FOIA Number: 2018-0756-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3769

FolderID:

Folder Title:
April Chron Files 1994 [2]

Stack:	Row:	Section:	Shelf:	Position:
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Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Health Care Services; [Personal] (Partial) (1 page)	04/05/1994	b(6)
002. letter	To: Kristine Gebbie; re: Social Security (2 pages)	03/09/1994	b(6)
003. forms	re: Reason Your Application is Still Pending (2 pages)	1990-1991	b(6)
004. form	re: Notice of Benefits (1 page)	04/22/1991	b(6)
005. forms	re: Notice of Medicaid Deductible (3 pages)	/05/1991	b(6)
006. letter	From: William L. Williams; re: Working with Kristine Gebbie; [FBI] (Partial) (2 pages)	09/03/1994	b(6)

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

FOLDER TITLE:
April Chron Files 1994 [2]

2018-0756-F
jp4817

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
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THE WHITE HOUSE

WASHINGTON

April 5, 1994

Stanley S. Wallack, Ph.D.
Director
Institute for Health Policy
The Heller School
Brandeis University
415 South Street
Waltham, Massachusetts 02254-9110

Dear Dr. Wallack:

Thank you for the invitation to attend the "Health Care Reform for People with Disabilities: How Far Can the Managed Care Model Be Extended?" conference on Monday, May 9, 1994 in Washington, D.C.. Unfortunately, my schedule does not permit me to participate. If I can be of help in some other way, please let me know.

Sincerely,

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

In New York for Mother's Voices brunch

regrets

RECEIVED
MAR 24 1994

Institute
for
Health Policy

The Heller School
Brandeis University

415 South Street
Waltham
Massachusetts
02254-9110

617-736-3900
617-736-3009
TTY/TDD

March 18, 1994

Andrew or Cary George go in my stead?
can we suggest someone @ SM DHHS/med care interest also?

Kristine Gebbie
National AIDS Policy Coordinator
Department of Health and Human Services
750 17th Street, N.W.
Room 1060
Washington, DC 20503

Dear Ms. Gebbie:

The Institute for Health Policy at Brandeis University cordially invites you to attend a conference entitled, "Health Care Reform for People with Disabilities: How Far Can the Managed Care Model Be Extended?". The Institute for Health Policy and the National Academy for State Health Policy, through their jointly sponsored Center for Vulnerable Populations, have been evaluating issues around providing services to persons with disabilities in managed care plans. At this conference, attendees will examine the feasibility of managed care for special populations, from the perspective of multiple stakeholders.

This one-day invitational conference will take place in Washington, DC on Monday, May 9, 1994. The goal of the conference is to bring together a select group of stakeholders to focus on the following questions:

- Who are people with disabilities and what do they want from the health care system?
- How far should the prevailing managed care models be extended?
- What are the priorities of federal policymakers?
- How are people with disabilities faring under current state initiatives?
- What are the important research and policy issues?

The speakers and reactor panels for the conference will include representatives of federal and state policymakers, researchers, providers and consumers. Conference attendees will also have the opportunity to participate in small group discussions.

We are inviting you to attend this conference because of your recognized interest and expertise in this area. The conference will take place at the ANA Hotel at 2401 M Street N.W., Washington, DC and lunch will be provided.

Enclosed is a tentative agenda and a registration form. Please complete the form and fax it to Katherine Raskin at the Institute at (617) 736-3881 no later than April 15th. If you have any questions about the conference, please call Cynthia Piltch (617-736-3977) or Katherine Raskin at (617-736-3953). I hope to see you in May.

Sincerely,

Stanley Wallack

Stanley S. Wallack, Ph.D.
Director

Draft Agenda

Health Care Reform for People with Disabilities:
How Far Can the Managed Care Model Be Extended?

Institute for Health Policy
Brandeis University
Monday, May 9, 1994
ANA Hotel, Washington, DC

8:30 - 8:45 a.m.	Opening Session **Welcome and Overview** Stanley S. Wallack, Ph.D. Director, Institute for Health Policy
8:45 - 9:15 a.m.	**"Who are These People with Disability and What Do They Want from a Health Plan?"** Paper presentation Irving Zola, Ph.D. Professor of Sociology Brandeis University
9:15 - 10:00 a.m.	*Panel Moderator:* Cynthia Piltch, M.P.H., Ph.D. Senior Research Associate Institute for Health Policy *Reactor Panel:* Robert Master, M.D. Medical Director Community Medical Alliance Bonnie O'Day, M.P.A. Presidential Appointee, National Council on Disability Robyn Stone, Dr. P.H. Deputy Assistant Secretary Office of Disability, Aging and Long Term Care Richard Surles, Ph.D. Commissioner, New York State Office of Mental Health
10:00 - 10:15 a.m.	**Coffee Break**
10:15 - 10:45 a.m.	**"What Do We Know about Managed Care for People with Disabilities?"** Paper Presentation Sara Bachman, Ph.D. Research Director Center for Vulnerable Populations Institute for Health Policy, Brandeis University

10:45 - 11:30 a.m. *Panel Moderator:*
Ms. Trish Riley
Director, National Academy of State Health Policy

Reactor Panel:
Robert Master, M.D.
Medical Director
Community Medical Alliance

Bonnie O'Day, M.P.A.
Presidential Appointee, National Council on Disability

Robyn Stone, Dr. P.H.
Deputy Assistant Secretary
Office of Disability, Aging and Long Term Care

Richard Surles, Ph.D.
Commissioner, New York State Office of Mental Health

11:45 - 1:00 p.m. **Lunch**

Luncheon Speaker:
"Where are We in Health Care Reform - A View from the Executive Branch?"
Kathleen Buto
Associate Administrator for Program Development
Health Care Financing Administration

1:15 - 2:15 p.m. Breakout Sessions:
"What are the Critical Research and Policy Questions Pertaining to People with Disabilities?"

Group Facilitators:

Federal Policy Makers:	Robyn Stone, Dr. P.H. and Cynthia Piltch, Ph.D.
State Policy Makers:	Richard Surles, Ph.D. and Deborah Carr, M.P.H.
Providers:	Robert Master, M.D. and Sally Bachman, Ph.D.
Consumers:	Bonnie O'Day, M.P.A. and Mari-Lynn Drainoni, Ph.D.

2:15 - 3:00 p.m. Breakout Session Reports

3:00 - 3:45 p.m. **"What Does the Future Hold for Health Care Reform from the Congressional Perspective?"**
Paper Presentation
Neil Rolde
Author, Former Maine State Legislator and Consumer Advocate

Reactor: Congressman Tom Andrews, Maine.

4:30 - 4:45 p.m. Closing Remarks
Stanley S. Wallack

REGISTRATION FORM

Health Care Reform for People with Disabilities:
How Far Can The Managed Care Model Be Extended?

Institute for Health Policy
Brandeis University
May 9, 1994
ANA Hotel
Washington, DC

Please complete the registration form and fax to Katherine Raskin at Brandeis University at (617) 736-3881 no later than **April 15, 1994**.

Name: _____

Title: _____

Affiliation: _____

Address: _____

_____

Telephone #: _____ Fax #: _____

_____ Yes, I will attend the one-day conference on Monday, May 9, 1994 at the ANA Hotel, 2401 M Street N.W., Washington, DC. Please note that lunch will be provided at the meeting.

_____ Please reserve an overnight room at the ANA Hotel for one night (Sunday, May 8, 1994). Please do not call the hotel directly to make your reservation. The room rate is $190.00 per diem (includes room and tax). Each guest will be responsible for their own room charges. Rooms will be guaranteed for late arrival and will be non-smoking rooms.

Return registration form to:

Katherine Raskin, M.M.H.S.
Institute for Health Policy
Brandeis University
P. O. Box 9110
Waltham, MA 02254-9110
Phone - (617) 736-3953
FAX # - (617) 736-3881

THE WHITE HOUSE

WASHINGTON

April 5, 1994

Mr. Jeremy M. Kahn
Vice President
The Jefferson Literary and Debating Society
at the University of Virginia
Post Office Box 438
University of Virginia
Charlottesville, Virginia 22904

Dear Mr. Kahn:

Thank you for the invitation to speak at a meeting of the Jefferson Literary and Debating Society during the 1993-94 academic year spring semester. Unfortunately, my schedule does not permit me to participate. I would, however, be interested in speaking some time in the fall. Please keep me informed of meeting times and dates. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE JEFFERSON LITERARY AND DEBATING SOCIETY
at the University of Virginia—Established 1825

Post Office Box 438, Newcomb Hall Station
University of Virginia
Charlottesville, Virginia 22904

Steve — willing to do
for calling this if we can
find a Fri when
I can get out &
here in time —

January 6, 1994

Ms. Kristine Gebbie
2737 Devonshire Place, NW
Suite 315
Washington, DC 20008

Dear Ms. Gebbie:

It is my great pleasure to extend to you an invitation to be the featured speaker and guest of honor at a meeting this semester of the Jefferson Literary and Debating Society at the University of Virginia. For the past 169 years, the Jefferson Society has strived to fulfill Thomas Jefferson's dream of bringing our nation's brightest to Charlottesville. We would be delighted to have a person of such knowledge and experience as yourself visit us as we continue to make his vision a reality.

Founded on July 14, 1825 the Jefferson Society is the oldest literary and debating organization in the nation. As the oldest student organization at the University of Virginia, we have endeavored to provide a setting for oratorical and literary pursuits in a social atmosphere. You may note in the enclosed pamphlet that the Jefferson Society enjoys a rich and colorful history: among our alumni are Edgar Allan Poe and President Woodrow Wilson; in addition, Madison, Monroe, and Lafayette each accepted honorary membership. Another source of pride has been the many distinguished persons who have honored us by speaking before the Society. Last year, this list included Dr. Ruth Westheimer, Donald Regan, Bob Woodward, Kate Michelman, William Sessions and George Will. I sincerely hope that you would consider bestowing that honor upon us as well.

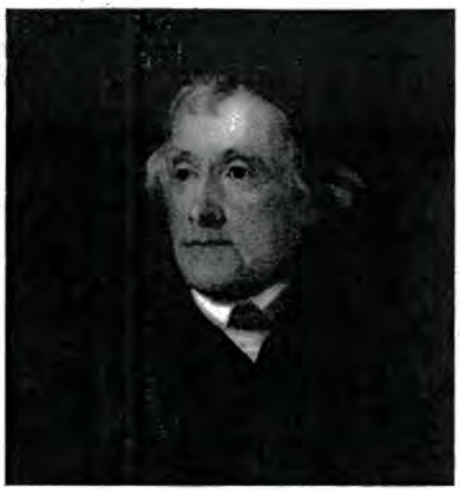
Since 1837, the Society has met in Jefferson Hall, an original Jeffersonian building on the grounds of the University. The spring semester begins in two weeks, and meetings are held each Friday evening that classes are in session. Of course, if you cannot make the trip this semester, we would be happy to have you speak next semester or some other time in the future. It is customary for the evening's speaker to be our dinner guest, and we would be happy to provide hotel accommodations and travel expenses as necessary. If for any reason you would like to contact me by telephone, I can be reached at (804) 296-5577.

Thank you in advance for your time and consideration. I eagerly await your reply.

Sincerely,

Jeremy M. Kahn
Vice President

request. . .
Hope to see you
in the Fall.



The Society's famed Thomas Sully portrait of Mr. Jefferson, currently mounted in the University's Rotunda.

AS OLD AS THE UNIVERSITY ITSELF.

Founded on the 14th of July, 1825, the Jefferson Literary & Debating Society is the oldest continuously existing organization of its kind in America. Established just months after the beginning of the University of Virginia's first academic term, the Society has shaped and grown with an institution that has since gained both size and stature. Jefferson Hall, the Society's meeting place, is filled with tradition and is a source of constant innovation. The *Cavalier Daily,* the University's oldest newspaper; Student Council; and the *University of Virginia Magazine*, continuously published for more than a century, all found their origins within its walls. With a membership including liberals, conservatives, historians, engineers, and all sorts in between, the Society has been a place where the University's leading minds have come to trade thoughts, build friendships, and learn from one another's opinions.

The Society was established when 16 disgruntled members of the now defunct Patrick Henry Society rebelled from its rowdy meetings and formed a society more suited to Mr. Jefferson's University. The dissidents gathered in 7 West Lawn, now a permanent Society residence, and set out to build a society dedicated to intellectual pursuits. The group adopted the Greek letters Phi Pi Theta, meaning brotherhood, country and God, respectively. The Society, in fact, is the second oldest Greek letter organization in the Unted States. They also took as their motto the Latin quotation "Hæc olim meminisse juvabit," a line from Virgil's *Aeneid* meaning "someday, it shall be pleasing to remember these things."

The Society moved to the center of student life before long; its array of cotillions, banquets, and other events all but defined the University calendar. Along with the competing Washington and Columbian Societies, it selected the students who addressed the University during the annual commencement week. The honor was a coveted one, and inspired countless episodes of political combat. The infighting took a violent turn in 1848, when the Society's selected orator was challenged to *six duels*—four on the night of his victory, and two the morning after! Needless to say, the practice was soon discontinued. Edgar Allan Poe was elected into membership during those early years, as were scores of others who went on to success in politics and business across the antebellum South.

The Society managed to scrape through the Civil War—a near miracle, considering that it gave its entire $500 treasury to the Confederacy in 1861. Nevertheless, a small cadre continued to meet during the conflict, and with the arrival of Reconstruction and war veterans at the University, the Society regained its former vigor. Among its members in those days was Woodrow Wilson. He was elected to a term as the Society's president; he is probably better known, however, for his service as the president of the United States.

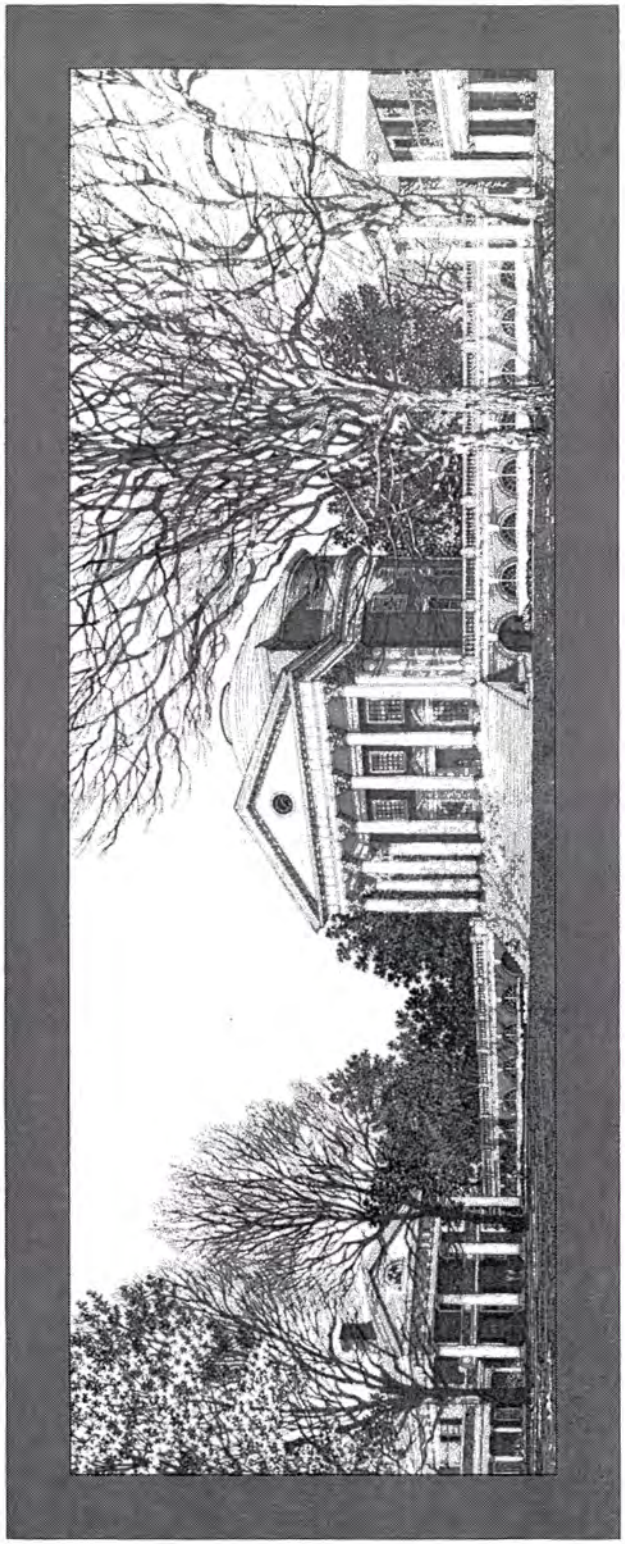
THE SOCIETY TOOK ON ITS PRESENT CHARACTER in the years after the Second World War. It was then that it began inviting guest speakers to take part in its meetings, a practice that continues to this day. Among its guests have been such noted luminaries as Messrs. Ralph Waldo Emerson, John Dos Passos, William Rehnquist, William Faulkner, and Jimmy Carter. Noteworthy speakers of recent years include Dr. Robert Gallo, co-discoverer of HIV; sex therapist Dr. Ruth Westheimer; Gen. William Westmoreland (ret.); former Navy Secretary Lawrence Garrett; Senator John Warner of Virginia; Bob Woodward, author of *All the President's Men;* Connecticut Governor Lowell Weicker; and Donald Regan, former White House Chief of Staff and Secretary of the Treasury. Commentator George Will, who once named Mr. Jefferson the "Man of the Millennium," was the Society's featured guest during the 1993 commemoration of the 250th anniversary of our namesake's birth.

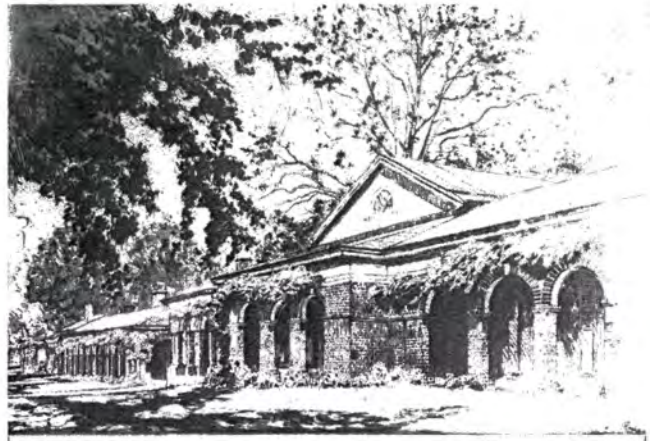
The Hall remains a pillar of student life; it counts numerous leaders of student government on its rolls. Committed to dsicourse, the Society annualy hosts candidate debates for student offices. The Society has kept up its rhetorical practices, as well, hosting competitions for readings of original and historic speeches, readings of the works of Poe, and presentations of original poetry and fiction. As a keeper of many of the University's traditions, the Society co-hosts the annual Restoration Ball, originally held to fund the renovation of the University's landmark Rotunda, and commemorates Mr. Jefferson's birthday with an evening banquet and dawn pilgrimage to Monticello every 12th and 13th of April.

Woodrow Wilson (second from right) served a term as the Society's president while a student at the University.

The Society's modernization was a fitful process; it was the first group on grounds to take African-Americans into its ranks but, sadly, the last to admit women. Nevertheless, as the University has come into national renown, the Society has grown along with it, drawing people of diverse origins and countless talents. Students of both genders, several nations and all races claim membership in the Hall, and when they convene every Friday evening at 7:29 sharp, the result is without question the most intellectually stimulating assembly on Mr. Jefferson's Grounds. The Society can still claim, after decades of change, the role its founders intended for it all along: to be "a bastion of free thought and expression" for the University and its students.

THE JEFFERSON LITERARY AND DEBATING SOCIETY.





JEFFERSON HALL
Hotel C, West Range

DESIGNED BY THOMAS JEFFERSON as part of the University's Academical Village, which has been widely hailed as America's most important architectural achievement, Hotel C has been the Jefferson Society's home for most of the University's history. Originally intended to be a student dining hall, the hotel's three rooms were converted into office space soon after its completion. Wandering the Grounds in search of a permanent meeting space, the Society appealed to the Faculty Senate and the Board of Visitors in 1837 to be given the rights to the building. The request was granted, and the Society has stayed there more or less ever since. The only interruption in its occupancy occured during the Civil War, when the building was used as a military hospital at the Society's request; in those years, the Society took up residence in a blue cottage on Carr's Hill which was razed some years later to make way for the University president's mansion.

The Hall has been renovated countless times since Mr. Jefferson's builders first finished it. The interior partitions were removed in 1838, creating the large room that remains today. The grandiose late-19th century interior was replaced with the current Jeffersonian decor during a 1957 renovation, and the walls were returned to their original color in 1992.

THE JEFFERSON LITERARY AND DEBATING SOCIETY

AT THE UNIVERSITY OF VIRGINIA.

EST. 1825.

HISTORICAL INFORMATION

for Visitors & Guests.

THE WHITE HOUSE

WASHINGTON

April 5, 1994

Mr. Leon Hutchinson
P.O. Box 19176-A
Los Angeles, California 90019

Dear Mr. Hutchinson:

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

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

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

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

Sincerely,

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

cc: Associate Director (HIV), CDC

Carlos
Draft Reply

PO. BOX 19176-A
LOS ANGELES, CA. 90019
FAX: (818) 449-9216
PH: (818) 449-3604

MS. GEBBIE,

YOU WERE REFERRED TO US BY GILBERT FERNANDEZ OF THE AIDS REGIONAL BOARD. WE ARE SENDING A SAMPLE OF OUR CHILDRENS AIDS BOOK FOR YOUR VIEWING AND POSSIBLE USE IN CHILDRENS EDUCATION

SINCERELY

Lon Hutchinson

GOLDEN ARTISTS INTERNATIONAL

PO BOX 19176-A
LOS ANGELES, CA 90019
PHONE: (818) 449-3604
FAX: (213) 936-3384

CALIFORNIA KIDS AIDS EDUCATION COLORING BOOK

The California Kids Aids Education Coloring Book is the newest concept to promote HIV/AIDS consciousness to children and teens of every nationality and country. It can also be adapted to any language.

Designed as a gift item to be distributed to kids, the sole intent is to educate them in the reality of this universal health problem.

Contact: Leon Hutchinson "Golden Artists International"
Tel: (818) 449-3604
Fax: (213) 936-3384

GOLDEN ARTISTS INTERNATIONAL

PO BOX 19176-A
LOS ANGELES, CA 90019
PHONE: (818) 449-3604
FAX: (213) 936-3384

THE CALIFORNIA KIDS

AN ETHNICALLY DIVERSE GROUP OF CHILDREN WHOSE PRIMARY CONCERNS ARE TO EDUCATE AND STIMULATE PRIDE AND SELF ESTEEM, AS WELL AS AWARENESS.

LED BY A PROFESSOR OF CANINE EXTRACTION (DOG) CALLED ECHO, AND A PARROT OF DUBIOUS DISTINCTION NAMED BIRD; OUR KIDS EXPERIENCE SITUATIONS THAT DEAL WITH THE ENVIRONMENT, EDUCATION, HEALTH, NATIONAL TREASURES, HISTORY, CULTURE, AND ALL PERTINENT ISSUES OF TODAY.

WE ARE ABLE TO OFFER ITEMS IN THE FOLLOWING FORMS:

1. COLORING BOOKS - ALSO WITH COLORS IN CELLOPHANE PACK
2. COMIC BOOKS
3. PUZZLES
4. BROCHURES
5. LEAFLETS
6. CLOTHING
7. TOYS

211 S. EL MOLINO AVENUE * SUITE NO. 8 * PASADENA CALIFORNIA 91101

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THE WHITE HOUSE

WASHINGTON

April 5, 1994

(b)(6)

Dear (b)(6)

Thank you for writing and sharing your concerns about health care services for persons living with HIV/AIDS. I am sorry you are having difficulty obtaining health care services and that it has affected your family. Clearly, your situation demonstrates the urgency for health care reform.

As the National AIDS Policy Coordinator, I have provided advice on policy formulation during the development of the Health Security Act (HSA). These efforts were directed towards assuring adequate care and services. As the Congress now deliberates the HSA, the Administration is making every effort to assure that modifications to the President's proposal maintain equity and sensitivity to the special needs of HIV infected individuals.

[001]

Again, thank you for writing and best wishes to you and your family.

Sincerely,

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

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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	re: Notice of Benefits (1 page)	04/22/1991	b(6)

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

FOLDER TITLE:
April Chron Files 1994 [2]

2018-0756-F
jp4817

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. forms	re: Notice of Medicaid Deductible (3 pages)	/05/1991	b(6)

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

FOLDER TITLE:
April Chron Files 1994 [2]

2018-0756-F
jp4817

RESTRICTION CODES

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

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Scales of Justice

Erin and David's marriage was presided over by a lay reader, and many of the vows had to be changed so the marriage wouldn't be considered legal. For example, the reader excluded the words, "You may kiss the bride." But, says Erin, "David knew when to kiss me anyway!"

Their fake wedding may save Erin's life

Other couples in love get married. all because of a bureaucracy that

Not Erin and David. They can't, puts rules before love—and life

She was radiant in white, a vision in silk and pearls as she took her father's arm and marched down the aisle toward the groom, as handsome as a prince in his black tuxedo.

As guests clutched their hankies, Erin O'Connell, 26, and David Frazier, 27, gazed into each other's eyes and vowed to love and cherish each other forever. But no marriage actually took place.

The couple didn't have a marriage license and their ceremony wasn't performed by a minister, priest or judge.

"We wish we could perform a miracle," lay reader Ron Barber said that day last May at the Driftwood Inn on Long Island, New York. "But what we can do is share the courage and love of these two people."

Erin has a hole in her heart and lung disease that surgery cannot correct. To truly live happily ever after, she needs a heart and lung transplant.

But marriage, it appears, will disqualify her for Medicaid—and Medicaid is the only way she can afford the $250,000 fee for the life-saving operation.

Most love stories have their share of good times and heartache, but nothing like this: if Erin marries David, she could die.

Because she suffers from lung disease, Erin needed a special oxygen mask while on her 'honeymoon.'

Love at first sight

They met at a club seven years ago. "I thought he was cute the minute he walked in," Erin says. "I fell for him right there."

She was thin and weak from her heart condition, but to David she was beautiful. She told him straight out that she was very ill. "But he said it didn't matter, that he just wanted to be with me," Erin recalls.

She couldn't bike, swim or dance, so they spent many of their dates at home with her parents.

Then one morning, Erin grew so weak she couldn't even raise her arms. She was rushed to the hospital, where doctors told her she would need a heart and lung transplant.

"I was very depressed," she says. "I felt there was nothing to look forward to—only more sickness."

Soon after, at a restaurant, David slipped a ring on her finger and asked her to be his wife.

"I got so excited, I fainted!" she says.

But worry nagged at her. What about her Medicaid benefits? The morning after she and David got engaged, she called to ask if she'd still be covered when they got married.

The answer: probably not. If she got married, she learned, David's income would be counted as her own—and according to Medicaid rules, a couple making even $900 a month may be too 'rich' to receive full benefits.

David had health insurance, but it wouldn't cover the cost of her transplant.

Love finds a way

"I knew there had to be a way we could be together," Erin says. "Without David, my life would be nothing."

So Erin and David decided to tie the knot the only way they could—in spirit. And last winter, Erin began planning her unoffical wedding.

Then her dad got laid off from his airline job. The family couldn't afford a wedding. It looked as though Erin and David would never get to pledge their vows.

But a TV reporter heard their story and told viewers. Erin's house was flooded with calls. The whole wedding—from her dress to the flowers to the food—was donated by generous New Yorkers.

Fighting the system

Today Erin and David live as husband and wife in a home in Coram, Long Island. Their photo album is filled with pictures of their fairy-tale 'wedding.'

"But I still want to be David's lawfully wedded wife," Erin says. She has enlisted national politicians to help her cause, but Medicaid is still firm.

"If she gets married," says Cathy Patterson of the New York Medicaid Directors Association, "her husband's income will be counted."

Meanwhile, Erin waits for a transplant. Marriage agrees with her, her mom reports. "She's doing great. I feel hopeful that she'll be healthy." And be a Missus.

—Cathy Burke

How not to make a marriage legal

When Erin O'Connell and David Frazier pledged their love, they had a lay person perform the ceremony and avoided vows that could have been considered legally binding:

- "We are joined together to . . ."
- "With this ring I thee wed."
- "I now pronounce you husband and wife."

Photos: Emmett Martin.

THE WHITE HOUSE

WASHINGTON

April 5, 1994

MEMORANDUM FOR KRISTINE GEBBIE
ARTHUR LAWRENCE

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

SUBJECT Plus Voice Magazine

I. ACTION-FORCING EVENT: Request by KG to have a means of communication that can reach thousands of people to share with them the activities of ONAP.

II. BACKGROUND/ANALYSIS: Originally we considered constructing a quarterly newsletter to mail our to our main constituencies. The list that we wished to reach was around 15,000. I then approached Plus Voice Magazine to see if they would be interested in running a page for us in every issue of their magazine. They agreed to do so and offered us a page (at cost) for $1,000. Plus Voice is a non-profit magazine that prints six times a year.

Most of the main constituencies we want to reach, such as State Health Directors and AIDS-related CBO's are already receiving Plus Voice. HIV-positive individuals receive the magazine at no cost.

AREA	NEWSLETTER	PLUS VOICE
COST	At .29 per letter, we could mail only 20,689 newsletters for $6,000; not including layout fees, distribution costs or other labor costs	For the same cost, we could reach over 50,000 readers
LABOR	We would be solely responsible for the complete construction and layout of the newsletter	We would only have to supply the text for the page, Plus Voice would handle everything else

OUTREACH	We can reach exactly who we want to	We are limited to who we can reach, although, the vast majority of the constituencies that we want to reach are already receiving the magazine
VOLUME	For about $6,000 annually, we can reach about 10,000 readers	For $6,000 annually, we can reach over 50,000 readers
VISIBILITY	The newsletter would clearly be from this office	We would have to put out some type of communication to our constituencies to let them know that we are putting out this page and that it is officially from ONAP

III. RECOMMENDATION: That we elect to use a page in Plus Voice Magazine to get our message out to the constituencies that we wish to reach at a cost of $6,000 a year.

THE WHITE HOUSE

WASHINGTON

April 5, 1994

George Herzog
37 Avon Place #4C
Staten Island, NY 10301

Dear Mr. Herzog:

Thank you for writing and sharing with me your experience with the Salk HIV therapeutic vaccine. It is valuable for me to hear from individuals like yourself who have front line experience with therapeutic vaccine clinical trials.

You can be assured that my office is working with the Salk vaccine developers to facilitate making the vaccine, once its safety criteria are approved by the FDA, available to past participants.

Dr. Paul Tran, of my staff, has been closely interacting with medical and regulatory personnel at Rhone-Poulenc Rorer and the Immune Response Corporation. You can contact him directly for related information, at (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 an expeditious approval policy and the use of therapeutic vaccines that have been shown to be safe and effective. The Office of National AIDS Policy is working to increase the efficiency of the process for testing and approving promising therapies.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 5, 1994

David B. Vogelsang
1441 Manor Lane
Blue Bell, PA 19422

Dear Mr. Vogelsang:

Thank you for writing and sharing with me your experience with the Salk HIV therapeutic vaccine. It is valuable for me to hear from individuals like yourself who have front line experience with therapeutic vaccine clinical trials.

You can be assured that my office is working with the Salk vaccine developers to facilitate making the vaccine, once its safety criteria are approved by the FDA, available to past participants.

Dr. Paul Tran, of my staff, has been closely interacting with medical and regulatory personnel at Rhone-Poulenc Rorer and the Immune Response Corporation. You can contact him directly for related information, at (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 an expeditious approval policy and the use of therapeutic vaccines that have been shown to be safe and effective. The Office of National AIDS Policy is working to increase the efficiency of the process for testing and approving promising therapies.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

Christine O. Gregoire
ATTORNEY GENERAL OF WASHINGTON
905 Plum Street Bldg 3 • PO Box 40100 • Olympia WA 98504-0100

April 5, 1994

Dr. Kristine M. Gebbie
Office of the National AIDS Policy Coordinator
750 17th St. N.W.
Suite 1060
Washington, D. C. 20503

Dear Kris:

The FBI was by the other week, apparently concerned that you may be either a deadbeat or a subversive (or both?). I tried to reassure them on both counts, struggling to avoid pointing out the obvious that in either event it was a little late since you have been in your position almost a year now. You will find enclosed the results of their inquiry--why the focus on these three cases I do not know.

I cannot be too critical of the FBI'S timing since I too am derelict in corresponding with you. I remember the lunch that we had in the summer of '92 and your observation that I might be the one continuing link between the original department and the future once the smoke of that election season had cleared. That didn't come to pass, of course, but nonetheless I have felt a particular obligation to oversee things on your behalf and report periodically about how things are going. Happily, there has been little to report, since the directions that you set during your tenure as secretary have continued almost without skipping a beat since your departure.

But I expect that you know that. I hear from others (Mimi, Elizabeth) that they are in touch with you from time to time, and I know your insatiable appetite for reading so you've probably been gobbling up all the PHIP and other reports that the DOH has been generating.

Of course some things don't seem to change--the Board is as enigmatic as ever and the just finished legislative session drove us all crazy--whoever said that democracy was such a great idea anyway? I'm almost to the point of accepting a despot, and I don't even have to be the despot, as long as s/he is right thinking!

Chris Gregoire is doing very well in her new job, as predicted. I hardly see her, even though her office is just two floors above. She seems to be on the road constantly and have her tentacles into lots of things at once. You'll be glad to know that she's become

lots of things at once. You'll be glad to know that she's become convinced that her pro-child policy direction includes protecting children from tobacco. She recently signed a letter with 25 other AGs from around the country supporting Congressman Waxman's bill to outlaw smoking in public places, and our office yesterday signed on an amicus brief with California and I don't know how many other states in a case involving a challenge to the Joe Camel ad campaign as an unfair and deceptive business practice because it is aimed at children.

I hope that you find time from your enormous responsibilities to enjoy yourself occasionally. If you ever find your way through or near Olympia and have time for lunch or a drink, I'd love to visit. I have no near term plans for a D.C. area visit but if that changes I'll give you a call. And if there's something I should have told the FBI and didn't...oh, well, let's save it for your next important federal job!

Best wishes,

WILLIAM L. WILLIAMS
Senior Assistant Attorney General

jh
Enclosure

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. letter	From: William L. Williams; re: Working with Kristine Gebbie; [FBI] (Partial) (2 pages)	09/03/1994	b(6)

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

FOLDER TITLE:
April Chron Files 1994 [2]

2018-0756-F
jp4817

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Christine O. Gregoire

ATTORNEY GENERAL OF WASHINGTON

905 Plum Street Bldg 3 • PO Box 40109 • Olympia WA 98504-0109

March 3, 1994

[redacted]
(b)(6), (b)(7)c, (b)(7)f

Re: Kristine M. Gebbie

Dear Mr. Wilson:

It was my great pleasure to have had the opportunity to work with Kristine Gebbie during her tenure as Secretary of the Washington Department of Health. One of the side benefits of her position was that she was named in various lawsuits related to department activities.

The follows responds to your specific inquiries:

[(b)(6)]

Larry Katz v. Gebbie, Thurston County Superior Court, Cause Number 91-2-01565-1. This was an action by a mental health counsel registered by the Department of Health, asking the court to enjoin the department from proceeding with disciplinary activity. The request was denied, and the matter was closed in October of 1991.

Miller v. Gebbie, U. S. District Court for the Western District of Washington, Cause Number C91-53-86B. This was an action by a person who wished to fit dentures without first obtaining a license as a dentist. He sought to enjoin the department from enforcing the state dental practice act. The lawsuit was dismissed and the case closed November 24, 1992.

Gebbie v. White, King County Superior Court, Cause Number 91-1-03561-0. This was an action by the Department to enjoin an individual who was fitting dentures without first obtaining the appropriate license from the department. An injunction was issued, and the defendant was later found in contempt of court for having violated the injunction. He appealed the contempt order, but has apparently left the state. We expect his appeal to be dismissed by the Court of Appeals.

(b)(6), (b)(7)c, (b)(7)f

I hope that the foregoing will be sufficient for your purposes. If you would like any further information, please let me know.

Very truly yours,

WILLIAM L. WILLIAMS
Senior Assistant Attorney General

jh
cc: Kristine Gebbie

[ccb]

THE WHITE HOUSE

WASHINGTON

April 5, 1994

Ms. Deborah L. Hanson, R.N., C.C.R.N.
157 Fishing Creek Road
Cape May, New Jersey 08204

Dear Ms. Hanson:

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

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

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

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

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

Sincerely,

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

Standard? Yes

February 1, 1994

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

Dear Ms. Gebbie,

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

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

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

Sincerely,

Hanson

Deborah L. Hanson R.N., CCRN
157 Fishing Creek Road,
Cape May, New Jersey 08204

THE WHITE HOUSE

WASHINGTON

April 5, 1994

Regina Aragon, CAEAR Coalition Chair
c/o San Francisco AIDS Foundation
Post Office Box 426182
San Francisco, CA 94142-6182

Dear Ms. Aragon,

I would like to take this opportunity to clarify my position on the reauthorization schedule for the Ryan White CARE Act. As you know, there have been concerns about this process and how it will be affected by the Congressional debate on Health Care Reform. The President and I have been vigorous supporters of Ryan White funding and its continuation as a safety net to assure wrap around services even when health reform is enacted.

It is important in any reauthorization process to have consensus among the representatives of all four titles. I know that you are working hard to obtain such a consensus. In any event, my office will support Secretary Shalala's time schedule for reauthorization of Ryan White and will do everything possible to provide a unified effort from The White House in working with the Secretary's staff.

My lead person on Congressional relations is Andrew Barrer. Please feel free to contact him and work with him on the reauthorization efforts. As these discussions move forward, please be assured of our support and commitment to work closely with you. Our office phone is (202) 632-1090.

I look forward to seeing you again in the near future. Thank you for all your hard work.

Sincerely,

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

cc: Tom Sheridan

THE WHITE HOUSE

WASHINGTON

April 5, 1994

Mr. Arno Nording
P.O. Box 1127
Ben Lomond, California 95005-1127

Dear Mr. Nording:

Thank you for sharing with me your additional views on dietary supplements.

I can find no evidence that FDA plans to act in such a way as to deny those supplements which are beneficial. Consumer access will not be affected. Health claims made for products will have to be scientifically valid. Therefore, companies cannot use false claims as a marketing tool.

Thanks again for writing.

Sincerely,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 3/13

TO: Alice

FROM: _____ W. STEVE LEE

_____ For your information

__✓__ For your action

_____ Review and comment by (date) _____

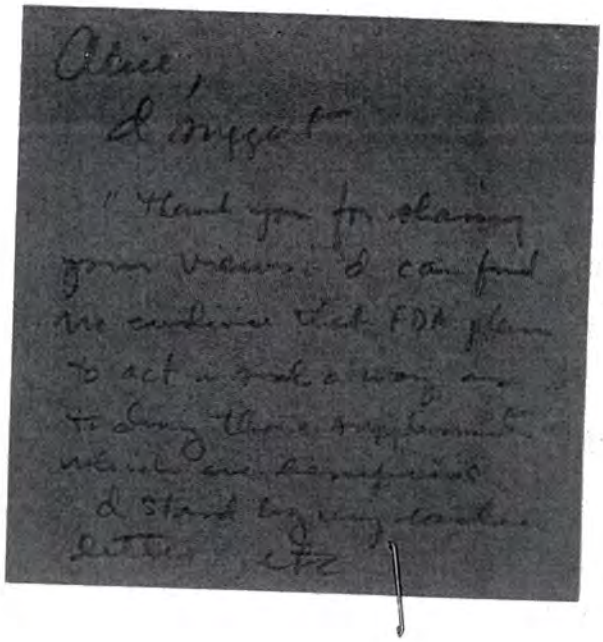
__✓__ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: by 3/21



3/16/94

Bob,

This person is writing about our letter* on nutritional supplements. What kind of reply do you suggest?

Thanks,
Alice

*(It appears "several statements were not true.")

1 Attn.

Arno Nording
P.O. Box 1127
Ben Lomond, CA 95005-1127
Phone (408) 338-2576

February 26, 1994

Kristine Gebbie
National AIDS Policy Coordinator
The White House
FAX (202) 632-1096

RE: Dietary Supplements

Dear Ms. Gebbie:

Thank you for your reply to my FAX to you regarding the future of dietary supplements. Unfortunately, there were several statements made which are not true.

In your letter, you said that the FDA has done or said nothing that indicates they are interested in restricting the availability of products. Please refer to **pages 33690 to 33700** of the **Proposed Rules, Dietary Supplements; General Requirements for Nutritional Labeling**, issued on Friday, June 18, 1993. The FDA specifically indicates that it plans to limit the potencies of vitamins to a small multiple of the RDA, classify all amino acid supplements as drugs, and generally limit the availability of numerous herbs and other supplement products, such as essential oils. While these rules were not specifically included in the December 29, 1993 rules, the FDA is still free to do so at any time in the future. These new rules also contain provisions that could prohibit importation of Chinese herbs and patent medicines.

I would also like to address your concern that individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects. First of all, only two health claims for dietary supplements have been approved to date by the FDA, calcium to prevent osteoporosis in white and Asian women, and folic acid to prevent neural tube birth defects when taken by pregnant women. That leaves all other scientific research on the benefits of dietary supplements in the "unproven health claim" category, and any wording on, or literature accompanying a supplement product, or even a product name, such as "Deep Defense," that implies a therapeutic use, can subject the product to seizure by the FDA. That does not leave very much freedom of choice for the consumer.

I would also like to point out that many people affected by life-threatening illnesses go out and seek alternative methods to treat their conditions, after their doctors have told them that there is nothing they can do to save their lives. They may want to change their diets and lifestyles, as well as take herbs to improve their immune system and rejuvenate themselves. **The FDA's policy would take away from them both the herbs, and any relevant information that may help them decide which herbs would be of the greatest benefit to them.**

I hope that you will support the **Dietary Supplement Health and Education Act of 1993 (HR-1709 and S-784)**, and urge the President to do the same. This Act will protect herbs, vitamins, and other dietary supplements from being regulated out of existence by the FDA, and it creates the Office of Dietary Supplements, yet it still allows the FDA to pursue manufacturers that make unsafe products or misleading health claims.

I would think, considering your agency deals with people who are very likely to die in a matter of months or a few years, that you would be more open to allowing these people to try other methods of healing. Since herbs and dietary supplements are much safer than the pharmaceutical medication usually administered to AIDS patients, at most they risk the small amount of money they have invested in supplements, but also stand the chance of gaining something much more important to them -- **their life!**

Sincerely yours,
Arno Nording

1ST. LETTER
SENT TO MR. NORDING

Dear:

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

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

Since the HIV/AIDS community is my primary area of responsibility, I have been involved in this issue to protect the particular needs and interests of that community. As you know any product that has the potential to maintain health or increase immune competence is of particular interest to those with HIV infection and their advocates. At present, I do not believe that there is any threat to availability of dietary supplements and I will do what I can to assure that it continues to be true. I also believe that, like any other individuals with life threatening illness, individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects and I am committed to insure that the information that they have is reasonably accurate--only with such information can freedom of choice be meaningfully exercised.

I appreciate your interest in this complex and vital area.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 6, 1994

Mr. Patrick Moore
Estate Project Director
Alliance for the Arts
330 West 42nd Street
New York, New York 10036

Dear Mr. Moore:

It was a pleasure for me to meet with you at the meeting of the National Endowment for the Arts AIDS Committee last month. I was very impressed by the work that you are doing to preserve the intellectual property of people living with HIV/AIDS. I have always been very concerned about the great loss that we all go through, both emotional and in lost talent, due to the HIV/AIDS epidemic.

I believe the issue that you are working to address is an important one. Carlos Velez has expressed an interest in discussing some of your concerns and helping you access ways of disseminating information on your program. Please feel free to contact him at (202) 690-6248.

Sincerely,

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

cc: Carlos Velez, J.D.

ALLIANCE FOR THE ARTS

330 West 42nd Street
New York, New York 10036
Tel: (212) 947-6340
Fax: (212) 947-6416

March 14, 1994

Carlos
draft reply

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

Dear Ms. Gebbie:

I enjoyed meeting you last week and having the opportunity to explain the Estate Project for Artists with AIDS to you and Carlos. We recognize that, although the problems faced by these artists are vital to our community, they could be lost in the larger desperate situation of the AIDS crisis. Any help you can give us in validating this issue and bringing it forward in public situations would be most appreciated.

I hope that you will find time to look through our materials. Please feel free to contact me at (212) 947-6340 should you have any suggestions for us.

I look forward to seeing you again soon.

Sincerely,

Patrick Moore
Estate Project Director

APR - 6 1994

THE WHITE HOUSE
WASHINGTON

Dear Tom —

I'm slow in sending you my hearty thanks for the hospitality you & the whole Medical Branch extended to me while I was in Galveston. You have such a strong faculty, and the potential for continuing contribution to our national HIV/AIDS effort is enormous. I've written to several folks directly - but please share my appreciation & admiration with all involved in these works.

The Michigan stone is in my sight each day as a reminder of the visit - and I look forward to future interaction. I'd also be pleased to follow up on your offer regarding the Cosmos Club —

My best wishes, Kirtland

APR - 6 1994

THE WHITE HOUSE

Dear Dr. Peed -

I enjoyed talking with you at the Kennedy Center a short time ago. The AIDS Community Partnership process is an exciting one, & I wish you & the Cedar Rapids community the best. If I can help, let me know.

Kristine Gebbie

Sent via fax

THE WHITE HOUSE

WASHINGTON

April 6, 1994

MEMORANDUM

TO: Lt. Michael Lucas
White House Mess

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

SUBJECT: April 12th breakfast meeting

On Tuesday, February 12, 1994 from 10:00 - 11:00 a.m., I am sponsoring a meeting for 14 people in the private room adjoining the White House Mess. I would like coffee, juice, and pastry service for the group.

Please contact W. Steve Lee in my office at 632-1090 to coordinate the details.

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Mr. Corbin D. Johnson
P.O. Box 54805
Saint Petersburg, Florida 33739

Dear Mr. Johnson:

Thank you for writing and for sharing a copy of your book, Cool J1 Presents Thoughts About You and Your Baby; and also for the T-shirt. Your straight forward, resourceful approach to providing information about having and raising a healthy baby is commendable.

Prevention will be a major part of my agenda as the National AIDS Policy Coordinator. Accomplishing prevention will take many activities to both educate individuals and support them in a lifetime of wise behavior choices. Innovative educational materials such as yours, are key to mounting an effective response to the HIV epidemic.

Thanks again for the materials and best wishes.

Sincerely,

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

Corbin D. Johnson
P.O. Box 54805
St. Petersburg, Fl 33739
(813) 895-0416

MAR 3 1994

Dear Kristine

Accompanying this correspondence is an advanced copy of my book, Cool J1 Presents Thoughts About You and Your Baby.

Considering all the current social issues, coupled with all the choices and decisions women must make in today's society, this timely and informative book might be the key in helping those who need simple, straightforward, current thoughts or suggestions on the subject of having and raising a healthy baby. Also enclosed is a complimentary shirt. I would appreciate any exposure you may be able to give these items. Please feel free to utilize them at whatever purpose you deem appropriate.

This book is available through my mailing address for groups or individuals. Make checks or money orders payable to Corbin Johnson. The cost per book is $5.95, and the cost per shirt is $15.95. Add $2.00 each for (Postage and Handling). When ordering a book and shirt together the cost is $20.00. Add $3.00 for (Postage and Handling). Books are also available at special discount when purchased in bulk for premiums & sales promotion as well as for fund-raising or educational use.

If you would like to contact me for further information regarding these items, write my mailing address or call. Also let me know what you think about it.

Thank you for your help !
Corbin D. Johnson

"I personally enjoyed the illustrations very much. I would definitely make this book available to groups in the community who do family and pregnancy counseling for teens. This book would be an excellent choice for teenagers at risk of becoming pregnant."

- Patricia McElhiney
Expert Consumer of Childbirthing

"I recently read the prenatal care booklet written by Corbin Johnson (a.k.a. Cool J1); Corbin is a student in my Developmental Psychology class. The booklet addresses both the mental and physical health issues one should bear in mind when carrying a child. The nicely illustrated booklet addresses these issues in an easy to read and straight-forward manner without preaching. I think the booklet would be helpful to health care professionals working with pregnant women, but it might also be helpful to those who are merely contemplating a pregnancy."

- Bonnie L. Kesler, Ed. S.
Professor: Developmental Psychology
St. Petersburg Junior College

"My first reaction to writing a review for "Cool J1" by Corbin D. Johnson was a critical one. To be worthy of a review such a simply written and illustrated piece needed to say more, be more. Simple don't work! My list of reasons against a review seemed to outweigh any good I could possibly say about "Cool J1". I no longer feel that whatever "Cool J1" lacks is greater than what it contributes. Corbin is reaching out into the community and trying to help and support mothers and fathers to be. Corbin is reaching out in "Cool J1" and offering joy and hope for the greatest gift of all - new life. How can one be critical of those who are trying to make a difference? I can't. "Cool J1" is a contribution and a joyful one at that!"

- Gabriel Horn
Professor: Creative Writing
St. Petersburg Junior College
Author, White Deer of Autumn
Ceremony - In The Circle of Life,
Winner of The National Council of Social
Studies Teacher Award.
Honorary membership Phi Theta Kappa

Think about what it means to have a child before you get pregnant, or before you get your girlfriend pregnant. Use condoms to protect yourself against HIV. Get good prenatal care. Take good care of yourself, and take good care of your baby. These are the simple, straightforward messages that are promoted in the booklet, "Cool J1 presents thoughts about you and your baby." "Cool J1" is the rap name/alter ego of Corbin Johnson, a student at St. Petersburg Junior College, who wants every baby to be a wanted baby, a loved and nurtured baby, with healthy parents. He has written and designed this booklet to get his message across. The book is sprinkled with pictures of healthy babies. The babies represent a variety of cultural heritages, and the mothers and fathers are shown warmly holding, cuddling, playing with, and caring for these children. The messages are delivered in a rap-style.

The booklet covers several health issues, including prenatal care. As noted in the recently published Key Facts about the Children (The 1993 Florida Kids Count Data Book), "Women who receive late or no prenatal care are three times more likely to have low birthweight infants as mothers who received routine care." Low birthweight babies are more likely to die than normal weight ones, and are more likely to have health and developmental problems.

This booklet emphasizes peoples' responsibility for their decisions about having a child, getting early prenatal care, and loving and nurturing the child after he or she is born. No one would deny that access to health care is a significant obstacle for many women. However, motivation plays its own role, too. This booklet may motivate and provide support for healthy birth outcomes for their children. With this in mind, this booklet could play a useful role in clinics and doctors' offices.

Sincerely,
Starr Silver, Ph. D.
Research Associate Professor
University of South Florida
Department of Child and Family Services

Clinton Presidential Records
Digital Records Marker

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

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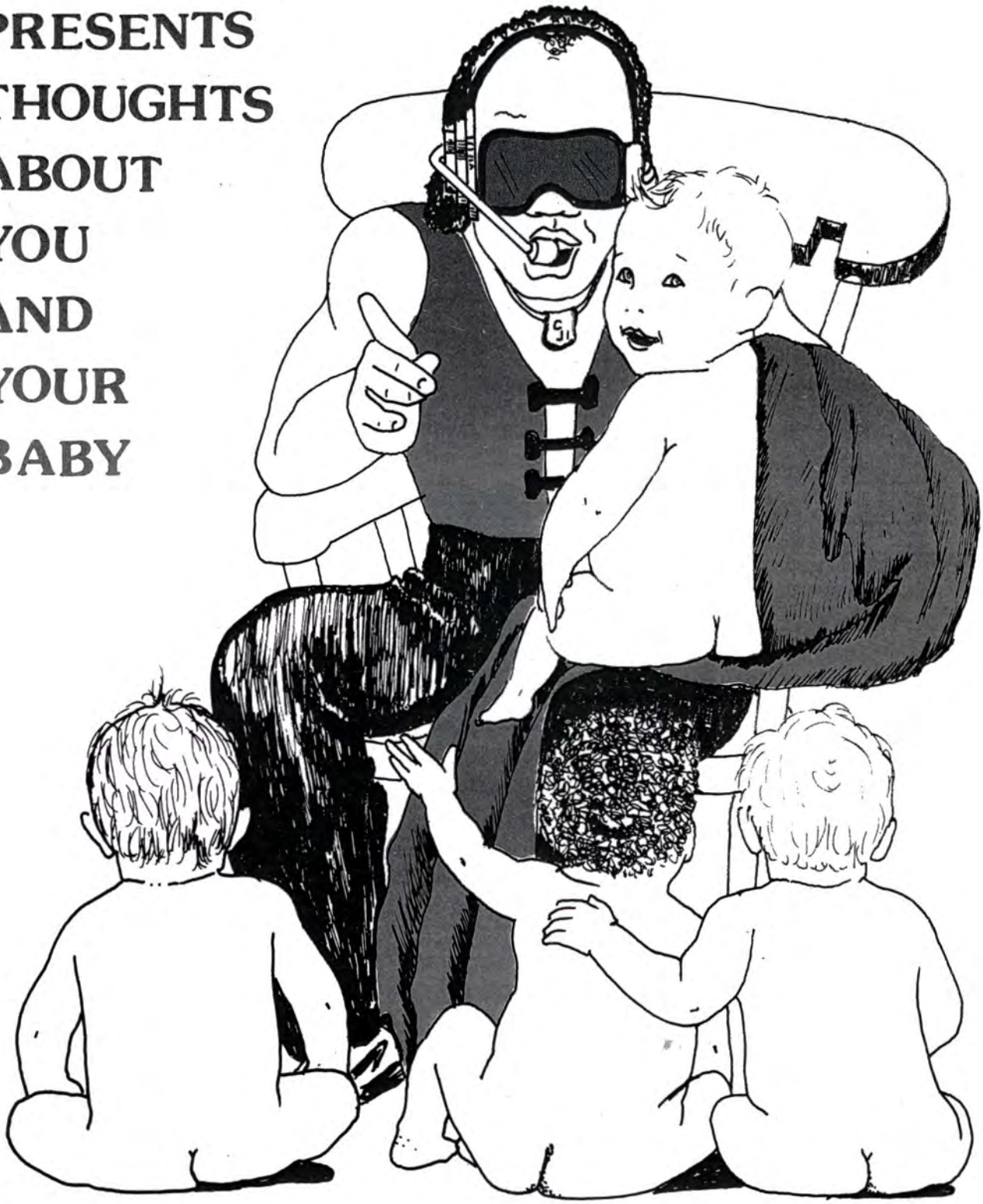
COOL J1

PRESENTS
THOUGHTS
ABOUT
YOU
AND
YOUR
BABY



Written & Designed by
Corbin D. Johnson

Illustrations by
Susan Poynter

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Peggy Littrell, RN, CCRN
3440-Mine Creek Road
Burlington, NC 27217

Dear Ms. Littrell:

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

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

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

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Karen Martin
208 Paula
West Monroe, LA 71291

Dear Ms. Martin:

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.

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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

April 7, 1994

Jill Johnson, RN, BSN
P.O. Box 4044
Lexington, KY 40544

Dear Ms. Johnson:

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

April 7, 1994

P. Diane Stover
328 Sun Oak Court
Lake Mary, FL 32746

Dear Ms. Stover:

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.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Norma A. Pinto, RN
20 NW First Street
Keyport, N.J. 07735

Dear Ms. Pinto:

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.

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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

April 7, 1994

Jeanne Mahoney, RN
RD 2, 201 Colony Place
Swedesboro, NJ 08085

Dear Ms. Mahoney:

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.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Patricia F. McKenzie, RN, BSN, CCRN
2152 Sullee Drive
Lexington, KY 40513

Dear Ms. McKenzie:

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.

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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

April 7, 1994

Dr. & Mrs. Ricard Antaya
302 Ramona Drive
Leesville, LA 71446

Dear Dr. & Mrs. Antaya:

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.

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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

April 7, 1994

K. Beegle, RN
3940 67th Avenue, NE
Pineelas Park, FL 34665

Dear Ms. Beegle:

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.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Edna Schade, RN
208 Jacqueline Drive
Boothwyn, PA 19061

Dear Ms. Schade:

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.

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Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Pamela Desisti
1487 Sandra Drive
Endicott, NY 13760

Dear Ms. Desisti:

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.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Joyce Allen, RN, CCRN
219 Louis Avenue
Lehigh Acres, FL 33936

Dear Ms. Allen:

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.

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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

April 7, 1994

Lisa Blanton, RN
720 Trentsville Rd.
Campton, KY 41301

Dear Ms. Blanton:

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.

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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

April 7, 1994

Joyce Majchrowski
12444 92nd Way N.
Largo, FL 34643

Dear Ms. Majchrowski:

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

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

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

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Christy Parkhill, R.N.
526 Ehringhaus Street
Hendersonville, N.C. 28739

Dear Ms. Parkhill:

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.

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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

April 7, 1994

Debbie McClea, RN
2200 50th Terrance, S.W.
Naples, FL 33999

Dear Ms. McClea:

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

April 7, 1994

JoAnne Johnson, RN
2814 Country Estate Drive
Inianapolis, IN 46227

Dear Ms. Johnson:

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.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 7, 1994

Nellaine B. Price
25411 Kent Street
Greensboro, MD 21639

Dear Ms. Price:

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.

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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

April 7, 1994

John & Nikole Williams
4033 Indepence Drive
Indianapolis, IN 46227

Dear Mr. & Ms. Williams:

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.

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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

April 7, 1994

Mr. Orville Lippens
P.O. Box 33 G-2
Terre Haute, Indiana 47808

Dear Mr. Lippens:

Thank you for taking time to share your ideas regarding the AIDS epidemic. Over 361,000 Americans have been diagnosed with AIDS as of December 31, 1993; over 223,000 have died. It is estimated that approximately one million additional Americans are infected with the human immunodeficiency virus (HIV).

Although we have been fighting AIDS for twelve years, there is still no vaccine and no cure is in sight. The best tool we have to combat this epidemic is education. Although some of the prevention information may seem inappropriate for certain audiences, it is critical that we reach those who are at risk in the most effective way possible. I have been entrusted by the President with finding ways of stopping the spread of HIV, and effective educational messages are the best way.

You are correct that HIV infection is a dreadful thing and difficult discussions are needed to craft an effective national approach. While I support widespread testing as a part of our effort, I do not think mandatory testing and quarantine are appropriate. We must, however, continue consideration of any appropriate actions.

As National AIDS Policy Coordinator I am devoted to the development and implementation of policies that will stop the spread of HIV. It is my goal that our national program responding to HIV be built on the best of current science, and the best understanding we have of human behavior.

I appreciate your interest and concern.

Sincerely,

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

Pod 9 — draft reply

Dear Miss Gebbie,

I've just read a doctors book titled; America Under Siege, the Unnecessary Epidemic, by Dr. Stanley Montieth. He states emphatically & with numerous people as backup, that we are, and have been lied to about the HIV virous, since 1982, when the CDC allowed Gaten Dugas, to continue to spread the virus, knowing he had it. The doctor & his associates say that at least 4 million people are infected now, possibly many, many, more due to the direct refusal of all parties concerned, to do contact tracing & mandatory testing. Cuba & Russia have mandated testing.

Why are we letting this contagious disease spread unchecked? Be direct & honest please, as beaurocratic B.S. bores me. I want an exact opinion on how many people are infected & how many already have the latter stages (AIDS) What are the plans to put this disease in check, other than the bogus theory of condoms? Do you condone this intentional act of genocide, being wrought onto this country? We the people, do demand mandatory testing & guarantee if its necessary, and I do believe it is imperative if this nation cares to survive. Please reply to:

ORVILLE LIPPENS
P.O. BOX 33 G-2
TERRE HAUTE, IN.
47808

THE WHITE HOUSE

WASHINGTON

April 8, 1994

Susan Lanzafama
17 Spyros Drive
South Amboy, NJ 08879

Dear Ms. Lanzafama:

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

APR - 8 1994

THE WHITE HOUSE

Dear Colleen

Many thanks for the great lunch meeting - Nashville has so much positive action on HIV! Glad I'm delighted we took the short tour of the Care Center - another plus. Hope to see you soon — Christine

APR - 8 1994

THE WHITE HOUSE

WASHINGTON

Ricki -

It's hard to catch you by phone so I'll try a note — how are we coming on the business lunch to discuss HIV/AIDS issues? Anything I can do?

Kristine Gebbie

632-1090

P.S. I nearly forgot... what about the Nat'l Minority AIDS Council Dinner - I do think it should be a priority —

Street Address:
1601 N Kent Street, Room 1200
Arlington, VA 22209
Phone: 703-875-4726
FAX: 703-875-4686

Mailing Address:
Room 1200, SA-18
Washington, DC 20523-1817

Agency for International Development
Office of Health
Bureau for Global Programs, Field Support and Research

To: KRISTINE GEBBIE, RN, MN
NATIONAL AIDS POLICY COORDINATOR
Phone: 202-632-1090
FAX: 202. 632. 1096

From: ROBERT WRIN
I. USAID IG/R+D/H
703. 875. 4600 PHONE
703. 875. 4686 FAX.

Number of pages (including cover sheet): 2

MESSAGE:

RECEIVED
APR - 8 1994

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

APR 8 1994

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

Dear Mrs. Gebbie:

Thank you for your letter of March 31, 1994, in which you requested Dr. Helene Gayle to be an official member of the U.S. Delegation to Paris, France to discuss France's proposal for a ministerial level meeting and issues related to the global AIDS pandemic. She is honored to accept your invitation and looks forward to this important opportunity.

Sincerely,

Bob Wrin
Acting Director
Office of Health

THE WHITE HOUSE

WASHINGTON

April 8, 1994

MEMORANDUM

TO: Flo McAfee, Associate Director of Office of the Public Liaison

FROM: W. Steve Lee, Executive Assistant to the National AIDS Policy Coordinator W. Steve Lee

SUBJECT: OraSure HIV Diagnostic Device

Many of the issues raised in the April 2, 1994 letter from Calvin Columbus to President Clinton are valid given the history of the Federal government response to the minority community and HIV infection. It appears though, that this problem is reflective of some larger issues that are being addressed by the White House through this office. I thought a brief background on what I found out about OraSure would help, followed by some comments to put this issue in a broader context.

OraSure is currently under review by the FDA in the Biologics section, where all HIV-related drugs and devices are evaluated. If approved, OraSure would be the first non-blood HIV detection kit for use at home (or outside of a clinical or controlled setting). According to the FDA, there is no adversarial relationship with Epitope, the company that developed the device. The FDA is prohibited from giving me (or anyone) information about the likelihood of approval, so I didn't ask.

Some of the issues that home-test devices raise are:

Consistency and quality of test results (a user issue).

Accuracy (how many false negatives and false positives).

Under the current procedures, counselors can offer people the alternatives for treatment if they are positive and how to stay negative if they are negative.

It is my guess, that these issues may weigh heavily in, and thereby, be perceived as delaying the process.

The larger issues that I alluded to above are related to the changing demographics of the HIV/AIDS epidemic and its disproportionate impact on people of color.

A recent review of the Ryan White Care Act by the Health Resource Services Administration concluded that inadequate evaluation mechanisms are in place to determine if services to minority communities are proportionate to infection/impact rates. HHS, however, is working on an external review process and is drafting the Ryan White reauthorization language to improve access to care.

The Centers for Disease Control and Prevention (CDC) has documented that prevention resources are not allocated in the community in proportion to the rates of infection/impact. The CDC FY95 budget includes provisions for planning guidelines that require representatives and input from the entire affected community as priorities are established for prevention efforts, and that the process and priorities must be certified by the state.

Of the thirty-six AIDS clinic trial units, three are minority-specific, which just were added in 1991. To alleviate some of these inequities, the National Task Force on AIDS Drug Development will work with federal research agencies to decide which drugs are brought to the trial phase. In addition to researchers, task force membership includes three community members, two of which are men of color with HIV. Presumably, the task force also will look at potential drugs in the context of who the drugs may benefit.

I hope this background is helpful. Please call me at 632-1090 with questions.

cc: Keith Boykin

[17] From: Paul Tran 4/8/94 12:23PM (1575 bytes: 32 ln)
To: Steve Lee
Subject: Orasure
------------------------------ Message Contents ------------------------------

Steve, Just talked to Nancy Stanisic at the FDA about POCCAA's letter to the president. BOX [illegible] 0104

What she said was (1) The reason Orasure was reviewed under Biologics --rather than Devices-- division was that in late '80s, an agreement was made between the Biologics and Devices Centers at the FDA to review EVERYTHING dealt with HIV and hepatitis detection, including devices such as Orasure, under biologics division;

(2) The product is still UNDER REVIEW, and the FDA is working CLOSELY with the company, Epitope Inc., on the safety and efficacy issues (to ensure that the usage of the device would not spread out HIV; that it would work as claimed);

ND Application cannot be discussed.

(3) The company is HAPPY: no adverserial relation between FDA and Epitope (which is contrary to the impression from the letter);

(4) If approved, Orasure would be the FIRST non-blood HIV detection kit (Currently, there are about 15 detection products in the market, all of which use blood to detect HIV);

Note: Nancy knows Mr. Calvin Columbus, who is regarded by Nancy as a very good natured person. She asked if we could fax her the materials from Calvin, for the file at the FDA.

I hope this'll help. Paul.

5 state community outreach

2930
Flo McAfee
6218

Wykoff, Randy 0.00

(3) HRSA redrafts reauthorization to reflect [illegible] [illegible] process

(1) community planning process - state-certified prevention - also affected community priorities

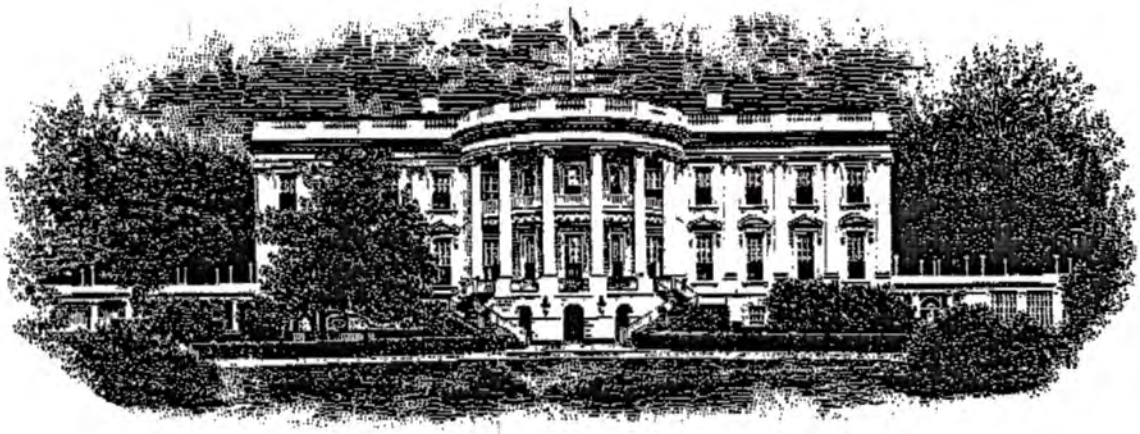
FY95

(4) clinical trials
36 CTU
3 - minority specific
drug. NTADD
3 comm,) men of color.

(2) Evaluation on RW/HRSA - no inadequate evaluation on whether minority
+ external review to fix
improve access to care.

(1) OAR - minority rep / Clinical trials.

THE WHITE HOUSE



OFFICE OF COMMUNICATIONS

FAX: (202) 456-2362
PHONE: (202) 456-7151

TO: Steve Lee

FROM: Keith Boykin

RECEIVER FAX: 632-1096

RECEIVER PHONE:

NUMBER OF PAGES (INCLUDING COVER SHEET): (7)

COMMENTS:

PEOPLE OF COLOR CONSORTIUM AGAINST AIDS
(POCCAA)
770 Grant Street, Suite 218
Denver, CO 80203

April 2, 1994

Keith Boykins
Special Assistant to the President
Director of New Analysis
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. Boykins:

As you read this communique, people of color are about to take to the streets in demonstration concerning this issue. Please convey to the President that we gravely need him to intervene on our behalf. We can no longer sit by and watch people die.

With utmost hope, sincerely,

CALVIN COLUMBUS
Voluntary Community Liaison Specialist

P.S. My Phone Number is 303-366-2402
or, Office
303-894-9635

PEOPLE OF COLOR CONSORTIUM AGAINST AIDS
(POCCAA)
770 Grant Street. Suite 218
Denver. CO 80203

April 2, 1994

William Jefferson Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

We are making one last appeal for your help in saving our community from the dreaded AIDS plague before going to the streets, the courts, and the Congress. You can do this by asking the FDA to immediately release the non-invasive and easy-to-use OraSure HIV diagnostic device.

The most recent Morbidity and Mortality Report, March 11, 1994, shows that nearly 55% of all AIDS cases in 1993 came from communities of color with a majority of those from the African American community. it is estimated by some AIDS experts that as many as 75% of new HIV infections are occurring in the African American community today, mostly because people do not know their HIV status. Yet this fact does not seem to affect your Food and Drug Administration.

I testified before the committee studying this product during the Bush Administration, with hopes when you came into office things would change and the racial bias which we felt so strongly would dissipate. Regrettably it hasn't. The result is that an incredible sense of outrage now exists in the African American community in regard to this issue. We will no longer sit passively by and watch our community be destroyed.

Many in America have been moved recently by Steven Spielberg's "Schindler's List." Mr. President, we need a Schindler to protect us today. That person is not David Kessler. We hope it is you. Pleases come to our aid, I beg of you, so that the charge of genocide is not leveled against you, too.

With utmost hope, sincerely,

CALVIN COLUMBUS
Voluntary Community Liaison Specialist

P.S. Enclosed is a history of this product before the FDA from our perspective.

cc: Congressional Black Caucus

HISTORY OF ORASURE

OraSure is the name given to a very simple oral fluid collection device which can be used for various diagnostic purposes. It is inexpensive, non-invasive, highly accurate, easy-to-use, and safe. It is nothing more than the most revolutionary diagnostic tool in HIV-related medicine today, developed by Epitope, Inc., an Oregon-based biotech company.

The device was developed on the assumption that many diseases could be detected through antibodies in oral fluids, particularly through mucosal transudate, a substance on the walls of the cheek and gums. The device was first used by the insurance industry for HIV evaluation. Insurance industry testing, prior to the controversy that arose over this test in 1991, had not been regulated by the Food and Drug Administration since insurance physicals merely evaluated an individual's health and were not deemed diagnostic in nature. This evaluation of risk process which had occurred historically in the United States since the issuance of insurance policies first began over a century ago, was changed when the FDA sought to regulate the use of the OraSure device in respect to diagnosing HIV.

The company upon learning of this unprecedented change sought FDA approval of the product based on many years of internal trials and evaluations, as well as its extensive use from evaluating people applying for insurance. It submitted an application to the FDA in May of 1991, requesting rapid approval of this product as a medical device, since, in fact, it is a medical device. However, because it involved HIV diagnosis, an internal struggle occurred with the FDA to have this go through its biologic division rather than its devices division. Even though it is the simplest of devices, which would either be a Class I or Class II device, in order to get it into the biologic division, it had to be classified as a Class III device--something it simply is not. Nevertheless, the company complied with the wishes of the FDA and submitted the device as a biologic.

The confusion initiated by the FDA both as to whether this was a device or not, and as to what division it would be approved in (as well as its pulling the product off of the market in an area where it had heretofore not had authority), created a significant negative stigma within the FDA concerning this product. We feel that stigma was unfair, to begin with, and has wrongly remained with the product since its submission. We will bring points out to show why that is the case.

Because of the new diagnostic aspect of oral fluid, this product, it has been acknowledged, sets precedence for all other diagnostics of oral fluids which surely will follow. It should be noted that various drugs and other diseases can be readily detected through oral fluid testing and that whatever decisions the FDA makes in regard to OraSure will be the framework for future similar diagnostic products. Consequently, the FDA rightly has been extremely cautious in respect to how it went about evaluating this product's usefulness. However, the over cautious approach has cost greatly in time and, in our opinion, many lives as well because the FDA has been so slow in getting this product out to those who need it most. Further, the particular assay that was used in submission for the actual HIV submission, but improved data cannot be submitted or other assays shown since they are not part of the original submission in 1991.

For example, this device was recently used in a Centers for Disease Control and Prevention (CDC) study in the Bahamas, and Trinidad and Tobago where of hundreds of matched pairs of saliva samples and blood were compared. No false-negatives were found and only a few false-positives. These results make this product clearly equivalent to blood testing for HIV today, yet from an FDA perspective, are irrelevant because different assays were used.

Incredibly, the Epitope Western Blot for saliva was shown to be "virtually identical" to blood in a related study by CDC. Again, this apparently has no bearing on FDA thinking. This rigid adherence to bureaucratic process is only hindering the use of this device in communities that desperately need it. such blind attention from the FDA only further enrages our communities

In any event, the FDA continued to have internal debates about the usefulness of the product, how it would be used, and whether or not certain communities or groups might be offended by having a non-blood based test available. So great were the disagreements over the value of the test, that a very tragic event occurred in June of 1992. An internal document (an EIR) was "inadvertently" released out of the FDA's Seattle office under a FOIA request which proved extremely detrimental to the company. That is because those who had interviewed company officials under the protection of government confidentiality released this privileged information without the company's knowledge or consent.

The information was largely negative in tone (needlessly so from our perspective), but was for internal use only. It centered largely on whether this might someday be used as a home test kit (something the FDA then did not want, but now seems open to). In talking to the individual who FOIAed the request, he has explained to us that he had to have the date the document was written, by whom it was written, to whom it was written, and what the subject matter was before he could FOIA it. Clearly, he could not have dreamed this information up, so it had to be leaked to him by some individual within the FDA. In any event, the Washington office subsequently wrote a letter of apology to the company after a great deal of damage had already been done to it.

Nevertheless, the FDA continued its internal debate of whether this was good or not and what it would require of the company, never giving a clear picture to the company of what was requested. We will give example of that later in this document. The FDA shortly after that release called for a public hearing and scheduled it for December 18, 1992. The public hearing was important in that the insensitivity of committee members, as well as the primary investigator, Sharon Geyer, was nearly incomprehensible to those in the AIDS community who attended this meeting. The meeting occurred with the FDA presenting an extremely negative view of this product; never once taking into account the benefits it would offer those most affected by HIV disease, even though this was an innovative, easy-to-use, accurate and inexpensive HIV diagnostic tool. The FDA presentation showed data in the most negative light which was, we felt, successfully rebutted by the company.

However, since most of the committee members and FDA officials seemed to have made up their minds beforehand, it did not appear they listened to the company's side. For those of us who did listen, it was compelling and reassuring that this product was in fact accurate and safe. The chairman of the committee, a Seattle blood bank leader, was openly hostile to both the company and those giving testimony, which was extremely striking. No panel member came from a community of color, and the insensitivity of the chairman to presenters of color was great offense to us. Many members of the AIDS community testified, pleading for rapid approval of this product. Fortunately, a number of the committee members heard this plea, with the result of three voting for approval and three voting for non-approval (at the insistence and direction of the committee chairman).

However, after the committee adjourned, many of us approached Dr. Jay Epstein, since he was the ranking FDA official in attendance, and he acknowledged that there was clearly a desire on the part

of the AIDS community to have this product approved. He expressed that the issues raised were not overwhelming and that the FDA could work with the company and work toward approval in a reasonable time frame. It should be noted that the one committee member from the FDA (who was from the devices division) made the point in respect to approval that when one weighed the risks versus benefits, the benefits of this product far outweighed any risk, even if the test was less accurate than blood.

The company then responded to all issues raised by the FDA and had a meeting in February of 1993 to iron out what they thought would be final issues. That meeting was encouraging to them, and they worked to address issues raised in that meeting for what they then thought would be final answers. They submitted these to the FDA in May and June of 1993. The company then waited to hear from the FDA and waited some more. During this period of time, various members of the AIDS community wrote the FDA encouraging them to quickly approve this product.

From the communities' perspective, the company has consistently met the defined requests of the FDA in a timely and accurate fashion. Also during this period of time, we conducted a survey of over 13,000 individuals, mostly in communities of color, asking whether such a device would be used or not. At the request of the FDA we also asked if the device would be used even if it were less accurate than blood. There was overwhelming support for the use of this device with over half the people who had considered being tested, but had not yet been tested, saying they would be if this device were available. In respect to the question the FDA asked to be included on the questionnaire, over 70% of people said they would use it even if it were less accurate than a blood test for HIV.

On July 10, African American leaders had a conference call with the FDA in which the FDA outlined a number of issues regarding accuracy, sample adequacy, instruction materials, and safety. The FDA told us it was up to the company to respond to these issues. We were in shock since we thought this is what the company had done. We subsequently contacted the company and found they had written a letter to the FDA dated July 8, begging the FDA to further define any remaining requests; outlining they had responded to the issues of accuracy, sample adequacy, instructional materials, and safety. This letter nearly "knocked us off our feet" since we had believed the FDA when they said that the company was the one who was not doing its job. This clearly was not true. The FDA and the company subsequently met and the company was asked to "jump through a few more hoops" which it did.

With no real movement in the Fall, we called for a meeting of AIDS leaders with the FDA which occurred in early November. Once more, the FDA laid out the same basic issues it had in July, and once more we went to the company and received the same response that they essentially had responded to the issues raised by the FDA. The company and the FDA met once more in November to settle these issues and apparently great progress was made since the FDA finally agreed to the data which had been originally submitted and discussed the previous year at the public hearing. In our November meeting, the FDA acknowledged that had a member from a community of color been on the advisory panel, the vote would have been different (in favor of approval) and the product, in all likelihood, would have moved forward much more quickly.

Still frustrated by the pace (since the company had not yet been inspected) and the racial insensitivity expressed by the FDA during the November meeting, we called for a meeting in early December. At that meeting we were fortunate to have a member of the White House staff attend to hear

the FDA's position in respect to this product. At that point in time, they essentially said the bulk of the questions regarding accuracy, sample adequacy, instructional materials and safety had been met and they were moving toward completing the process (i.e., approval).

After the December meeting, the FDA called for a pre-approval inspection of the company's facilities and the manufacturing plant as well. It also issued a warning letter of very dubious merit saying, among other things, the company had no right to say OraSure was safe or non-invasive. As discussed earlier, because this was manipulated internally to become a Class III device, its standards for inspection became equivalent to those of inspecting the manufacturing practices and procedures of an artificial heart. This is ludicrous in light of the simplicity of this product, but nevertheless, the bureaucratic process had to follow under the rules of a Class III, complex device.

The response of the Seattle investigators was quite negative, raising further roadblocks which we deem highly unnecessary for the company. The report (a 483) was issued in late January, 1994 and the company responded to all issues raised on February 16. The company then met with the FDA on February 23. Amazingly, the Seattle office of the FDA wrote the company on February 22 saying it was writing the FDA to say that the product should not be approved until the company responded in writing to its 483. The company had done that nearly a week earlier and this unprecedented letter both was unnecessary and, in our opinion, incredibly harmful to this process. Nevertheless, the stage then was set for a non-productive meeting from our perspective on February 23 at the FDA. It is our belief that the FDA, rather than helping this company get a much needed product out to the public, is continuing to stonewall and put roadblock after roadblock in front of this company. This must stop.

On February 25, we had a conference call with African American AIDS leaders throughout the FDA. During that call, Dr. Epstein articulated a number of different issues that still concerned the FDA regarding this product. They included a number of times that we had never heard before in respect to counseling issues, such as reporting and partner notification. It is our belief that the various states have a multitude of laws regarding counseling, testing, reporting and partner notification--some requiring reporting, some not; but these are State laws. In fact, the Congress voted not to have a Federal mandated reporting and partner notification law, but rather to allow states to implement these laws state-by-state as they chose. For the FDA to come in now and try to dictate their own law in respect to this device is simply mind-boggling and wrong. Nevertheless, we went to the company afterwards in regard to partner notification, which we had just heard for the first time. The company informed us that the FDA had never raised this issue with them.

Here we go again! We view this as further evidence of under-handed dealings. The FDA is once again manipulating this issue by manufacturing never-before raised issues with the company simply to slow the approval of this product. We think this is being done for harmful racial reasons. It is evident the FDA does not care how negatively communities of color are impacted by HIV. We think the racial insensitivity that has been acknowledged by the FDA continues, and this must stop. We feel that certainly the FDA has the ability to give some form of conditional approval to the product today and work with the company, rather than against the company, in getting this product to the market. Certainly, they can assign someone, if necessary, to sit and watch the product being manufactured, to help in making sure that good manufacturing practices are followed, and certain necessary quality control measures are implemented if that's what it takes to get this in use.

This company for a number of years has had an FDA approved Western Blot product, one of three licenses in the United States. Additionally, the manufacturer of the product has been in business for 25 years and has manufactured diagnostic products for major diagnostic companies in America. We are not dealing with a "mom and pop shop" here; we are dealing with a company that has the ability to get a most needed product to the public immediately.

The FDA moved quickly to help affluent white gay men receive AZT, a drug of questionable efficacy. It moved quickly to approve a female condom with an extremely high failure rate for affluent white women. When the first blood-based tests for HIV were developed they were not perfect, nor nearly as accurate as they are today, yet they were released quickly to protect the American public. It is only fair the FDA responds to the needs of people of color in respect to OraSure, a highly accurate, inexpensive, easy-to-use, non-invasive, and safe product to help protect them. The "mole" with the FDA who Dan Dorfman of CNBC recently referred to as saying this has little chance of getting out should not be listened to, or should be exposed by the FDA, since having this process slowed is costing lives, particularly in communities of color.

April 11, 1994

SCHEDULED INTERVIEW
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Paul Gurrola
DATE/TIME OF EVENT:	11:00--11:15 am, Wednesday, April 13
LOCATION:	6th Floor Conference Room
ORGANIZATION:	CNN Newsource
CONTACT:	Judy Fortin, National Correspondent (404) 827-4121
PURPOSE:	to interview the NAPC
OTHER PARTICIPANTS:	Skip Loescher will interview you
MEDIA COVERAGE:	None
REMARKS REQUIRED:	see attached sheet for questions
BACKGROUND:	CNN Newsource is a division of CNN that services more than 300 affiliate stations around the United States. In addition to providing nearly a dozen video feeds each day and live shots from major stories, they provide local stations with special reporter packages, accompanied by customized tags.

ONE CNN CENTER, Box 105366, Atlanta, GA 30348-5366
(404) 827-2915
Fax (404) 827-3161

April 8, 1994

Dear John:

CNN Newsource is a division of CNN that services more than 300 affiliate stations around the United States. In addition to providing nearly a dozen video feeds each day and live shots from major stories, we provide local stations with special reporter packages, accompanied by customized tags.

The following is a list of questions that will be asked during Wednesday's interview:

Do the numbers in the Orphan Project survey come as a surprise? Is there a crisis?

Do you think current programs and systems in the U.S. are adequate to handle the projected number of so-called "Aids Orphans?"

The report concludes the most urgent needs for children are counseling, housing subsidies and legal services to help with custody plans...how is the government helping now and is the money available to fill the needs?

Some parents with aids are afraid to use the foster care system while they are sick because they fear they won't get their children back when they are well...is this a legitimate concern? Could the government do something to ease the their fears?

Relatives of people with aids often end up bearing the burden of caring for the orphans. Critics claim, the government needs to make it easier for them to provide care. Do you agree?

The report also urges states to "pass new laws that enable terminally ill parents to appoint standby guardians." Are you in favor of this?

Thanks for your help. If you have any questions please call me at 404-827-4121 or Skip Loescher at 202-783-6200.

Sincerely,

Judy Fortin

Judy Fortin

THE WHITE HOUSE

WASHINGTON

April 11, 1994

Donald M. Hallberg, President
Lutheran Social Services of Illinois
1001 East Touhy Avenue, Suite 50
Des Plaines, IL 60018

Dear Mr. Hallberg:

Thank you for your opening the doors of the Second Family program to me during my recent visit to Chicago. The work you do help the families affected by this epidemic is tremendous.

The President and I are committed to stopping the spread of HIV, to treating those already infected and to finding a cure for AIDS as soon as possible. After 12 years of the HIV/AIDS epidemic there is still a lot of work to be done. Efforts such as yours deliver critical services and support to the community until we end the epidemic.

I appreciate your leadership and wish you success in your endeavors.

Sincerely,

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

April 9, 1994

MEMORANDUM FOR KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR

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

SUBJECT Notes for Florida

Attached, please find an article in "TIME" magazine that appeared this week that includes you as one of the four horsewoman who will bring about the end of humanity.

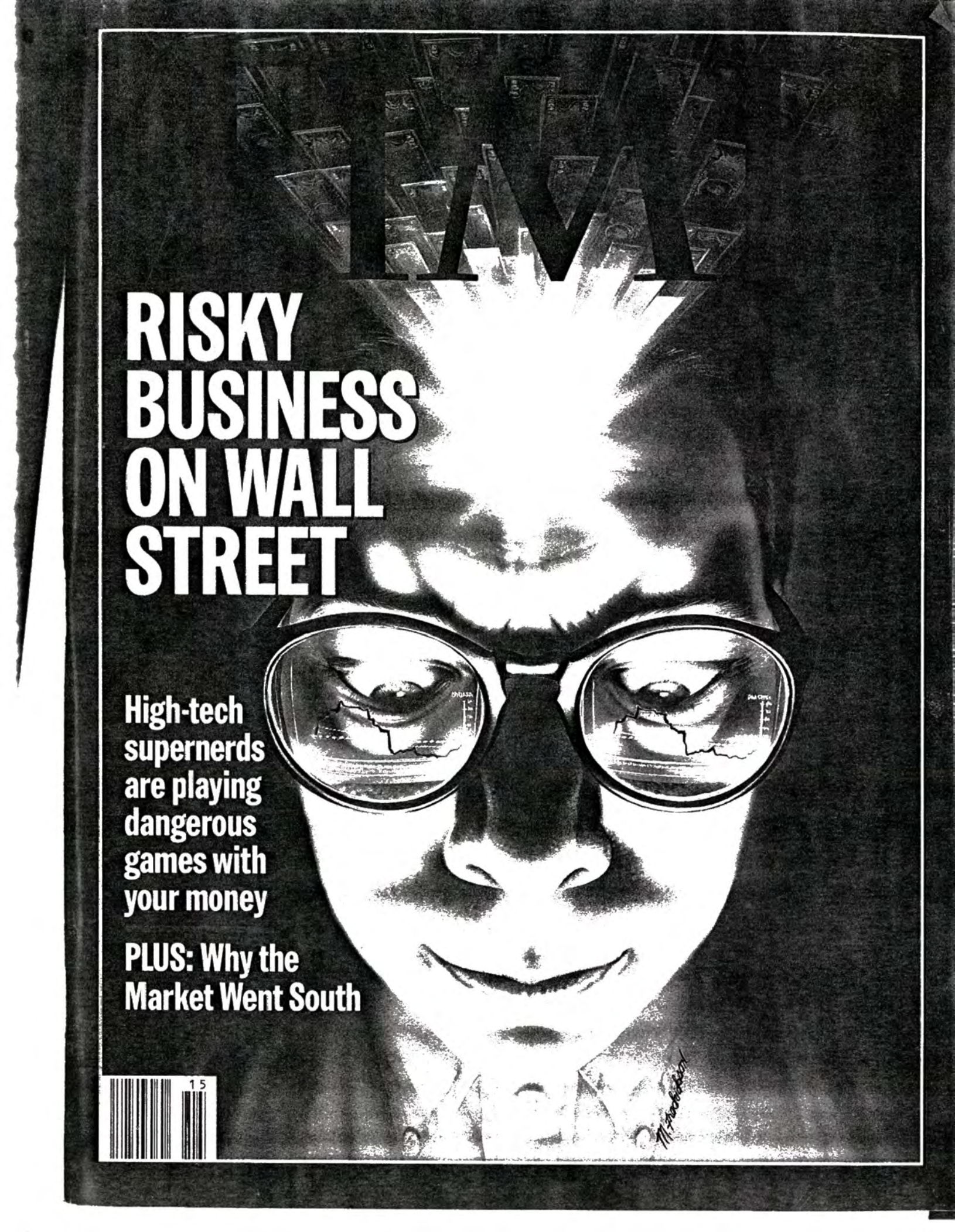
Steve has shared with you the main topics for your interviews in Florida. Channel 10 will also do a one-on-one with you for just a few minutes after the news conference on Monday. they want to discuss the whys and whats of your trip and the basics. I have shared this information with Hill & Knowlton's Nina Oligino.

The Miami Herald interview could present some tough questions as they want to discuss how you are going to keep HIV/AIDS on the front burner in America. Our prevention/education initiatives (such as the Federal Workplace initiative) will have a much greater outreach than three million federal employees; the President and you out there not afraid to talk about HIV/AIDS and the tough subjects that surround it; our geographically and diverse sensitive HIV/AIDS Advisory Council will help spread the word; the PMI commercials keep rolling; describe HIV/AIDS issues as being part of the REQUIRED elements for a do-able Health Care Reform package and challenge the advocacy groups to get out there and fight for reform. The Herald also asked me about the Council and the Action Agenda, so they may bring those two subjects up in the interview.

I will do some thought on your speech to the American Society of Newspaper Editors on Monday night, and it looks like we will have an opportunity to sit down for a while before the speech and discuss your main points. If you have a chance to fax me your talking points before Monday, I can prep them and add my thoughts.

Also, if you get a chance to call me or write down some notes on what happened in France, I can put together a press release for you to review when you get here on Monday night.

I hope your trip is going well and I trust that the French treated you well. See you Monday evening.


TIME
RISKY BUSINESS ON WALL STREET
High-tech supernerds are playing dangerous games with your money
PLUS: Why the Market Went South
15

■ POLITICS

Clintonophobia!

Just who are these Clinton haters, and why do they loathe Bill and Hillary with such passion?

By **NINA BURLEIGH** WASHINGTON

THE TUNE OVER THE RADIO IN CHICAgo was familiar: the Doobie Brothers' *Black Water* from back in 1975. The lyrics, however, were a bit more current:

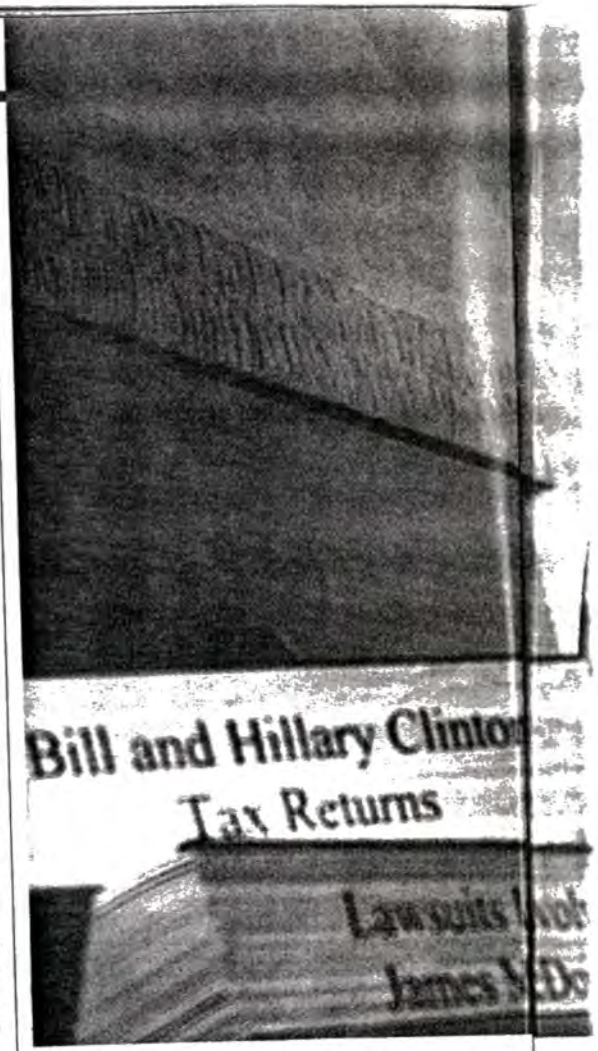
Oh Whitewater,
Keep stonewallin'
Bill and Hillary
Just keep on lyin' to me

When talk-show host Don Wade played the song last week, congratulatory calls flooded the station. Self-congratulatory calls, really. The parody, a compilation of lyrics sent in by listeners from 38 states, is just the latest artifact in a "We loathe Bill and Hill" movement that spews out everything from bumper stickers to wait-till-'96 support groups. Whitewater has thrown plenty of fuel onto this low-burning but widespread fire. The White House's admission that Hillary made a profit of nearly $100,000 on a $1,000 investment only further stimulates the Clintonophobes' bile. Indeed, in Wade's compilation:

If they indict, we don't care
Don't make no difference to us,
Still got those sweet cattle futures
back home.
Yeah, we can make another
hundred grand,
With just a few bucks down . . .

Just how many people don't like Clinton, no matter what he does? Around 25% to 30% of the population, a range that has remained steady since the beginning of his presidency in 1993. Pollsters call those statistics "high negatives," and they appear to be impossible to overcome. (Clinton's general approval ratings have climbed recently, rising to 59%, according to the Los Angeles *Times*.) Republicans, as expected, make up the bulk of Clinton haters. But apart from obvious partisans, the group includes the Christian right and apolitical citizens who just don't like the cut of the President's jaw. In fact, say pollsters, some of the most intensely negative reactions to Clinton come from Americans who are his generational peers. According to Democratic pollster Michael McKeon, these are struggling and rebellious types who don't like what Clinton represents: high-achieving, highly educated fellow boomers who got ahead in life and left them behind. "They're guys who didn't like him way back when, when he was in the honor society in high school and they were working at McDonald's. He was part of everything they hated." Says conservative pollster John McLaughlin (no relation to the pundit): "He really polarizes baby boomers. If they don't like him, they see him as a peer they never really liked. It's his own generation that feels about him in personal terms."

One of those peers is Bill Reishtein, 41, a Chicago ad executive, who says Clinton is "betraying a generation." Adds Reishtein, who opposed the Vietnam War: "I consider him a Richard Nixon without perspiration. Clinton has such strong communications skills, it's almost worse." Talk-show host Wade says he knows what makes his listeners' blood boil. "Clinton has this inability to tell the whole truth. He knows how to skate the issue—'I didn't break any laws, I didn't inhale'—through rhetoric."



Meanwhile, to the religious right, Clinton is practically the Anti-Christ. During the campaign, they waved placards warning TO VOTE FOR BILL CLINTON IS TO SIN AGAINST GOD. More recently the Virginia-based Christian Action Network called on Clinton to "fire the four horsewomen of the apocalypse: Joycelyn Elders, Kristine Gebbie, Roberta Achtenberg and Jane Alexander"—respectively, the Surgeon General, who advocates condom distribution to high school students; the National AIDS policy coordinator; the Assistant Secretary in the Housing and Urban Development Department and the first openly lesbian nominee to be confirmed by the Senate for a high office; and the actress Clinton appoint-

SOUVENIR COLLECTORS in the "We loathe Bill and Hillary" movement can choose from postcards, buttons, 3-D window figures and bumper stickers

KATHERINE LAMBERT FOR TIME

FLOYD BROWN has become a major source of Whitewater dirt for the press and pols

ed to head the National Endowment for the Arts.

The First Lady draws her own share of fire. About 500 men, women and children braved a wet, bitter wind to protest her visit last month to Wausau, Wisconsin. BILL AND HILLARY, PREZ AND CO-PREZ OF SLEAZE, read many of the placards. In the middle of the crowd Constance Brockman, an apple-cheeked mother of two, talked about why she came out in such foul weather. Brockman, a 38-year-old homemaker, said she was worried about social ills—crime and the lack of sexual abstinence among teenagers—which she blames the Clinton Administration for exacerbating. "The country has no morals, and they are in charge," she said. "I fear for the lost."

Two men who have benefited as professional Clinton haters are behind-the-scenes activist Floyd Brown and conservative celebrity Rush Limbaugh. Both profess not to hate Clinton. "We like the President," said Limbaugh's producer, Kit Carson. "We think he's probably a lot of fun to go out with after work—have a few beers and chase women." Brown said he has no personal animosity toward Clinton and only "the greatest respect for his raw political instinct and capabilities." He explained that he and his associate David Bossie are merely "researchers."

Brown's digging, however, can be dirty and deadly for his opponents. Brown achieved fame as creator of the infamous Willie Horton ads used in the Bush campaign against Michael Dukakis. Now head of the conservative, Virginia-based group Citizens United, Brown has become a major source of Whitewater information for reporters and, he says, congressional investigators. His group's membership has boomed under Clinton, Brown contends. Last summer, he started a monthly newsletter called *ClintonWatch* (annual subscription: $29), which contains items ranging from Whitewater rumors and innuendo to right-wing critiques of Clinton's agenda. In his quest for damaging material, Brown has spent hours in Little Rock cultivating Clinton enemies and other sources.

The Arkansas branch of Clinton haters is led by two attorneys: Sheffield Nelson, who is a Republican candidate for Governor, and the quixotic Cliff Jackson. Both seem to harbor personal animosity toward the President. Nelson, who lost to Clinton in a Governor's race in 1990, was responsible last year for bringing damaging Whitewater-related allegations to national media attention. He also taped a conversation in which Jim McDougal, the Clintons' Whitewater partner, accuses the President of lying about the business venture. Jackson, who was a schoolmate of Clinton's at Oxford, represented the two Arkansas state troopers who told tales about Clinton's use of state employees to procure women. Jackson later arranged for a Washington press conference by Paula Corbin Jones, a former Arkansas state employee who says she was sexually harassed by Clinton while he was Governor. Although Jackson says he has urged reporters to stay away from allegations about Clinton's sexual escapades, Jones is expected to file a formal sexual harassment suit against the President sometime later this month—an event the media will probably not ignore.

Other Presidents have been vilified, says historian Alan Brinkley, but new forces are shaping Clinton's situation. "Clinton is the first President who has generated this kind of right-wing hatred," Brinkley said, adding that the proliferation of radio talk shows and direct mail—two methods of communication much used by conservatives—have changed the political landscape. According to mail wizard Richard Viguerie, he and his fellow conservatives regard Clinton as a "serious threat" and thus feel justified using any material at hand to bring him down. "It's nothing personal. Just business," Viguerie said. "But they have a lot more material to work with. What President since Lyndon Johnson has been so open in his sexual promiscuity? He brings this on himself. No one has given the country, the media, his opponents as much personal material to work with."

The White House is planning a counterattack against professional Clintonophobes like Brown, the kind who feed "the slime funnel," as an Administration official calls it, of negative stories in the media. "They are very good at shepherding people around," said the official. "We are worried to the extent they get their poison message into the mainstream media because there's a very low filter for it. The American people aren't aware of the extent to which the President's political opponents have been able to plant stories."

Historian Brinkley says Clinton has his work cut out for him because he is young, unlike previous Presidents who had "genial, paternalistic qualities and sunny personalities." Brinkley says Clinton is also a victim of a political fact of life: he's on the wrong side of the tolerance fence. "Liberals tend to value tolerance highly, so there's a greater reluctance to destroy enemies than among the right," he said. "Democrats are historically more likely to cooperate with Republican administrations than Republicans with Democratic administrations." With Clinton's foes growing fiercer by the day, his problem is that Democrats have a lot more to contend with than just Republicans. —***With reporting by Julie Grace/Chicago and David Seideman/New York***