also aimed at those who, because of personal decisions or circumstances, have chosen to be sexually active. The decision to promote safer sexual practices through the use of condoms is supported by research released at the IX International Conference on AIDS in 1993, showing that when condoms are used correctly and consistently, they are extremely effective in preventing HIV transmission. The research showed that transmission occurred primarily in those instances where the condoms were used incorrectly or were not used for every sexual act. To obtain more information on this research, please contact the National AIDS Clearinghouse at (202) 458-5231.

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

Although we are aware that public service announcements may not bring about behavior change in all individuals, like you indicate in your letter, we want to indicate to young adults that this administration is concerned about their health. We also want to communicate to

decision makers at the community level that the Federal administration will support their efforts to bring about targeted prevention messages to young adults. Furthermore, it is our understanding that not all young people have received a clear message on the best way to protect themselves from HIV. The message of the public service announcements will deliver to young adults that have not received this information before, a clear and concise message on how to protect themselves.

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

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

Sincerely yours,

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

Martha S. Cherkis
Consultant
Community Relations
Research

1304 Beverly Road
Brooklyn, N.Y. 11226
718-284-8884

2280 Edward Lane
Yorktown Heights, N.Y. 10598
914-245-2952

Carlos' draft
hgpy

7080 Environ Blvd.
Lauderhill. FL 33319.
Feb. 8. 1994

Dear Dr. Debbie:

Until I saw Dennis Wholey's America Conversation with Dr. Satcher, I had not seen the ads sponsored by the Center for Disease Control. It is my understanding that these ads were designed to motivate condom use by sexually-active youth who were ignoring their potential as carriers/recipients of the AIDS virus.

When I conveyed dismay at the TV images, I was invited to direct my criticism to your office. I fail to see how illustration of a bouncy condom package, usually arriving in bed to protect a young couple from AIDS, would arouse urgency and use of the protective shield heretofore avoided?

another film clip that is more entertaining than motivational: Young lovers immediately discontinue passion and intercourse the moment that "she" finally asks whether "he" has a condom? (to mention whether "she" uses a birth control device!)

I am aware that dumb commercials are credited with purchases of corn flakes and motor cars, but does that imply that "cute" or "sexy" demos will inspire use of condoms among careless, targetted couples?

My knowledge as a researcher in human behavior begs clarification for the rationale that prompted selection of these contrived messages.

Yours truly
Martha D. Perkins

Director, Office of Aids Policy
750-17th St. N.W., Wash. D.C. 20050
Encl.

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Fred Eshelman, Pharm.D., CEO
Pharmaceutical Product Development, Inc.
115 N. Third Street
Wilmington, North Carolina 28401

Dear Dr. Eshelman:

I would like to express my deepest gratitude to you and Pharmaceutical Product Development, Inc., for your financial contribution to the "Mobilizing Community Pharmacists in the Battle Against AIDS" Project of The Foundation of Pharmacists and Corporate America for AIDS Education. Nigel Gragg, R.Ph., sent me an update on their recent activities and accomplishments and indicated that your financial support will be instrumental in making their program a success.

In our work to end the HIV/AIDS epidemic, it is essential that private industry, non-profit organizations and government continue to work together to coordinate our efforts and maximize the effectiveness of our programs. The leadership exercised by Pharmaceutical Product Development by funding this program will have a lasting impact in our ability to stop the spread of HIV.

Again, thank you for your support of this worthwhile project.

Sincerely,

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

cc: Nigel L. Gragg, R.Ph.

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Steven M. Hensel
Chair DIFFA/Greater Seattle
2202 North Pacific
Seattle, Washington 98103

Dear Mr. Steven:

Thank you for the Strecker Memorandum you sent with your letter of March 14. It is indeed disturbing, though I don't know what can be done about this kind of thing.

My staff is reviewing the material and will keep you abreast of any development.

Sincerely,

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

DIFFA / GREATER SEATTLE

Design Industries Foundation for AIDS

Paul/Terry—
Draft reply
Andrew/Bill - FYI

RECEIVED

MAR 18 1994

March 14, 1994

Kristine M. Gebbie
National AIDS Policy Coordinator
The White House
Washington DC 20500-0001

Dear Kristine,

Hope all is going well there. We are having some great successes here with DIFFA.

I have enclosed a disturbing solicitation that was received via the mail by a resident in a small town. I felt that your office should be aware of it. Can anything be done?

Thank you.

Sincerely,

Steven M. Hensel
Chair DIFFA/Greater Seattle

2202 North Pacific—Seattle, Washington 98103
Telephone: 1-206-633-2265 Facsimile: 206-633-2346

IS AIDS MAN MADE?
THE STRECKER MEMORANDUM

We have a story to tell you, a very strange story, one that affects you, me, and every other human being on earth. A story that must be taken seriously by the governments of every nation in the world because there may not be many humans left to govern by the turn of the century, or shortly thereafter. A story so bizarre, and so sinister that, if it were not for the fact that it is all true, it would make a great science fiction thriller. (Interestingly enough, Lorimar Pictures of Hollywood purchased the rights to Dr. Strecker's life story.)

The story begins in 1983 with Dr. Robert B. Strecker, M.D., Ph.D. Dr. Strecker practices internal medicine and gastroenterology in Los Angeles. He is a trained pathologist and holds a Ph.D. in pharmacology. Dr. Strecker and his brother, Ted, an attorney, were preparing a proposal for a health maintenance organization (HMO) for the Security Pacific Bank of California. They needed to know the long-term financial effects of insuring the treatment of AIDS patients. In as much as this information was not readily available in 1983, both brothers began researching the medical literature to learn what they could about this relatively new disease. The information they uncovered right from the beginning was so startling to them, so hard to believe, that it would dramatically alter both their lives and lead them on a five-year quest culminating with the creation of **"The Strecker Memorandum,"** the most controversial video tape of our time and a remarkable set of documents called "The Bio-Attack Alert."

WHAT THEY DISCOVERED

Right there in the medical literature for anyone to read for themselves was, basically, proof that the AIDS virus and pandemic was actually PREDICTED years ago by a world-famous virologist, among others. They found that top scientists writing in the BULLETIN of the World Health Organization were actually REQUESTING that AIDS-like viruses be created to study the affects on humans. In fact, the Streckers unearthed thousands of documents all supporting the man-made origin of AIDS.

Meanwhile, the government was telling everyone that a green monkey in Africa bit some native and started AIDS. As their research continued, it became obvious from the documentation that the virus itself was not only created as requested, but actually DEPLOYED, and now threatens the existence of mankind because it does what it was designed to do: cause cancer in humans via a contagious virus. Eventually, the Streckers came to realize everything the government, the so-called AIDS experts and media were telling the public was not only misleading, but out and out lies...The truth of the matter is:

- AIDS is a man-made disease;
- AIDS is not a homosexual disease;
- AIDS is not a venereal disease;
- AIDS can be carried by mosquitoes;
- Condoms will not prevent AIDS;
- There are at least six different AIDS viruses loose in the world;
- And on and on, but...

THE SCARIEST PART

The most dreaded fear that all oncologists (cancer doctors), virologists, and immunologists live with is that some day CANCER, in one form or another, will become a contagious disease, transferable from one person to another. AIDS has now made that fear a reality. If you think you are safe because you are not gay or promiscuous, or because you are not sexually active, then you must watch **"The Strecker Memorandum"** very carefully.

IF YOU PLAN TO HAVE SEX TONIGHT YOU HAD BETTER READ THIS

The most common misconception being foisted upon us right now concerns sexually active Americans. We are told that if a man uses a condom, the transference of the deadly virus is virtually eliminated. Nothing is further from the truth. Of all

the body fluids that the AIDS virus is found in, semen contains the least. As a matter of fact, in every single study ever published on the subject, no one has found a significant amount in anyone's semen. It just isn't there in huge numbers. There is usually about one virus per milliliter, a statistically irrelevant amount. One copious ejaculation might produce only two or three viruses. This is substantiated in the medical literature. But, just for argument's sake, let's say all the medical studies are wrong. Let's pretend that there are countless millions of AIDS viruses in the ejaculation. Are you aware that condoms are riddled with microscopic or larger holes? Studies show that even the smallest holes found in condoms are two to ten times larger than the AIDS virus. It's like shooting a golf ball through a basketball hoop. Condoms have not, will not, and cannot prevent AIDS.

THOUSANDS ARE ALREADY DEAD

Over one hundred thousand Americans have already died because they didn't know the truth about AIDS. Approximately 23 million Americans are already infected. More than one in 60 babies born in New York City is infected; three in 100 college students in America is infected; one in 20 aliens applying for amnesty is infected, including men, women and children. These are just some of the facts you are not likely to hear about from the media.

WHY A VIDEO TAPE?

One of the first things the Streckers did was to try and tell their medical and legal colleagues what they were finding in the literature. Some were interested; most were not. Certainly no one was prepared to risk their professional standing by making waves within the establishment. Ted Strecker compiled some of the most damaging documents into a report he called **"The Bio-Attack Alert"** and sent it to every Governor of every state, the President, the Vice-president (George Bush), the FBI, the CIA, the NSA, and selected members of Congress. He got a grand total of three replies from three governors; nothing from the government. Both he and Dr. Strecker were laughed at and ridiculed at every turn. As an example, Dr. Strecker told the government in 1985 that virtually every person testing positive for AIDS would die prematurely and painfully. The government said that was nonsense. Their figures showed that maybe ten percent at most would die from the disease. In 1986, the government said maybe 50 percent of those infected would die, in 1987, they said maybe 75 percent, in 1988 they finally agreed with Dr. Strecker that AIDS is virtually 100 percent fatal. We could go on with facts Dr. Strecker unearthed that the "experts" said were wrong and now accepted as the truth. Dr. Strecker, like a good scientist, submitted paper after paper with his findings to all the prestigious medical journals in America. They were refused. He then tried to have his findings published in Europe. Again, closed doors. What to do? Dr. Strecker did not feel he could take the time from his practice and his research to write a book. On the other hand, everyone has a TV and now most households have a video cassette recorder (VCR). The time involved to make a video is nothing compared to writing a book, and so the video **"The Strecker Memorandum"** was created. It is 96 minutes of the most startling, controversial, and information-packed video you will ever see. It disputes virtually everything the American public is being told by the government, that so-called AIDS experts and the media. In fact, after seeing it YOU will know more about AIDS than 99 percent of all doctors in America.

MUSIC IS NOTHING IF THE AUDIENCE IS DEAF

With the video made, it seemed a simple matter to advertise it and the world would now become aware of what it was facing, right? **WRONG!** The fact that you are even reading about **"The Strecker Memorandum"** now is a minor miracle by itself, in as much as TV stations have refused to advertise it. TV and radio time brokers that sell blocks of commercial time have refused to sell us time. TV station managers have refused to even air programs containing interviews with Dr. Strecker. A national radio network did an interview with a famous talk show host and Dr. Strecker and then refused to run it. Virtually every big name network television magazine show and all the syndicated TV interviewers and talk show hosts have said NO to Dr. Strecker. Big city newspapers will not take any print ads telling about it, and so it goes...WHY? What is in **"The Strecker Memorandum"** that sends a cold chill down the spine of most media executives?

WHY IS EVERYONE AFRAID OF "THE STRECKER MEMORANDUM?"

The excuse we hear over and over is that it is too controversial. TOO CONTROVERSIAL? They say that this information, if widely disseminated, will cause the public to panic. If someone had poisoned your water supply and you and your family could die, wouldn't you want to know about it? Would you panic? Or would you more likely be outraged and try to find out who did it and punish them? We feel the only persons who might panic are those scientists who willingly or otherwise created AIDS and are now promoting misinformation by covering it up. After all, if you made AIDS would you tell anyone about it?

THINK OF YOUR FAMILY AND FRIENDS...NOW THINK OF THEM DEAD

It may take a while before the words "species threatening" sink in, because the term has rarely been used before to describe an existing human condition. but once you realize the implications of that term, and realize that, unlike any other kind of disease ever known to man, past or present, AIDS can, if unchecked, kill every human on earth, then your outlook and attitude regarding everything in life must change. Whether you like it or not, and despite all your precautions, the time will come when you will test positive for AIDS, and it can happen much quicker than you realize.

IT'S OUT THERE

The number of AIDS-infected people is doubling approximately every 12 months, and in some areas even sooner. With 23 million Americans carrying the virus, you don't have to be a rocket scientist to see how long we have here in the U.S. Africa has, conservatively, 75 million infected; some estimates double that. Brazil as a country is in serious jeopardy because all through the 1970's they were buying their blood supply from Africa. On top of that, the World Health Organization conducted a large scale small pox vaccination program there in the 1970's (for the full implications of that see "The Strecker Memorandum"). Southern Japan has at least 30 percent infected with HTLV I, the leukemia-causing virus (although you will never hear abut that on TV). Russia is now reporting AIDS as a problem. Cuba has already set up concentration camps for the AIDS-infected and they are full (you won't see that on TV either). Haiti of course, is ravaged by AIDS; more than 20 percent of the people are infected and getting worse every day. And so it goes. Virtually every nation on earth with few exceptions (Iran is one) is reporting a growing problem. It's on every continent, every sub-continent, and every island chain, Atlantic and Pacific. So why won't the media or government tell you these things? Is it too controversial for you to handle? Are you going to panic?

IS THERE ANY HOPE?

Yes and no. NO, if you are waiting for the government to create a magic bullet. As you will see in "The Strecker Memorandum," part of the problem is that all the various AIDS viruses are "recombinant retroviruses." Very simply, that means they have the ability to recombine with the genes of any cell they enter and the offspring or new viruses they form are different from the parent viruses. HTLV III alone (that's the most common American AIDS virus) has the mathematical ability to change itself 4 to the 9,000th power. The common cold recombines much less frequently and we haven't found a cure for it after a hundred years. Besides, does it make much sense to entrust the cure for AIDS to the same people that may have created it? YES, there is hope if Dr. Strecker and a growing number of realistic scientists are correct in looking at alternative, non-allopathic, non-drug modalities based on Raman spectroscopy. In fact, much research is going on now that offers great promise. Unfortunately, our government takes a dim view of any type of treatment for any type of disease--let alone AIDS-- that does not conform to its rigid rules for acceptance, registration and legalization. Of course the FDA would definitely like to see an allopathic drug treatment or cure presented by an ethical drug company or university. Well, we don't think that's going to happen. Because of this attitude, much experimentation in America must go underground, underfunded, or out of the country entirely, Again, this is explained further in "The Strecker Memorandum."

8/20 93

BE BOLD AND MIGHTY FORCES WILL COME TO YOUR AID--OR MIGHTY FORCES WILL COME AND KILL YOU

An ominous personal aspect of this story has been the sudden and unexpected deaths of two of the key players. First, Dr. Strecker's brother, Ted Strecker, was found shot to death in his home in Springfield, Missouri, an apparent suicide, on August 11, 1988. Was Ted Strecker suicidal? Perhaps. In the past he suffered from depression and monumental frustration at the relative lack of interest in his findings. Dr. Strecker spoke with him the night before his death. Ted was cheerful, in good spirits, and looking forward to certain new developments that promised progress. The next day he was found dead, his 22-caliber rifle next to him. No note, no message, no goodbyes to anyone. Officially a suicide. Next, Illinois State Representative Douglas Huff of Chicago was found alone in his home, dead from an apparent overdose of cocaine and heroin, on September 22, 1988. Representative Huff did everything in his power to make the Illinois State Legislature and the people of Chicago aware of Dr. Strecker's work. He was very vocal, gave many press interviews, was constantly on television and radio urging people to wake up to the coverup concerning AIDS. Did Representative Huff use drugs? Perhaps. Was he an addict? No. Would he have known how dangerous a massive overdose of cocaine and heroin was? Yes, of course. Cause of death; officially a stroke. Dr. Strecker has serious doubts that his brother killed himself. Representative Huff's associates doubt he died accidentally, and yet they are gone. Who's next?

IGNORANCE IS BLISS; OR IS IT SUICIDE?

We all know it is easier for a king to have a lie believed than a beggar to spread the truth. Well, we are spreading the truth about AIDS. Unfortunately, it isn't pretty. But the fact is you are not being told the truth by the government or the so-called AIDS experts. The media, for reasons of their own, will not present information contradicting the official propaganda. So you can choose to go along with the same people who gave us brain cancer (SV-40) virus) as a result of their contaminated polio vaccines in the early 1960's; a polio-like disease from their contaminated Swine Flu vaccine in the 1970's; and AIDS from their smallpox and hepatitis B vaccines; or, you can at least make yourself aware of the clear and present dangers that we all face by watching **"The Strecker Memorandum."** The cost of the tape is nominal, but we submit that remaining ignorant can cost infinitely more.

Thank you,

THE STRECKER GROUP
1501 Colorado Blvd., Eagle Rock, CA 90041
(213) 344-8039

Mail to: THE STRECKER GROUP
1501 Colorado Blvd. • Eagle Rock, CA 90041

I am ordering_____ copy(s) of "The Strecker Memorandum" VHS Video at $29.95 each, plus postage and handling $3.00 for the 1st copy and $1.00 for postage and handling per additional copy. California residents must add 8.25% sales tax, ($2.47 per tape).

Print Name_____ Address_____

City _____State _____Zip_____Telephone Home_____Work _____

PLEASE CHECK METHOD OF PAYMENT ___Check ___Money Order

Note: Checks and money orders should be made payable to: **THE STRECKER GROUP**
1501 Colorado Blvd., Eagle Rock, California 90041 • (213) 344-8039

THE WHITE HOUSE
WASHINGTON

March 31, 1994

Mr. Harry R. Hampton, #16294-018 (4A)
F. C. I. Estill
Post Office Box 599
Estill, South Carolina 29918-0599

Dear Mr. Hampton:

Thank you for inquiring about information concerning HIV and AIDS. It is very important that all Americans educate themselves about this disease so we can fight it more effectively.

I have asked that the National AIDS Clearinghouse send you the information you requested. If you have further questions, feel free to write me again or contact the Clearinghouse directly at 1-800-458-5231. You may also want to call the Centers for Disease Control's National AIDS Information Hotline at 1-800-342-AIDS.

Thank you again for writing. My best wishes to you and your loved one during this most difficult of times.

Sincerely,

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

draft reply to request to clearing house to send info

Kristine M. Gebbie
AIDS Policy Coordinator
1600 Pennsylvania Ave. NW
Washington, DC 20500

March-13th-'94

I am an inmate in Estill, South Carolina. I am writing to you in hopes that you will help shed some light on the issue of AIDS to me. Would you please send me information concerning how it started, symptoms, what's being done about it in the United states and other foreign countries? There is someone that I love very much who has this disease and I would like to understand it totally and to know if there is anything being done about it, if so, what? Please send any / all information to:

Harry R. Hampton #16294-018 (4A)
F.C.I. Estill
P.O. Box 599
Estill, S.C. 29918-0599

Also, send me information concerning medical assistance to people with AIDS. Thank you for your time and effort.

Sincerely,

Harry Hampton

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Carol Marsh
Project Coordinator
Miriam's House
1750 Columbia Road, N.W.
Washington, D.C. 20009

Dear Ms. Marsh:

Thank you for writing, and for sharing information about Miriam's House. It sounds like an exceptional project and you are to be commended for pursuing this endeavor.

The issues you raise about housing, particularly in regards to HIV-infected women and their children are indeed important areas for action and will continue to receive my attention. As the National AIDS Policy Coordinator, you can be assured that I will support policy which promotes the fundamental right to decent, safe and affordable housing and supportive services that are responsive and appropriate to the needs of persons living with HIV/AIDS.

I am sorry that you are having difficulties as a result of local regulations and recommend that you contact the National HIV/AIDS Housing Coalition for technical assistance. The Coalition is an association of AIDS housing providers, residents, and advocates who have a wealth of knowledge about housing issues for persons living with HIV/AIDS. For more information about the Coalition and HIV/AIDS housing-related issues, contact Bob Nelson of Catholic Charities of the Archdiocese of San Francisco at 415-575-2732.

I hope this will be helpful and best wishes with Miriam's House.

Sincerely,

Kristine Gebbie

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

MIRIAM'S HOUSE
A project of Joseph's House
1750 Columbia Road, N.W.
Washington, D.C. 20009

Carol Marsh
Project Coordinator

FAX: 202-234-8195
202-328-0824

Tim
draft reply

March 16, 1994

Ms. Kristine M. Gebbie
White House National AIDS Policy Coordinator
The White House
Washington, DC

Dear Ms. Gebbie;

I was present yesterday at Georgetown University when you spoke of Women, AIDS and public policy. I greatly admire your straight forward attitude, and your sensitivity to the terribly difficult and complicated issues surrounding these topics. Thank you for your commitment.

You mentioned three areas of public policy for AIDS: research, service, and prevention. My feeling is that one important component of service was omitted, and I am writing to tell you about that.

The component that I feel was neglected is that of housing. The dual crises of AIDS and housing come together in a devastating way for the homeless and for persons on low incomes. How does a service organization take care of persons dying of AIDS who cannot remain in a hospital, and who have no resources of their own? How do we address the desperate lack of nursing home and hospice beds as the epidemic brings more and more young people to an early and often lingering death? How do we create structures that address the housing, emotional, physical, and spiritual needs of persons dying with AIDS, that are regulated and legal?

For women specifically, how do we provide housing and help them to care for themselves and their children during this traumatic time? How, under the existing laws and regulations, do we provide the medical and psycho-social support so desperately needed?

These questions are deeply personal. I am currently working to build a place for homeless women with AIDS and their children. A Fact Sheet is enclosed to inform you about the particulars. But the reason I am writing to you is because we, in our approach to Washington, DC about getting Miriam's House licensed, have come up against a set of regulations for group homes that were written before the AIDS epidemic was acknowledged, and which don't even allow for women and their children to be housed together.

In short, we are being told that the women who will be residents of Miriam's House will have to leave when they need any sort of on-going medical or personal care. When I ask where will they go, these homeless women in a city with too few nursing home beds, I am told that this is not relevant because we must obey the current regulations. When I ask what will their children do when their mothers are forced to leave Miriam's House because

they are sick or need some extra personal care, I am told that this is not relevant because we must obey the current regulations.

I do not question the city employees need to do their jobs and make sure the regulations as they stand are enforced. But it has become very clear that these inadequate regulations must be changed.

Do you know of a city where this has happened - where compassionate and wise laws or regulations regarding the housing and support of homeless persons with AIDS have been written and enacted? Is there a model in this country that we here in Washington, DC, who are trying to create housing for persons with AIDS, could use as a starting point to address these issues?

Again, my interest is deeply personal. We are hoping to open the doors of Miriam's House to homeless women with AIDS and their children in March of 1995. In the meanwhile, we must fight for fair regulations that allow for these residents to be supported well, to live with dignity, and to die within a caring and compassionate community.

I would appreciate any information you may have that would help us.

Sincerely,

Carol Marsh

Carol Marsh, Project Coordinator

MIRIAM'S HOUSE

1750 Columbia Road, N.W.
Washington, D.C. 20009

Carol Marsh
Project Coordinator

FAX: 202-234-8195
202-328-0824

FACT SHEET

Miriam's House will be a residence for homeless women with AIDS, some of whom will have children. It will be a community bringing compassionate attention to the housing, medical, personal and spiritual needs of its residents. It will be a place supporting recovery and sobriety, a loving and respectful community where residents may live and die with dignity. Mothers will have an opportunity to remain united with their children and to participate in planning a suitable transition for them to future care. This is the first program responding to the dual crises of AIDS and homelessness for women with children in Washington, DC.

MIRIAM'S HOUSE PROGRAM

Miriam's House has purchased a two story apartment building at 1300 Florida Avenue, N.W. to serve 15 women and accommodate staff. The two story building with basement will be renovated to meet program needs. Public areas will be designed for easy access and include a dining room, living room and a meeting room. Each woman will have her own private bedroom; women with children will live in private suites. Bathrooms will be handicap accessible. The children will be provided with a play room, space for educational enrichment and an outdoor recreational area. Support staff will have offices on-site. Miriam's House is applying to be licensed as a community residence facility.

Miriam's House will not provide primary medical care; the women will rely on their own doctors for treatment and be admitted to area hospitals when the need arises. Support and counseling will promote the well-being of each woman and child.

Staff, part time and full time, will include co-directors, personal care aides, substance abuse counselor, child care worker, cook and administrative staff. A co-director will live in the facility, along with at least one other staff person. Miriam's House will also draw upon the resources of other institutions in the city to supplement on-site services.

A GROWING UNMET NEED

In Washington, DC, 14% of the homeless population is testing positive for HIV. Projections indicate that approximately 2,000 women in the 15-44 year old age group are infected, 57% of them are injection drug users (IDUs). At the end of 1992, there were already 260 female IDUs infected with the virus; 650 are expected by 1996. The total number of women in this city who will be suffering with Stage III AIDS is projected to be over 890 by 1996. The rate of HIV infection among childbearing women in the District is 10 times higher than the national average.

Washington hospitals, already overwhelmed by the burden of uncompensated care, frequently discharge homeless AIDS patients to shelters where they are exposed to infectious diseases, the stress of shelter living, difficulties in meeting the needs of their children and the dangers of the streets. Existing programs in Washington for homeless women with AIDS do not provide residential facilities with needed services for these women and their children.

The dual problems of homelessness and AIDS require bold and creative responses that address the practical issues of housing and care along with other human needs calling for compassionate attention: addictions and recovery, isolation and mutual support, reconciliation, nurture and support of children, death and dying. Miriam's House will address the complexity of these problems in an atmosphere of security and respect, upholding the dignity of each individual and providing a home and a place of belonging for those who have no place to live.

Miriam's House
c/o Jubilee Housing
1750 Columbia Rd., N.W.
Washington, D.C. 20009

WASHINGTON, DC 200
4PM
16 MAR
1994

Ms. Kristine M. Gebbie
National AIDS Policy Coordinator
Executive Office for the President
750 17th St, NW
Suite 1060
Washington DC 20503

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Ms. Janet Clark
638 Soto
Martinez, CA 94553

Dear Ms Clark:

I want to express my appreciation for your active interest in the sharing of AIDS information. I certainly agree that access to AIDS information is critically important in stopping the spread of HIV.

The mission of this office is one of coordination of National effort in the fight against AIDS. We have no budget to implement any programs. Therefore, in order that your concerns be given due consideration, we are forwarding your letter to the Centers for Disease Control and Prevention, National AIDS Information and Education Program, where public access to AIDS information is addressed.

We take your concerns and suggestions seriously and appreciate your input on this topic.

Sincerely,

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

cc:
National AIDS Information and Education Program, CDC

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Alex Solski
#304, 10555-93 Street
Edmonton, AB, Canada
T5H 4C1

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cc:
National AIDS Information and Education Program, CDC

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Alex Solski
#304, 10555-93 Street
Edmonton, AB, Canada
T5H 4C1
(403)497-7962

Kristine Gebbre, RN, MN
National AIDS Coordinator
Executive office of the President
750 17 St NW, Suite 1060
Washington, DC, 20500

Attention: Kristine Gebbre

RE: AEGIS and OASH BBS

I have been a member of AEGIS for approximately one year and find the information provided through Mary Elizabeth's system invaluable. Looking at the OASH BBS in relation to what is provided through AEGIS it is disappointing to see that support is provided to an inadequate service such as OASH, and not AEGIS.

As a Canadian, I rely strongly on the information provided through AEGIS as there are NO similar services provided in Canada. All information is provided through several links that eventually makes it to our BBS and I fear that more AEGIS members will be closing down due to the fact they can not afford the costs associated with obtaining the information. This would in turn force myself and other to obtain the information from more distant systems that would eventually cause us to close down as well.

I understand that a 1-800 service may not directly affect myself or other Canadians that obtain the AEGIS information, but may possibly provide a greater resource for obtaining the information inexpensively.

As a PLWH, I only receive a disability income and do my best to provide a decent system and up to date information for the people in our area. There are many other systems that would benefit greatly from a 1-800 service provided through AEGIS that are in similar situations, and overall enhance the ability to obtain the information.

I ask that you consider providing a 1-800 service for AEGIS, as AEGIS is considered one of the best sources of HIV/AIDS information. Providing faster and up to date information could possibly stop suffering and improve the quality of PLWH lives.

Thank you

Alex Solski

February 22, 1994

Verta - draft reply

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

Dear Ms. Gebbie:

On April 1st, U.S. Sprint will discontinue their P.C. Pursuit network. This service has offered low-cost modem communications to disabled users (90 hours of connect time for $30 per month). This service also provided a humanitarian link to the AIDS Education General Information Service (AEGIS) HIV/AIDS Information BBS in San Juan Capistrano.

With the discontinuation of PC Pursuit, thousands of PWA's will be cut off from the most comprehensive AIDS information source in the United States, if not the world.

I ask your consideration in funding an 800 line for the AEGIS BBS in San Juan Capistrano.

Sincerely,

Janet Clark

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WASHINGTON

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National AIDS Policy Coordinator

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

cc:
National AIDS Information and Education Program, CDC

February 22, 1994

Vesta - draft copy

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

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Natl Aids Policy Coordinator
750 - 17th St NW suite 1060
Washington, DC 20500

Kristine Gebbe

Alex Solski
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Edmonton, AB, Canada
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(403)497-7962

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National AIDS Coordinator
Executive office of the President
750 17 St NW, Suite 1060
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Thank you

Alex Solski

THE WHITE HOUSE

WASHINGTON

March 30, 1994

TO: Acting Director
National AIDS Information and Education Program, CDC

FROM: Acting Deputy Director
Office of National AIDS Policy

SUBJECT: Action Memorandum - Response to Personal Correspondence

The purpose of this memorandum is to alert you to the fact that our office has begun to receive requests, in the form of personal correspondence, that we support the provision of an 800 number for the AIDS Education General Information System (AEGIS), and to request that you respond to the correspondence.

AEGIS is an electronic bulletin board system developed and operated by Sister Mary Elizabeth, San Juan Capistrano, CA. The sole function of AEGIS is dissemination of AIDS information. The National AIDS Clearinghouse (specifically Anne Wilson) is aware of AEGIS and works cooperatively with Sister Mary Elizabeth to assist in many ways.

The mission of our office is one of coordination of national effort in the fight against AIDS. We have no budget to implement any programs. We are forwarding this correspondence to your office because of your mission to address access to AIDS information by a variety of target audiences.

We appreciate your cooperation in responding to these communications.

Arthur J. Lawrence, Ph.D.

THE WHITE HOUSE

WASHINGTON

March 31, 1994

Mr. Jean-Marc Le Coq
Images Pour la Lutte Contre le SIDA
137, Boulevard de Magenta
75010 Paris
FRANCE

Dear Mr. Le Coq:

Thank you for sharing information about your HIV/AIDS awareness project with me. As you may know, the President appointed me National AIDS Policy Coordinator, to communicate his commitment to end the HIV/AIDS epidemic to the country and the global community. The President and I are committed to stopping the spread of HIV, to provide adequate care for those living with HIV/AIDS and to find a cure for AIDS as soon as possible. I am very encouraged to learn of your international efforts on HIV/AIDS awareness.

I have shared your materials with the National Minority AIDS Council, the National Association of People with AIDS and the AIDS National Interfaith Network. These organizations work with hundreds of local organizations that may be interested in learning more about your program. These three organizations also sponsor the largest conference for non-governmental organizations in the United States, which will be held in October in Atlanta, Georgia. In the past, they have shown displays of artistic HIV/AIDS awareness projects to the participants. You may contact Vicente Rodriguez, the Conference Director for the National Skills Building Conference, at (202) 544-1076.

If you would like to obtain information on what organizations in the United States conduct HIV/AIDS related programs, you may contact the National AIDS Clearinghouse, which is a federally-funded program. You may reach Anita Taylor, Community Coordinator, at (301) 251-5391. She will be able to assist you in obtaining information about non-governmental organizations.

I hope this information is helpful to you. I would like to encourage you to continue in your work. I am a firm believer that we need to coordinate our efforts with the global community

in be more effective in our work.

Again, thank you for sharing information about your program with me.

Sincerely,

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

cc: Vicente Rodriguez
Paul Kawata
Bill Freeman
Rev. Ken South
Anita Taylor