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APR 13 1994

THE WHITE HOUSE

Dear Ed —

Thank you for the engraved pen. I'll look forward to seeing you at City Club — This is an interesting job (in every sense of the word!) and I'm learning a lot every day. All the best — Christine

Edward Press, M.D., M.P.H.
2211 S. W. FIRST AVE., SUITE 905
PORTLAND, OREGON 97201-5013
(503) 223-5610

Apr. 6, 1994

Ms. Kristine M. Gebbie
National AIDS Policy Coordinator
750 Seventeenth St. Ste. 1060
Washington, DC 20503

Dear Kris:

When I saw the enclosed newsclipping in the Oregonian I thought you might want an extra copy of it but I didn't think that, of itself it warranted a letter. However, when I remembered that the "Syringe Pen" that my son sold could be regarded as a token of the needle exchange program, and might make a good "conversation piece", I felt it might warrant writing to you. Especially in view of your upcoming talk at the Portland City Club, which I plan to attend.

It's a ball point pen in the shape of syringe. Pushing the plunger advances the ballpoint and pushing the little protrusion on the side of the plunger, retracts it. My son, Steve has decided not to stock any more of them as it has received some criticism that it encourages drug use. Even though I'm the Secretary-Treasurer of Press International Sales Corp. (unsalaried and honorary), I dont interfere, so I'm enclosing the last one he has left.

Best wishes in your difficult job. Having the responsibility without the authority to control budgets must be very frustrating. However you have excellent powers of persuasion and you'll need all of them to significantly influence the various prima donnas you have to work with.

Cordially,

Ed

Edward Press

WHO IS SHE?

MAR 28
OREGONIAN
1994

Kristine Moore Gebbie

- **Born:** June 26, 1943, in Sioux City, Iowa
- **Occupation:** national AIDS policy coordinator
- **Salary:** $112,000 annually
- **Education:** B.S. in nursing, St. Olaf College, Northfield, Minn., 1965; master's in nursing, UCLA, 1968; doctorate candidate at University of Michigan School of Public Health.
- **Professional history:** assistant director of nursing, St. Louis University, 1976-78; administrator, Oregon Health Division, 1978-89; secretary, Washington State Department of Health, 1989-1993; member, Presidential Commission on HIV Epidemic, 1987-88; appointed President Clinton's national AIDS policy coordinator on June 26, 1993.
- **Personal:** Divorced, mother of 3.
- **Children:** Anna, 22; Sharon, 20; and Eric, 17
- **Hobbies:** speed walking, classical music
- **How admirers describe Gebbie:** Works hard, mediates well, shows compassion, listens to all sides.
- **How critics describe Gebbie:** Fails to lead, dodges tough fights, sometimes talks before thinking, lacks passion.

MATT MENDELSOHN/for The Oregonian

White House AIDS policy director Kristine M. Gebbie finds herself in the cross hairs of Washington critics who say she isn't doing enough to find a cure to stop the disease.

AIDS czar Kristine Gebbie is either compassionate and open or aloof and hesitant. It depends on whom you talk to

By ROSE ELLEN O'CONNOR
of The Oregonian staff

WASHINGTON — About 200 activists crowded into a stuffy Capitol Hill meeting room last June to celebrate the long-awaited appointment of a national AIDS czar.

But as Kristine M. Gebbie made her way to the microphone, radical Act-Up AIDS activists unfurled a banner and shouted her down. Their chants demanded a war on the epidemic — a war that would tap the nation's scientific resources with the same vigor used during World War II to build the atomic bomb.

Gebbie rejects the notion of a centralized "Manhattan Project" for AIDS. But she stopped her speech in midsentence and, unruffled, gave up the floor. She never engaged with the protesters. But after security guards dragged out the most vocal man in handcuffs, Gebbie asked an aide to pass on her wishes that he not be arrested. She left the decision to organizers of the celebration, she said in a recent interview.

The story is one of the most often told about Gebbie as AIDS czar, but the interpretations vary widely. It demonstrates compassion and an ardor to hear everyone, or aloofness and a propensity to let others lead, depending on who tells the story.

The duality seems to exist no matter who is asked about Gebbie, former chief health officer for Oregon and Washington.

The nearly two dozen people interviewed about her praised her — but almost all of them also expressed disappointment, too.

Gebbie admirers cite coalition building, efforts to focus federal research and the launching of an AIDS education program for all federal workers — aimed at providing greater

Please turn to GEBBIE, Page A7

Gebbie: After 9 months, no AIDS policy

■Continued from Page One

sensitivity in the workplace — as examples of her accomplishments.

Gebbie, who was appointed to the post of White House AIDS policy director one day before her 50th birthday, was a nurse before she entered public life. She works long hours, often getting to her office before dawn and leaving after dark. When she's not on the road meeting with AIDS groups around the country, she returns all of her own phone calls, staffers say, whether they're from an angry activist or a frightened AIDS patient.

Courting controversy?

Nine months into her tenure, however, Gebbie still has no national plan for combating AIDS, although she says a brief policy outline is being drafted. Critics say Gebbie has courted unnecessary controversy while opting out on important fights, most noticeably the battle for more money to fight the disease.

Her heart is in the right place, says one Congressional observer. It just isn't beating fast enough.

Even her harshest critics concede that no one could live up to the expectations raised by candidate Bill Clinton's promise of an AIDS czar. Gebbie complains that the term —and the expectations — are creations of the media.

"I laugh about that title a little bit. It continues to imply power that's unrealistic in our structure of government," Gebbie said.

Jim Graham, among the most prominent AIDS activists in Washington, D.C., and director of the city's first AIDS treatment center agrees.

"They wanted a General Patton, a George C. Marshall," Graham said. "In the realities of federal government, it's a naive proposition."

In her cramped office above a McDonald's restaurant and across the street from the White House executive office building, Gebbie looks more schoolteacher than czar. She wears patent leather pumps, a gray skirt and glasses that pinch the end of her nose. Her tone is occasionally dismissive.

Her job should be a temporary one only until AIDS policies are integrated throughout the government, Gebbie insists. She disagrees with the concerns of AIDS activists who interpret that view as a lack of long-term commitment.

"I'm very reluctant to build a disease of the month if you will or, in this case, disease of the decade —separate organizational structures —because in the long run that doesn't work well," Gebbie said.

Activists and congressional aides most often cite the president's latest budget when asked to explain their disappointment with Gebbie. Clinton is proposing to increase overall spending on AIDS programs by about 5 percent to $3.8 billion next year.

The increase is less dramatic than the AIDS community had hoped to see under a president who gave the epidemic such a high profile during his campaign. The president is recommending increases in research and care but no increase in spending for AIDS prevention.

Gebbie said she was disappointed in the lack of additional money for prevention but that "some pretty hard choices had to be made."

Gebbie said she and the president exchanged budget materials and that her staff worked closely with Budget Director Leon Panetta's office before the spending proposal was drafted.

Results disappoint many

Whatever the process, many were disappointed with the results.

Doug Nelson, who has run the Milwaukee-based AIDS Resource Center of Wisconsin for six years, is among them. He no longer keeps count of the clients who have died. And the president's proposed 16 percent increase in spending to help care programs such as his, won't even keep pace with the new faces he sees each week.

Nelson said he sympathizes with Gebbie because some of the anger directed at her stems from things over which she has no control. Resentment lingers over what the AIDS community saw as the past administrations' refusal to address the disease because of its association with gay men and drug users.

"That anger is placed unfairly on the doorstep of Kristine Gebbie," Nelson said. "But there's also anger that her office in Washington isn't more powerful. What I do think we expect is very aggressive leadership, a certain amount of agitation.

"A strong AIDS czar within the councils of the Clinton administration would say that no increase in AIDS prevention dollars is unacceptable for this administration."

More telling than the criticism of activists is the response from Capitol Hill.

When members of the Senate Budget Committee decided they wanted more money for AIDS next year, Gebbie was not even consulted. First-term Democrat Patty Murray, who represents Gebbie's home state of Washington, went instead to other senators with cities similar to Seattle, one of the nation's hardest hit by AIDS.

On Friday, at the prodding of Murray and other budget committee members, the Senate voted to double the increase the president had recommended for AIDS care programs.

Under the Senate-approved budget, the government would spend $800 million to help public and private care providers. For the first time, it would provide all of the funding called for under a 4-year-old federal law, the Ryan White CARE Act, named after a teen-age hemophiliac who died from AIDS.

Gebbie, meanwhile, gets mixed reviews for coalition building.

Some activists credit her with bringing together diverse groups for the first time under the auspices of the White House. They cite meetings with religious leaders and AIDS activists as especially effective.

Some also say Gebbie has shown savvy in dealing with the tensions created by a new law funneling all federal research money through a central AIDS office at the National Institutes of Health. Scientists at the agency's various divisions fought the change, arguing that it would stifle their independence and introduce politics into their research.

Insider heads office

Gebbie pushed for an NIH insider to head the AIDS office, a move that some of those who assisted in the search say has eased resistance to the change. Dr. William Paul also appeals to activists who complain that government AIDS research is mired in agency politics and old approaches. Although Paul has been a scientist at the agency for 30 years, his specialty is immunology and thus he won't "bring old baggage" to the new office, as one administration official put it.

But Gebbie also has alienated people, sometimes even her supporters, with controversial statements she has later clarified.

This winter Gebbie broke an agreement not to discuss the government's new public service announcements urging condom use until support was lined up for the new ad campaign, according to several privy to the discussions. Gebbie upstaged a news conference scheduled to announce the ads when she talked about them at two out-of-town appearances. What most infuriated those trying to lay the groundwork for the new ads were Gebbie's inflammatory references to potential opposition as "weird" and "right wing."

A few months earlier Gebbie became fodder for radio talk shows and drew criticism even from allies when she complained that the nation is a "repressed Victorian society" that "denies sexuality."

Softer image

Gebbie's image has softened considerably since her days as Oregon's public health director, when her curtness with staff members was legendary. One career public servant in Salem during the budget-cutting days of the 1980s recalled learning that his job had been wiped out during an offhand hallway conversation with Gebbie. But his former boss has grown through her sometimes rocky tenures in Oregon and Washington, he said.

Today's staff of 30 describes a very different boss. Buck Buckingham, who worked under Gebbie for six months, said she mothered him, often nagging him to go home on time or take a real lunch and forego junk food. Buckingham, who has AIDS, left the office in February because he found it too stressful.

Buckingham founded and directed an AIDS service program in Dallas before coming to Washington, D.C., but says his White House job was far more difficult. Most AIDS activists have no inkling of the stress Gebbie and her staff face, he said.

"The further you get from the front lines the harder it is to know for sure that what you did today is going to trickle down and make a difference," Buckingham said.

"The stress comes from the fact that people's expectations for this office were in the stratosphere but their faith in any part of government was in the subbasement."

Gebbie lives in a well-to-do Northwest Washington neighborhood. She has two grown daughters and a teenage son who lives with her ex-husband in Portland. Gebbie acknowledges the distance is difficult although she doesn't elaborate other than to say she spends a lot of time on the phone.

Gebbie acknowledges that sometimes the job is overwhelming. She has dragged herself home on occasion and told herself "it's never going to work," she said, but only on a couple of the worst days. She has never regretted taking the job.

Despite disappointment, some critics say they are still hopeful that Gebbie will be an effective leader in the AIDS fight. Nelson said she impressed him with her sincerity when she visited Milwaukee, Wis., a few months ago even though her performance on the budget left him with doubts.

"I don't think she has a lot of time to prove herself," Nelson said. "She listens. I think she understands. But does she have the ability to go back to Washington and translate that into action?"

GEBBIE AT A GLANCE

WHAT GEBBIE SAYS ABOUT:

Her opposition to "Manhattan Project" for AIDS:

"We're not building a bomb. We're not building a single technological thing. We're dealing with some very complex human disease and health questions and with a much sketchier basic science base."

Criticism over her lack of a national AIDS plan:

"I have an antipathy to federal plans that are 48 volumes long and have all kinds of sub-objectives and footnotes and live for the sake of the paper they're printed on...It's become clear that people need a document to hold onto to compare me to and so we've got that document in preparation."

Anger sometimes directed her way from AIDS activists:

"If I were to be infected with this virus, to not feel a recognized part of a power structure, to be concerned that nobody was hearing me, I would probably bevery angry too."

How she cautioned her own teen-ager about AIDS:

"He would have been — what — 7 when this started. So all of his pre-teen and teen years have been in a household where the issues of our understanding of the virus, the discussions of whether or not we talk about condoms in public were dinner table conversations. So it wasn't a matter of deciding now it's time to educate Eric about HIV."

On where she goes from here:

"In my lifetime the next interesting job has always turned up, sometimes even when I didn't think it was there. I don't know where I'll go next. I don't have time to think about it."

WHAT OTHERS SAY ABOUT HER:

"I never came to the office when she wasn't already there. I never left when she wasn't going to be there for at least another hour. She will move heaven and earth to be available to visit with, to listen, to debate."

Buck Buckingham,
former assistant

"There's a great deal of disappointment over Gebbie's not taking a strong leadership position in the government response to AIDS...I think the question is whether she's doing what the White House wants her to do. I think at some point the responsibility has to go back to the president."

Jeff Levi,
AIDS Action Foundation

The Oregonian

APR 13 1994

THE WHITE HOUSE

Dear Mark—

Thanks for sharing a copy of Safety = Numbers by Edward King. I'm sharing it with those on my staff working on prevention issues.

I hope things are going well for you.

Best wishes

TAG

March 30, 1994

Dear Colleague:

I am sending you Edward King's Safety in Numbers: Safer Sex and Gay Men, the first comprehensive, critical review of HIV prevention research and programs targeting gay men. The book was published by Cassell in the U.K., and will be published by Rutledge in the U.S. in May.

Safety in Numbers is a call to arms, providing historical background on the development of safer sex by the gay community in the 1980's, synthesizing the scientific work which has been done in this area, and calling for the adaptation of HIV prevention programs for the emerging situation in the 1990's. It's quite extraordinary that no one has documented this subject quite so comprehensively or critically in the past.

Government agencies, schools and community organizations still fail miserably in promoting prevention modalities, such as safer sex education and condom use, that can limit the sexual transmission of HIV. Many younger gay men are not listening to messages about prevention, and a new wave of infection is well underway. Many older gay men are also having trouble adapting to the reality that safer sex may be necessary for a lifetime, rather than just for a few years as was once believed.

Edward King's background as a treatment activist in Britain provides him with skills that are sorely needed in prevention work, and points towards the possibility that insights derived from treatment activism can be applied to prevention work on a broader front. It certainly is high time.

Although my own work has focused on research and treatment, I believe we urgently need a new wave of prevention activism in the original grassroots spirit as pioneered by Michael Callen and others. Prevention programs need to be restructured and research studies need to be designed to assess the most effective interventions.

Please take the time to read Safety in Numbers and consider the urgency of the changes it demands.

Yours truly,

Mark Harrington

Mark Harrington

TREATMENT ACTION GROUP, 147 SECOND AVENUE, SUITE 601, NEW YORK, NY 10003; PHONE: (212) 260-0300, FAX: (212) 260-8561

APR 13 1994

THE WHITE HOUSE

Dear Stormy —

Thank you for the addition to my collection of AIDS ribbons and pins. And I won't soon forget my visit to your Pediatric AIDS project - it's a very impressive addition to the service resources in Ft. Lauderdale.

All best wishes — Barbara

Stormy Schevis, Manager
Children's Diagnostic & Treatment
Center of South Florida
Comprehensive Pediatric AIDS Project
417 South Andrews Avenue
Ft. Lauderdale, FL 33301

THE WHITE HOUSE

WASHINGTON

April 13, 1994

Judy M. Manning, Ph.D.
AS Science and Diplomacy Fellow
U.S.A.I.D., Office of Population
Research Division, SA-18, Room 820
Washington, D.C. 20523

Dear Dr. Manning:

Thank you for inquiring at our recent meeting about the current activities of the Food and Drug Administration (FDA) regarding the agency's requirements for marketing approval of polyurethane male condoms.

My staff has been actively checking into this issue with the agency. The FDA Office of AIDS and Special Health Issues has scheduled a briefing on April 21, for my office to discuss their review processes and clinical and laboratory requirements for these applications. If you would be interested in attending this meeting, or have briefing information you would like to provide, please contact Mr. Terry Beswick in my office at (202) 690-5560, or by fax at (202) 690-7560.

Thank you again for your interest in this critical and timely issue.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 13, 1994

Ms. Antonette Mendola
12 Abbottsford Place
Buffalo, New York 14213

Dear Ms. Mendola:

Thank you for writing to request information concerning the Federal government's involvement with AIDS research and the provision of services for those affected by HIV and AIDS. I am happy to be able to direct you to agencies which can answer your questions.

I would first suggest calling the National AIDS Clearinghouse. The Clearinghouse's main function is to disseminate information and publications having to do with HIV and AIDS, including information on government policies and programs. The number for the Clearinghouse is 1-800-458-5231. Another good source of information is the National AIDS Information Hotline (1-800-342-AIDS). Both the Clearinghouse and the Hotline are run by the U.S. Centers for Disease Control and Prevention.

If you have a computer with a modem, or access to such a computer, you can also contact the AIDS Information Electronic Billboard Service. This service not only provides information on HIV and AIDS, but can also connect you with people who can help you with your research. The number for the Billboard is 202-690-5423.

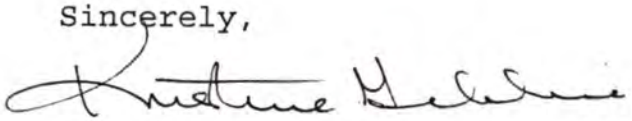
Finally, a few organizations that you may wish to contact for further information are as follows:

- The AIDS Institute at the Department of Public Health of the State of New York at (518)473-7542.
- Treatment Action Group (TAG) at 147 Second Ave., #601, New York City, New York 10003; (212)260-0300
- The National Association of People With AIDS (NAPWA) at 1413 K Street, N.W., Washington, D.C. 20005; (202)898-0414.
- AIDS Action Council at 1875 Connecticut Ave., N.W., Suite 700, Washington, D.C. 20009; (202)986-1300.
- American Foundation for AIDS Research (AmFAR), Public Policy Office at 1828 L St., N.W., #802, Washington, D.C. 20036; (202)331-8600.

If you would like a more comprehensive list of HIV/AIDS organizations and agencies in your area, the Clearinghouse can provide you with one at your request.

In conclusion, I am sending you the mission statement for my office to give you a better idea of what we do here. I hope all this information proves helpful to you. Good luck on your project!

Sincerely,



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

Enclosure

Tonya —
want to tackle
these one?

Antonette Mendola
12 Abbottsford Place
Buffalo New York 14213

Ms Christine M Gebbie director
Office of AIDS Policy
750 17th Street North West
Washington DC 20050

Dear Ms. Gebbie,

I am writing you to ask for your help with a project. Our Senior class at Lafayette High School, Buffalo, New York is doing a public policy issue project. My project is on AIDS.

I would like to know how the government plans to become more involved in AIDS research, more involved in treating victims and the clearing of drugs that are effective in fighting AIDS.

Can you send me some information that might include proposals or suggestions in which this type of plan can be formulated.

Thank you for your time and consideration.

Sincerely,

Antonette Mendola

Antonette Mendola

APR 13 1994

THE WHITE HOUSE

Dear Kathy –

I just finished reading the Stimette Gazette – what a great way to capture the successes and the hard work of your project. My very best wishes to you & the staff, and to the moms & babies of Project STIM!

Hillary

Children's Diagnostic & Treatment Center of South Florida

417 S. Andrews Ave. - Ft. Lauderdale, FL 33301 *A Newsletter for Project STIM*

STIMETTE GAZETTE

Volume 1, Number 1 **Spring, 1994**

From The Staff

As the first issue of the Stimette Gazette goes to press, we, the staff at STIM, want to applaud our clients for their willingness to share a piece of their journey with others. We are honored to be a part of their courageous battle to heal their lives and confront their challenges. They are breaking the cycle of addiction which is evident in the way they are raising their children. We think you will be inspired by them and their stories.

In the spirit of recovery,
Kathy, Sister Judy, Louise, Maria, Maureen, Larry, Andrea, Pat, Becky, and Sue

Coming Back

by Gloria M.

After previously having been involved in rehab and having six years of recovery, it was an emotional relapse that led me down the path of destruction and into a physical and spiritual relapse for almost five years. It took that long before I could find within myself the courage to come back. Although I consider today that I was rescued by the Fort Lauderdale Police Department and H.R.S.!

Today I only have my Higher Power (whom I call Jesus Christ) to thank for the distance that I have travelled. God saw fit to place me in the care and supervision of those in the STIM program. Since I have "been around" and seen many programs, I have never experienced the love, attention and nourishment that I have found in the STIM Program. Thank God for the therapists, social workers, director and others employed there, for I always could find someone with whom to share my fears, pain and defeat.

Looking back now on the humility required to re-enter recovery and all the gifts that being clean has to offer, I was able to receive these gifts through the other women attending the program. It is true, "there for the grace of God, go I." The women serve as a constant reminder that I am an addict seeking recovery, with the desire to never turn back to that horrible way of life. As long as I remember this and follow in the path of recovery, I have nothing to fear.

The future holds many gifts for me and my family. But I must continue to grasp the daily tools of recovery so that good will continue and I may go on from here with growth in my relationship with Jesus.

Thanks to all those who may have been instrumental in my recovery. May God Bless you all and keep you close to his heart!

Nursery News at STIM

by Teresa B.

Hello my name is Teresa and I would like to tell you about the nursery at STIM.

Sister Judy is in charge of the nursery and she's the warmest, sweetest Grandmom. All the babies love her and the moms are really grateful! Becky also works in the Nursery. She's very good with all the babies. They love her so much. There are thirteen babies in

our nursery: Jamaal is our big Smiler, Domonique is our big Thinker, Gregory is our Prince, Skylar is our little Singer and he is now rolling over on his own, Lacie is our little Princess, Katerra is our Queen and recently popped two teeth, Jeffery is our little Listener, and Lamont is our King of the babies and now is walking. Christopher is our Strong Man, Michael is our little Giggler, Melissa is our Newborn, Michelle and Micheal are our new born twins and Francesca will be here really soon to join the other babies in the Nursery.

Everyone who comes to STIM - the moms and the babies and the entire staff - are all working together for our recovery and learning how to live as one big happy family helping one another.

STIM Undertakes a Great Challenge

As the STIM program continues to grow in heart, spirit, and unity, clients have expressed a strong desire to take a program trip to Disney World in Orlando. For many of the women and their babies, a drug free experience would be a positive adventure, a therapeutic teaching on having fun while remaining clean, and an event to be remembered.

To support and fund this excursion, clients and staff are now in the process of organizing car washes, bake sales, and raffles. The cost of the trip is estimated to be three thousand dollars. Any individual or organization interested in assisting Drug Free Moms and Tots to Disney World, please contact Louise at STIM (305-779-2315).

My Thank You Letter to STIM

by Sue B.

When I first came to this program, I can't say that I really liked it much, as a matter of fact I didn't. I just needed a place to run to when I couldn't deal with the world I was in. I even liked you less when you would phone me or come knocking at my door because I wasn't attending on a daily basis. I only wanted to be there when I thought I needed to be and you couldn't teach me anything anyway. I was down and out and I thought my situation was hopeless, but I stayed anyway, maybe for the free meal, maybe for the diapers, maybe because there was no where else safe to be. In time though, I got to see some hope. The chance of having a better future, and then you sat down with me and helped me to set a goal. For me it was nothing more than a goal based on a desire of making a better life for me and my son.

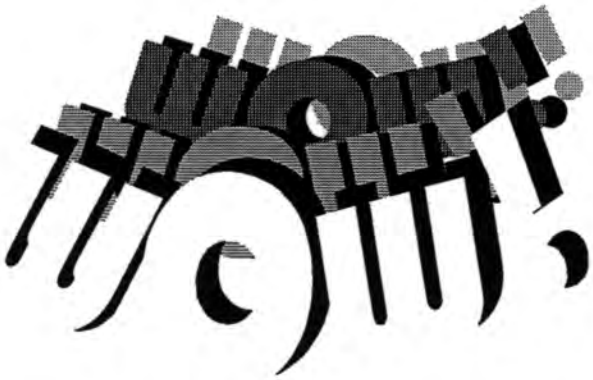
I think that's when it all started. When the other girls were complaining about the food and what they got and didn't get, I was putting the goal into the works. And just to be honest, I had my own complaints about the program but I never lost sight of my goal. Through the past two years that I have been clean, you've stood by me and helped me through times of grief, relapse, homelessness, and a time of "growth." You gave me the strength to keep after my goal. It was because I knew I could lean on you that I had faith through it all. Yes, my faith was ultimately with God, but the God I know today works through people who are open to Him and I have to be around those people for Him to work for me. I know for sure today He isn't going to work for me through the junkie or dealer.

I have nothing but gratitude for the program today and I complain less, but seriously, if I can say anything at all to you, I would say, "Thank You!"

Thank You!

STIM Extends Gratitude

The staff at STIM extends a heartfelt thank you to Steve the cab driver for his missionary outreach to the women addicts on the Fort Lauderdale Strip.



STIM Celebrates Clean Time

Suzanne	1 year, 2 months
Wanda	1 year, 5 months
Bonita	11 months
Janice	3 years, 6 months
Christina	3 months
Doris	1 month
Teresa	7 months
Grace	1 year, 5 months
Tammy	1 year, 9 months
Carrie	7 months
Sue	1 year, 10 months
Amy	2 months
Michelle	2 months
Alicia	1 year
Lori	2 years
Beth	10 months
Laura	9 months
Gloria	9 months
Nancy	12 months

There are a lot more women with only a little clean time but a lot of hope!

Grieving In Early Recovery

by Suzanne P.

The first part of my grieving started when I had to give up drugs. That was hard for me, because that was all that I knew - using drugs. Also, all of my friends used. I had to change everything - my friends, habits and job. I didn't know how to live without all of the drugs, money, people, etc. I finally had to accept that I would never use drugs successfully again.

When I first got clean there was a lot to deal with. I was pregnant and getting out of a bad relationship. When I was four and a half months pregnant, I had to leave the father of my unborn child. I felt alone and scared. I was homeless and jobless. I didn't know what I was going to do, but I continued to go to meetings, talk with my therapist, and go to support groups so that I wouldn't use again. It could have been very easy to say to myself: it doesn't matter if I use, I have a good reason. In my heart I knew that it wasn't worth losing any more of my life.

Shortly after I left my baby's father, he was killed in an automobile accident. I was devastated; there were so many mixed feelings: hurt, anger, fear and denial.

I started to feel guilty because I thought I could have done something to prevent him from getting hurt.

The staff and clients at Project STIM were very supportive. They helped me understand my feelings and deal with them. Also, all I had ever learned was how to hide my feelings.

I am now able to view my son's father's death in a way that allows me to continue to grow in my recovery. In the end, dealing with this loss has helped me to mature.

I came to understand that loss is a theme in my recovery. I am doing well taking steps to re-enter the "real world." As I move away from STIM (my family in recovery), this is a loss again, but in a positive light. I am making progress. I will lose some old ties, but my higher power will send new ones to my life.

The bottom line is there are no good reasons or excuses for using. If you use, all of your problems just get greater. When you don't use, the big problems just seem to get smaller and easier to deal with. I always need to remember: don't sweat the small stuff, it's all small stuff.

Relationships

by Mary Lou V.

I am beginning to realize at this stage in my life that the relationships I had in the past were ill conceived and destructive to myself and others. I have been selfish and only thinking of myself, not

caring what happened to others. I hurt many people in my path of destruction.

I never wanted to listen to what anybody had to say to me. I never listened to my family and friends when they told me to stay away from certain people, places and things. When other people tried to give me good advice, I would also do the opposite of what they told me, and all that did for me was get me in more trouble.

The reason I was in some of my past relationships is because I was afraid of being alone or I felt too guilty to leave. So that is why I stayed around.

The bottom line is that I still have a lot to learn about relationships with other people. In order for me to grow and be happy I have to work on my relationship with myself first, then with other people.

An Article on Sexual Abuse and Molestation

by Janice T.

I had gone through this experience all my life, even as a child. It would happen all the time to me. I always felt that something wasn't right when it would happen. I just didn't know how to change it. I would talk about it as if it were nothing. When I started coming to STIM and had started doing group therapy I started learning different things about myself and my drug addiction. I realized that I needed help in dealing with a lot of things. I also learned that my boundaries had been violated. I strongly feel inside that I have dealt with what happened in the past and I think a lot of it was part of the reason why I started doing drugs. I also learned from my own experience that some of the ladies that I have met at Project STIM have all experienced the same abuse as me. But thankfully we have hope, healing, and change in recovery. Thank you Project STIM.

STIM: A Great Program for Moms and Tots

by Tammy H.

Hi! My name is Tammy. I'm a client at Project STIM. I started in January and I like it so far. I'm interested in the programs they have. I like the group meetings, N.A. meetings, Parenting, Amanda's Place, and school for GED if you haven't finished school. We also have a nursery for the infants.

The staff members here at Project STIM are wonderful, loving, caring and sharing people who are concerned about you and the problems you may have. They help you in every way they can and know how. They help you physically, emotionally, and socially. They have fun activities such as picnics, YMCA, beach and films. And we also make T-shirts and other wonderful things.

Listen to Learn and Learn to Listen

Anonymous

My recovery process has been a series of trial and error... more errors than I can count for my mental and emotional grasp on life was not there. I could not seem to stabilize my feelings enough to work a good recovery program because I was suffering form an illness called "depression." As simple a word as it may sound, it is a far cry from simple. And basically that's what the symptoms of my illness were: a cry for help. A deeper, more intense need was mine, but one that I failed to see, and one that I refused to accept when it was pointed out by the staff at STIM that I may be suffering from depression.

Intervention came to my rescue from the staff when it was suggested that I go in-patient at a local hospital for dual diagnosis treatment. At that time, I finally gave my consent to go in, for I was

at an all time low. I could no longer cope with life, its situations, nor the people in it. And to add to this, I have a two month old baby who needed a whole parent, not one who was half there and half unsure of where she was going. I had given up on life and truly believed it had nothing to offer me. Going back to drugs was looking better and better to me all the time. The choice to go in-patient or try to get well on my own was no longer there - I was beyond caring. But, someone cared enough to step in and lead me on the path towards health, recovery, growth, and most of all, "life" and that was STIM.

My hospital stay went well therapeutically. It was a struggle though, for I was not listening in the beginning - I fought them as hard as I fought my counselor at STIM. Finally, I learned to listen and then, listened and learned. In the hospital, my series of trial and error were used as learning and growth experiences to better myself. I learned coping and living skills, and took the medications to help ease my depressed outlook on life, thus making recovery an easier process.

The combination of medications, therapy, and an intense therapeutic environment, turned my world around. It was there that I was to discover the strength of my Higher Power and the beauty of recovery. Finally the clouds of depression that were fogging my mind in the past began disappearing and I was finally realizing what those people at STIM were telling me all along, "that it will work if you work it, but sometimes some people need more help than others." For me it was being hospitalized and getting stabilized on medications for the chemical imbalance in my brain, which was the cause of much of my depression. It was and is a medical condition which could not be alleviated through any other means. I accept this now, for the change in me since my discharge from the hospital and returning to STIM, I feel, is a complete turnaround.

I am by no means cured for you are never cured from addiction, nor my type of depression. But with continued treatment at STIM, and the love, care and support that comes from the hearts of the staff there, I am and will continue to be able to work, appreciate, and enjoy my recovery process more easily than before.

Now I love life and I love me. And important too is the faith I now have in myself to raise my baby as a whole mother, all of the time (not part time) so that my child too can grow into a happy, healthy, and productive adult.

I thank my higher power (God) each and every day for the STIM project and I am now glad I listened, for I learned and still am learning on a daily basis.

Recovery is beautiful and no matter how sick you may be - accept it - listen to the suggestions and work it. For it works. It really does!

How STIM Changed My Life

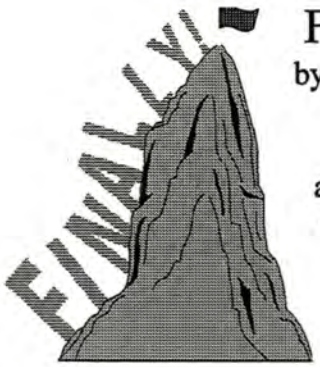
by Wanda D.

When I first came to STIM I did not want to be here. As time went by I started doing what I had to do. I am very proud of myself because I have a year and a half clean. I want to thank Kathy for helping me and Louise for helping me. I have come a long way and I want to thank all staff. I want to thank God for everything He has done for me. Now I am getting ready to go to training and get a job. I am moving on!

A Prayer for Recovery

The clients at Project STIM would like to share the following prayer.

Lord,
With the changing of the seasons,
with the sunrise that follows the darkness,
with the miracle of the butterfly's wings...
You have proven to us
that change can bring about wonderful things.
So, calm our hearts, dear Lord, and still our minds
when we're filled with fear of
new choices...new feelings...new tomorrows.
Guide us gently through the changes we face,
shining Your Light over our shoulder,
and brightening each path before us.



Facing Fears

by Christina L.

During my active addiction many of my fears were repressed. I hid behind cocaine. I had a false sense of courage. When the drugs were gone and I was stripped of that false courage I was all alone with my fears. In recovery, though, I am not alone with my fears. I have my higher power, whom I choose to call God, my counselors at STIM and my support group from STIM - my sisters. With this support, I have the courage to face my fears as they surface.

According to Bishop Paul S. Morton, "If you are living in fear, you are living controlled by a force, not a power of God. Fear is not part of God's plan for life." I have turned my will and life over to the care of God and with this faith I am able to overcome my fears and start to lead a healthy life.

For example, being controlled by the fear of losing the people I love used to hinder me from having healthy relationships.

I have learned in my recovery that behind this fear of losing people lies an unwillingness to feel pain and to deal with rejection of abandonment. During active addiction my pattern was to create chaos and destruction by my own choice in order for me to control the feelings and events I feared would eventually happen. In recovery, the process I am trying to use is:

1. Live one day at a time.
2. Turning to support (family, STIM clients, and staff) to maintain clear thinking.
3. Trust God to give me the courage to experience pain of real events then they occur.
4. Believe that God's will is more beneficial than self created insanity.

Another fear I am overcoming at the present time stems from a previous physically abusive relationship. I was and to some degree am fearful that someone is going to physically hurt me because of the pain I suffered. With the courage to let God's will be my motivation, I am stepping out at night and learning to overcome these fears.

In conclusion, I have learned once you rid yourself from fear you must replace it with something: perfect love and hope.

Out of the Mouths of Babes

It is impossible for this newsletter to be issued without words from the 48 drug free babies that have been born since the project began in January, 1992. Mr. Mikhail, the project's first infant, celebrated his second birthday this month. His mom's decision to terminate her drug use and embrace a drug free lifestyle, has enabled him to grow into a fine, healthy youngster whose big brown eyes just make you smile. The newest STIM addition, Mr. Timothy, was born this past weekend and I trust that he will bring new and exciting energy to our nursery.

On behalf of all the STIM babies whose moms quit using drugs, accessed prenatal care and enabled them to be born drug free, I offer the following THANK YOU:

"Mom, I am so happy that you stopped using drugs. You have given me the gift of a drug free birth. I loved coming into your world healthy and whole. My hope that we can continue to make choices that will give us life together. I need you Mom, please be there for me!"

To all the STIM moms, I extend a heartfelt thanks from your babies and the staff at Project STIM. We are proud of you.

Kathy Hollywood, Ph.D.
Project STIM Manager

Congratulations

One of the most critical requirements for a happy and productive life is the quality of courage. The origin of this word "courage" is from the Latin meaning "heart" to which most cultures attribute the source of our love and caring for one another. It is very evident from the extraordinary stories of this newsletter that the women of STIM are filled with courage.

I congratulate the STIM community, clients, and staff, for your excellent work on the premier edition of the STIMETTE GAZETTE!

Susan Widmayer, Ph.D.
Executive Director, C.D.T.C.

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Ms. Marianne Dresser
Senior Editor
North Atlantic Books
Post Office Box 12327
Berkeley, California 94701

Dear Ms. Dresser:

Thank you for sharing a copy of The Anarchist AIDS Medical Formulary: A Guide to Guerilla Immunology with me. It offers an interesting perspective on the epidemic. I will share it with my staff as well.

Sincerely,

Kristine Gebbie

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

North Atlantic Books

P.0. Box 12327, Berkeley, CA 94701 • 510/559-8277 Fax: 510/559-8279

March 8, 1993

Ms. Kristine Gebbie
National Office of AIDS
Executive Office of the President
750 17th Street, NW, Suite 1060
Washington, DC 20500

Dear Ms. Gebbie,

Enclosed is a copy of *The Anarchist AIDS Medical Formulary: A Guide to Guerrilla Immunology* by Charles R. Caulfield. This important and timely book examines the controversies surrounding mainstream AIDS research and offers a compendium of alternative treatment strategies from the active AIDS treatment underground.

If you have any questions or require any further information about the book, please feel free to call me at the number listed above.

Yours sincerely,

Marianne Dresser
Senior Editor

NEWS FROM NORTH ATLANTIC BOOKS

NORTH ATLANTIC BOOKS, P.O. BOX 12327, BERKELEY, CALIFORNIA 94701
CONTACT: MARIANNE DRESSER (510) 559-8277 FAX (510) 559-8279

THE ANARCHIST AIDS MEDICAL FORMULARY: A GUIDE TO GUERRILLA IMMUNOLOGY

Charles R. Caulfield with Billi Goldberg

"The impression left on me by the heartless and fearful way I was handed a death sentence gave birth to a skepticism and mistrust of the American medical profession. This has undoubtably been the reason I remain relatively healthy compared to many people I know who have had the disease a much shorter time. Out of resentment, I looked for alternatives to what was seemingly inevitable at the time, namely death within a year. That is, if I was lucky.... My moment of truth came in that hospital room in January 1984, when I got just angry enough to begin to question everything. Ruthlessly, I gathered information, made treatment choices that felt right for me, and passed the information along. It has served me well. I'm counting on being around next year at this time to take another look back." —from the book

Adapted from his regular column "HIV News" in the San Francsico *Sentinel*, this collection of essays written from 1992 through 1993 by AIDS treatment activist Charles R. Caulfield takes a critical look at the controversies surrounding AIDS funding and research, the pharmaceutical industry, and alternative healing. Diagnosed with AIDS ten years ago, Caulfield embarked on a personal quest to seek out, research, use, and evaluate any available treatment regimen, including alternative and natural remedies. As he discovered, most conventional AIDS therapies, especially the highly toxic drug AZT which was the baseline recommendation of most physicians for the crucial early years of the AIDS pandemic, failed to halt the progression of AIDS. Current research now indicates that what Caulfield and lay researcher Billi Goldberg have long suspected is true: AZT not only fails to boost the body's own natural response to the disease, but actually further compromises an already weakened immune system.

Caulfield and Goldberg went digging, finding that drug company profits and medical establishment reputations too often took precedence over research and advocacy of safe, effective, alternative treatment strategies. This book presents Caulfield's scathing indictment of the political machinery behind mainstream AIDS research and offers an instructional guide to natural and alternative treatment strategies. Caulfield and Goldberg advocate the use of topical applications of DNCB, a photosensitive chemical that has been found to stimulate the body's own response to the HIV virus and the opportunistic infections seen in AIDS. As the failure of drugs like AZT becomes increasingly obvious, DNCB is now being investigated more seriously by the established medical and scientific communities.

With conservative government estimates of one million Americans infected with the HIV virus, *The Anarchist AIDS Medical Formulary* is a timely, important resource for people with AIDS, their caregivers, and anyone concerned about the state of public health and governmental response to the AIDS pandemic. Caulfield emphasizes that AIDS is survivable, with recovery possible through accessible, affordable, and nontoxic therapeutic methods.

THE ANARCHIST AIDS MEDICAL FORMULARY
Charles R. Caulfield
ISBN: 1-55643-175-9 $12.95 trade paper
Health 176 pages 7 1/2" x 9"
Publication Date: February 1994

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Quilts of Love
26A St Luke's Mews
London W11 1DF
UK

Dear Friends,

Thank you for your letter of March 28, 1994 regarding the Quilts of Love project in the United Kingdom. The Quilt represents the very best in the HIV pandemic, both as a labor of love and as a visual memorial to those who have died from this disease. It is very encouraging to know this very real symbol of caring and remembrance is extending world-wide.

President Clinton 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. I am very appreciative of the Quilts of Love efforts in the fight against HIV/AIDS and extend best wishes to you and your organization.

Sincerely,

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

Quilts of **Love**

for The NAMES Project (UK)

IF THERE ARE ANY PROBLEMS IN RECEIVING THIS FAX, PLEASE
CALL LONDON: 071 727 3890
OUR FAX NUMBER IS: 071 792 2086

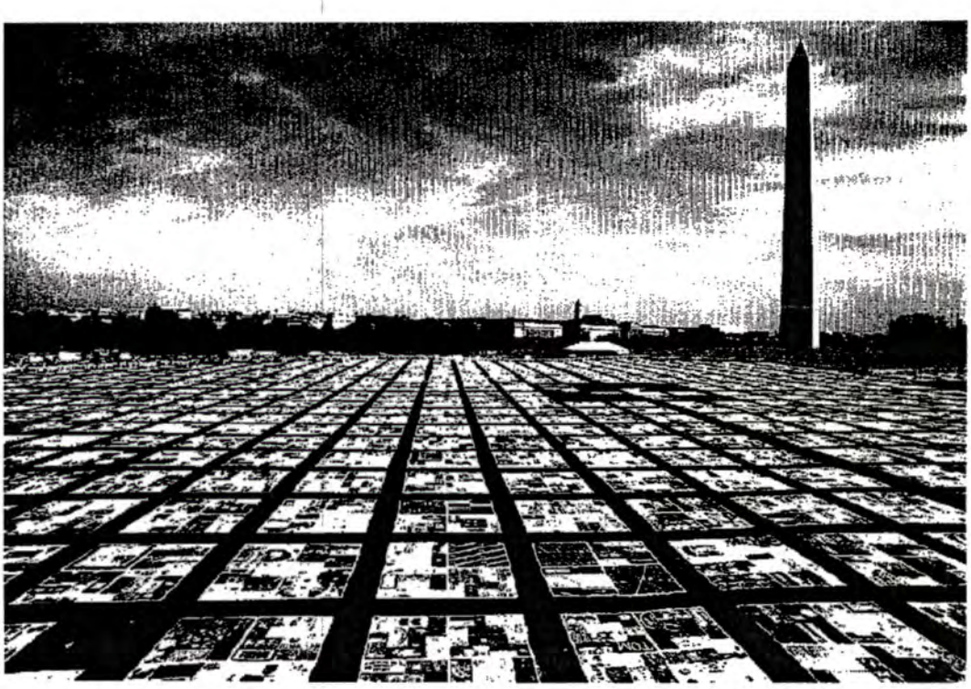
To: **Mr Steve Lee**

Date: **Mon Mar 28 14:49:38 BST 1994**

Pages (including cover): **2**

From: **Barton Friedland**

Comments:



October 1992 World Quilt Display of The NAMES Project's **AIDS Memorial Quilt,** comprising of over 24,000 individual memorial panels.

Quilts of **Love**
for The **NAMES** Project (UK)
26A St Luke's Mews
London W11 1DF

Tel: 071 727 3890
Fax: 071 792 2086

Mon Mar 28 1994

Dear Friends,

Ms Steve Lee
National AIDS Task Force
750 17th Street, N.W.
Washington, D.C. 20503

Dear Mr Lee,

With only 10 weeks to go until our display, I would like to follow up on our earlier conversations and letters in order to secure your office's endorsement.

Additionally, as you suggested, a request was made on the 9 March 1994 to Ricki Seidman for the President and/or First Lady to make an appearance at the display, as they will be in the UK that weekend already.

I would very much appreciate your looking into these outstanding requests as we would like to be able to communicate any positive responses to the public as soon as possible.

Yours Sincerely,

Barton Friedland
Administrator, Quilts of Love

Quilts of **Love** is a collaborative effort between the following Charities:
CRUSAID - Registered Charity No. 1011718
Food Chain - Registered Charity No.1003014
Immune Development Trust - Registered Charity No. 1003632
The NAMES Project (UK) - Charity No. SCO20147

Quilts of **Love**

for The NAMES Project (UK)

IF THERE ARE ANY PROBLEMS IN RECEIVING THIS FAX, PLEASE
CALL LONDON: 071 727 3890 0011
OUR FAX NUMBER IS: 071 792 2086

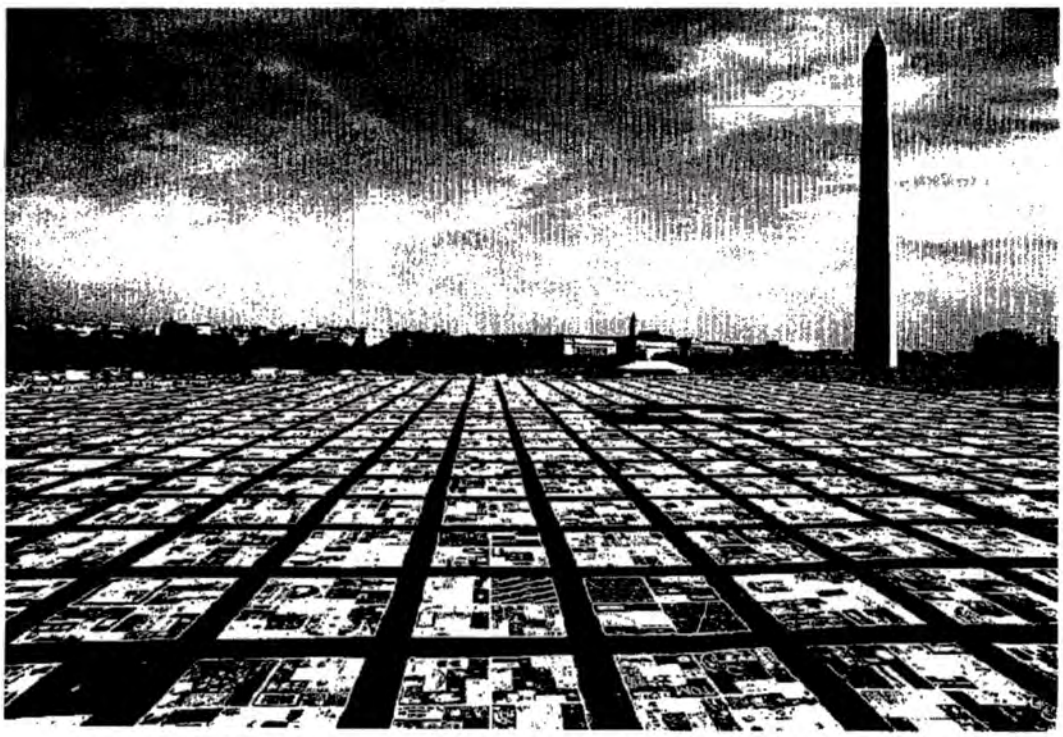
To: **Ms Kristine Gebbie**

Date: **Thu Mar 03 15:06:48 GMT 1994**

Pages (including cover): **6**

From: **Barton Friedland**

Comments:



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Quilts of **Love**
for The **NAMES** Project (UK)
26A St Luke's Mews
London W11 1DF

Tel: 071 727 3890
Fax: 071 792 2086

Thu Mar 03 1994

Ms Kristine Gebbie
National AIDS Task Force
750 17th Street, N.W.
Washington, D.C. 20503

Dear Ms Gebbie,

I am writing you in order to make you aware of the upcoming event, ***Quilts of Love***. This event is based on the 1992 International AIDS Memorial display held in Washington, D.C. It is to be the largest AIDS Memorial display ever to be held outside of the US.

As a United States innovation, The Quilt is not well known in this country. ***Quilts of Love*** is changing that. We are pleased to tell you that we are using the power of The Quilt to make our community more aware of how they can deal most effectively with the issues surrounding AIDS.

We see ***Quilts of Love*** is a public service activity on our part which will help a broad spectrum of the population in a number of tangible ways:

- For those at risk to HIV and AIDS ***Quilts of Love*** will support them in becoming more aware of how to protect themselves and more important, motivate them to do so;

- For those who have lost a family member or loved on to AIDS, ***Quilts of Love*** will provide a positive focal point for the working through of their bereavement by celebrating the positive aspects of the lives that have been lost to this devastating pandemic;

- For those who are living with HIV / AIDS, ***Quilts of Love*** will support their full awareness of community resources which provide services to that community with attendance of virtually all UK HIV / AIDS agencies on-site;

A Company Limited by Guarantee Reg. No. 130283
Directors: G Cowan, A Hume, J Koljane, M Moore
Charity No. SCO20147

- For the community at large, ***Quilts of Love*** is the largest AIDS Memorial Quilt display to be held outside of the United States to date and will include panels from all over Europe. It therefore promises to be a memorable an uplifting event displaying community solidarity and concern over the past 10 years we have all lived with AIDS.

The NAMES Foundation in San Francisco have been instrumental in helping us to organise this international display and so, we would like to let you know that America is in fact helping the world deal with the issue of AIDS more effectively than ever before through its innovative programmes.

The date of our display falls on the 50th anniversary of D-Day and President and Mrs Clinton will be in this country at the same time. We are aware that President Clinton has endorsed The Quilt and therefore would appreciate you forwarding a request on yourself and from President Clinton to use in our commemorative programme of the event.

Thank you very much for your time spent on this matter and we hope to work with you in order to make this event as effective as possible. Please feel free to contact me with any questions.

Yours Sincerely,

Barton Friedland
Administrator, Quilts of Love

Quilts of **Love**
for
The NAMES Project (UK)

Quilts of Love is a high-profile event chaired by British fashion designer **Rifat Özbek** which involves some of the most notable fashion designers in the world. Designers such as **Bill Blass, Calvin Klein, Katherine Hamnett, Bella Freud, Christian LaCroix, Todd Oldham, Giorgio Armani, Gianni Versace and 20 other international designers** have prepared 3 x 6 ft quilts and donated them to **The NAMES Project** to become part of its worldwide **AIDS memorial quilt**. The **World Quilt is presently over 24,000 quilt panels,** ***representing less than 2% of those who have died***. The World Quilt was shown last in October 1992 in Washington, D.C. to an audience of over 500,000 people.

The NAMES Project (UK) will be displaying the designer Quilts along with **over 2,000 additional quilts in Hyde Park, London on June 4-5 1994**. We also expect **over 250,000 to visit the quilt that weekend.** A number of fund raising events designed to support organisations which provide benefit to people living with HIV-related illness are being planned to coincide with this event.

Food Chain, a home food delivery service for home-bound individuals in London, **Immune Development Trust**, an alternative health care service for individuals in London and **CrusAid**, a UK-wide support organisation have been selected as recipients for funds raised through this event.

Some of the greatest names in fashion including **Halston, Perry Ellis** and **Willie Smith** have had quilts made in their memory. With **Quilts of Love**, designers have an opportunity to honour their craft by making a unique memorial to someone in their lives who has been taken by HIV-related illness. The general public is also invited to participate by making quilts to be added to the display. Details of UK-wide **Quilting Bees** are available through The NAMES Project.

The individual quilts, each with a name, perhaps a photograph, a poem or a favourite piece of clothing, documents for all time the tragic loss of human life HIV-related illness causes, while at the same time serves to celebrate their contributions, which can never be destroyed. The many thousands of Quilts which will be displayed in the UK, coupled with large numbers of Quilt viewers, is a deeply moving reminder of the importance human life and that impact every individual death has on our lives.

The goal of this event is twofold: to bring this experience to as many people as possible in the London area; and raise funds for services providing community care for individuals living with AIDS related illness.

This event is endorsed by **DIFFA, The Terrence Higgins Trust, The London Lighthouse** and **AIDS Crisis Trust.**

Rifat Özbek, Patron

Rifat Özbek, twice voted "British Designer of the Year", is Patron of **Quilts of Love.** Rifat was told of the 1992 The World Quilt display and came up with the idea of several quilts being made by designers and shown in the UK to raise awareness of the human story behind HIV-related death.

Rifat has asked over 40 of the world's most prestigious fashion designers to make quilts to be donated to **The Names Project** in their home country and displayed in the UK over June 4-5 1994 in Hyde Park, London.

Rifat would also like to extend a peronal invitation to the general public to make quilts in memory of their friends and family who have been lost to HIV-related death as a tribute to their spirit and so that their names will not be forgotten.

Rifat is closely affiliated with **The London Lighthouse** and is deeply concerned about the lack of available services for people living with hiv related illness.

"In major cities like London, care for people with HIV-related illness is a serious issue and the government fails to address it adequately.

We have seen the people of cities such as New York and Los Angeles create publicly sponsored programmes for food delivery and family counseling which are widespread. We desperately need these programmes in London and I hope people will understand that this need in our own community requires all of our support for those who must deal with the realities of HIV-related illness in their own lives.

As a civilised community, we must provide a human and compassionate response to those who are suffering."

For further information please contact:

Rifat Özbek: Barton Friedland, Administrator - Quilts of Love - 071 229 7291
Press Enquiries: Marysia Woroniecka Publicity - 071 351 7411
The NAMES Project (UK): Alastair Hume - 031 555 3446

At present, our focus is to make the general public aware of this upcoming event and to ask them to prepare their own quilts in preparation for this event.

Listing of Participating Designers
for

Quilts of **Love**

An international display of Aids Memorial Quilts
Hyde Park, London, June 4-5 1994

Giorgio Armani
Jeff Banks
Geoffrey Beene
Manolo Blahnik
Judy Blame
Bill Blass
Russell Bennett
BodyMap
Byblos
Dolce & Gabbana
GianFranco Ferre
Alberta Ferretti
Bella Freud
Ghost
Katherine Hamnett
Pam Hogg
Marc Jacobs
Donna Karan
Ninevah Khomo
Michael Kors
Calvin Klein
Christian LaCroix
Helmut Lang
Nadia LaValle
Martin Margiela
Issac Mizrahi
Todd Oldham
Rifat Özbek
George Marciano
Antony Price
Oscar De La Renta
Sonia Rykiel
Martine Sitbon
Paul Smith
Lawrence Steele
Helen Storey
Sean Stüssy
Anna Sui
Philip Treacy
Valentino
Gianni Versace
Vivienne Westwood
XulyBët

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Ms. Nancy Rollins Gantz
8985 Glen Alder Way
Sacramento, California 95826

Dear Nancy:

Thank you for your persistence in writing to me. It is good to hear from you. You have been doing interesting things since we first met!

I'm not sure I can add much to your job search at the present time. There is so much change in the system at present, it seems to me that someone with clinical and systems management experience could be an excellent addition to the team of an institution, a care system, a planning group, or any number of places! Washington State has a lot going on because of state health reform, as one example.

Please keep me posted as you proceed, and if you ever are in Washington, D.C., please stop by.

All the best.

Sincerely,

Kristine

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

Dear Nancy —

Thank you for your persistence in writing to me - it is good to hear from you. You have been doing interesting things since we first met!

I'm not sure I can add much to your job search at the present time. There is so much change in the system at present, it seems to me that someone with clinical & systems management experience could be an excellent addition to the team of an institution, a care system, or planning group, or any number of places! Washington state has a lot going on, because of state health reforms, as one example.

Please keep me posted as you proceed, and if you ever are in Washington DC, please stop by.

All the best.

Sincerely

February 12, 1994

Kristine Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator
Washington, D.C. 20010

Dear Kristine:

First, I want to say ***"CONGRATULATIONS"*** with the new national appointment that you received six months ago. It is not only exciting to see someone from the profession of nursing in a role such as the national AIDS Policy Coordinator..... but, someone who did so much for the states of Oregon and Washington! Nursing can certainly stand-up and be counted when we make the milestones that we have the past several years. Never, have we as a profession been more at a crosswalk with influencing the direction of health care reform and policy.

Aren't we in exciting times!

We "offically" met back in 1978 when you were one of our keynote speakers at the **birthing** of the Geriatric Nurses Association of Oregon(the first one of its kind in the USA). Since then we have exchanged greetings at numerous conferences. You have been a "silent mentor" for many of us....the ideal value and direction that we should be focused to in nursing.....and the contribution that we can make.

The past year has been one of growth, new experiences and challenges. Currently, I am interviewing for several positions at the Vice President/Administrative area in health care. The possibilities are not in the Northwest, specifically the Seattle area, but, rather on the East coast and Midwest. As you know, I have lived in the Pacific Northwest for the last 28 years and do favorite it over other areas. But at this point, am looking at all options, national and international.

Since I value your opinion so much, I thought perhaps you would give me some advice. Knowing how busy you are, I am grateful for anything you can do. I have enclosed my resume and curriculum vitae . I am anxious to find something that I feel would be a complimentary fit for both the institution/company and myself. There are **so many challenges** facing us in health care and I am excited to ba a part of them! Nursing has an excellent opportunity to drive quality and outcomes.... I can not remember when we were faced with such a dynamic challenge.

Do take care and I hope that our paths cross in the near future. There are so many things that I'd love to sit down and talk to you about.....I look forward to hearing from you.

Most sincerely,

Nancy

Nancy Rollins Gantz
8985 Glen Alder Way
Sacramento, CA 95826
(916)366-1100

NANCY ROLLINS GANTZ
8985 GLEN ALDER WAY
SACRAMENTO, CA 95826
(916)366-1100

Objective: Executive Position in Healthcare Administration

Summary: Twenty years progressive leadership and administration experience in large, teaching hospitals. Strong background in:

- o Strategic Planning
- o Communications
- o Program Development
- o Managed Care
- o Facility Expansion
- o Information Systems
- o Care Delivery Systems
- o Budget Management
- o Restructuring/Reengineering
- o Leadership Effectiveness
- o Medical Research
- o Cost Reimbursement
- o Multi-Dimensional Teams
- o Total Quality Management

Experience:

1992-1993 DEACONESS MEDICAL CENTER,Spokane,WA
Assistant Vice President,Patient Care
Executive Director,Regional Heart Center

- o Managed delivery of safe,effective patient care services for nine high volume units requiring supervision of approximately 350 personnel
- o Responsibile for strategic planning,implementation, coordination and evaluation of patient care programs and a network of management and operational systems
- o Developed effective system for maintaining clinical and administrative records and reports
- o Planned and coordinated product line and management
- o Projected,prepared and monitored $42 million capital and operating budget for nine cost centers
- o Developed and implemented policies and procedures for cost-effective service,and monitored compliance

1986-1992 GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER,Portland,OR
Director,Critical Care

- o Planned,organized and coordinated facility's expansion in a large teaching hospital
- o Coordinated the implementation and evaluation of a clinical information system
- o Established and maintained effective staffing patterns,recruitment,retention,staff development and incentive programs
- o Planned,organized and coordinated educational program for professional staff,local and regional

- Developed and implemented Total Quality Management and Continuous Quality Improvement

1984-1986 TUALITY COMMUNITY HOSPITAL,Hillsboro,OR
Director,Critical Care and Telemetry

1980-1984 INDEPENDENT NURSING CONSULTANT,Portland,OR

1978-1980 HOLGATE CENTER COMPLEX,Portland,OR
Director of Nursing Services

1975-1978 RODERICK ENTERPRIZES,Portland,OR
Director of Nursing Services

1973-1975 GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER,Portland,OR
Staff Nurse/Relief Charge Nurse

Education:

KENNEDY WESTERN UNIVERSITY
Doctorate in Health Care Administration,1991
Masters in Business Administration,1988
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER
Nursing Degree,1973
CITY UNIVERSITY
BS in Business Administration,1987

Licensure: Professional nurse license in Oregon and Washington (California license pending)

Outside Professional Activities:

- Numerous local,regional,national and international presentations on patient care practice,computerization,management,heart centers,motivation and empowerment

- Extensive research in cardiology,family needs assessment, and computerization

- Authored various articles,book chapters and publications

Memberships and Affilations

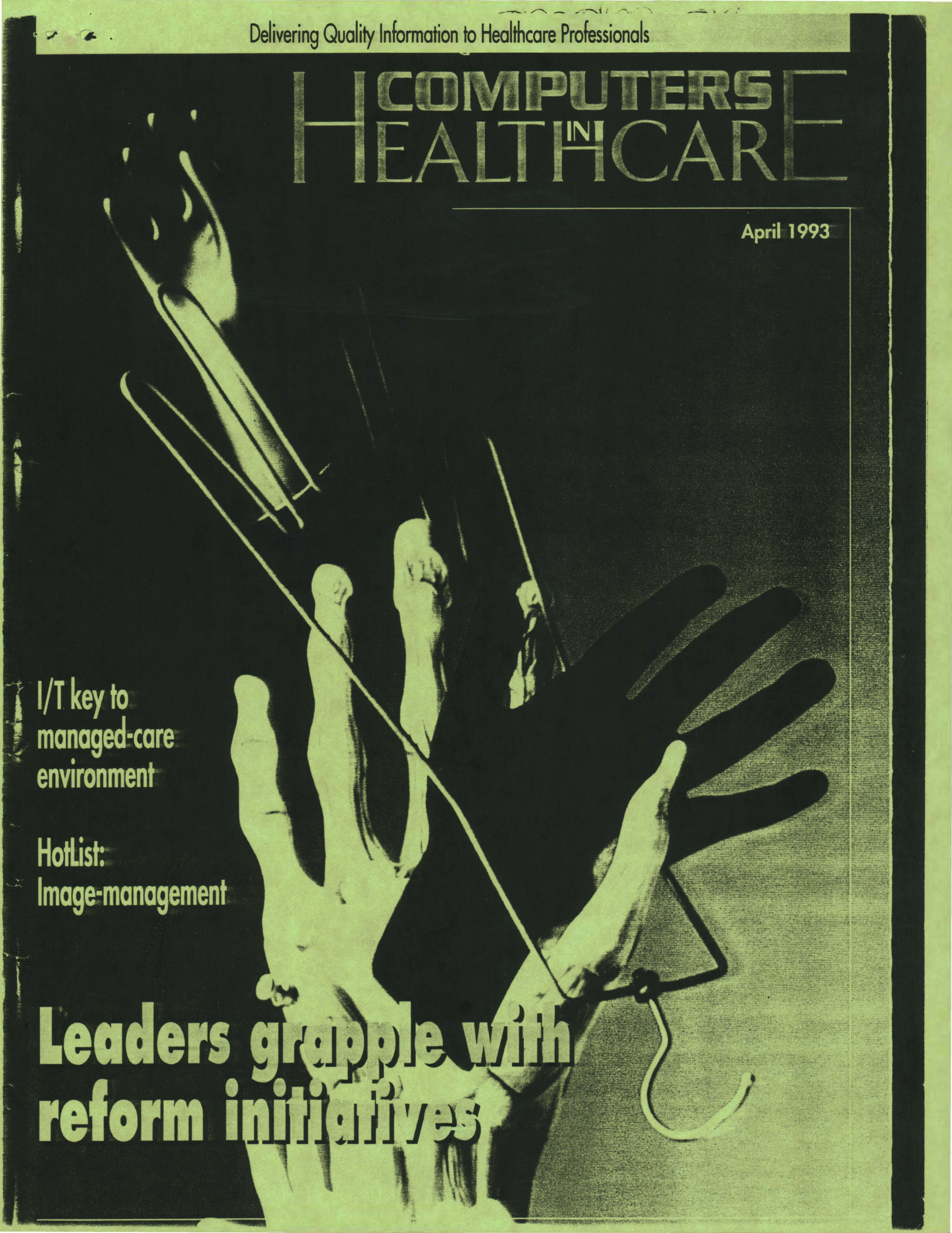
American Association of Critical-Care Nurses,American Heart Association,National League of Nurses,American Nurses Association,American Organization of Nurse Executives,Sigma Theta Tau International,American Medical Informatics Association,"Who's Who in Amnerica","Who's Who in American Nursing","International Leaders in Achievement"

1/94

Delivering Quality Information to Healthcare Professionals

COMPUTERS IN HEALTHCARE

April 1993



I/T key to managed-care environment

HotList: Image-management

Leaders grapple with reform initiatives

CAREERTRAC

PROFILE

Heart executive prepares to change the world

Idealism is a banner Nancy J. Gantz, Ph.D., R.N., M.B.A., C.N.A., carries proudly with her into the healthcare arena. She is newly appointed assistant vice president, Patient Care Services and executive director of the Deaconess Heart Center at Deaconess Medical Center, Spokane, Wash. Gantz formerly managed the Critical Care Center at Good Samaritan Hospital and Medical Center, Portland, Ore.

Gantz

Spokane is a "right-sized" town of about 380,000 people, according to Gantz, where Deaconess Medical Center provides invasive and noninvasive cardiology, telemetry, cardiac research and cardiac care.

Gantz recognized early the need to serve and collaborate with the public and community when she left nursing school in 1973. "I wanted to change the world—change nursing executives, and the best way to do it was administration. That meant more education," she says.

Changing the world for Gantz includes encouraging excellence in a paperless environment. A frequent public speaker, she addresses national and international audiences, advocating the need for computers in hospitals. "I think every department in the hospital should be linked via a hospital information system," Gantz says.

Excellence is the foundation of her idealism, she adds. Gantz refers often to the wisdom of Vince Lombardi, of Green Bay Packers fame, to fuel her objectives. "To achieve all that is possible, we must attempt the impossible. To be as much as we can be, we must dream of being more."

Gantz is also using education to realize change within her community. Town halls in the area now ring with wellness seminars on heart disease, strokes and other preventive medicine topics. "They told me not to expect too many people when we began," she says, "but we regularly have 250 people!

"Five years down the road, when President Clinton is looking for centers of excellence in healthcare, we will be ready," she asserts.

. . . **K. Tina Donahue**, R.N., has been named executive director of Quality Healthcare Resources, Inc., a subsidiary of the Joint Commission on Accreditation of Healthcare Organizations. She formerly served as director and vice president for education of QHR.

Donahue

. . . **Jeff Sanders** has been designated assistant vice president, health systems management, for PCS Health Systems, Inc., Scottsdale, Ariz. He is presently director of the Office of Legislation and Policy for the U.S. Health Care Financing Administration.

Sanders

. . . **Gary Tarr**, former vice president of sales and marketing for Cyborg Systems, Chicago, has been selected as president and chief operating officer of Cyborg's U.S. operations. **Michael Blair**, chief executive officer, will focus on expanding Cyborg's influence in international markets.

Tarr

. . . **James A. Wesley** has accepted a position with First Consulting Group, Long Beach, Calif., as practice director of their Contract Management Services Division. His first assignment is as acting chief information officer for the Straub Clinic and Hospital, Honolulu.

Wesley

Correction

John Bridle (February, 1993, CareerTrac) is vice president and chief information officer at Kapiolani Health Care System, Honolulu, not president and CEO.

CURRICULUM VITAE

NANCY ROLLINS GANTZ
8985 GLEN ALDER WAY
SACRAMENTO, CA 95826
(916)366-1100

HOME

8985 Glen Alder Way
Sacramento, California 95826 U.S.A.
(916) 366-1100

ACADEMIC PREPARATION

Ph.D in Health Care Administration	Kennedy-Western University Agoura Hills, California Dissertation: The Healthcare Leader of the 90's: The Synergistic Specialist (in process of publishing)	1987-1990
M.B.A.	Kennedy-Western University Agoura Hills, California	1986-1987
B.S. (Business Administration)	City University Bellevue, Washington	1985-1987
Diploma	Good Samaritan Hospital and Medical Center Portland, Oregon	1970-1973

CERTIFICATION AND LICENSURE

Certification in Nursing Administration American Nurses Association	1986-Present
Certification in Advanced Cardiac Life Support American Heart Association	1984-1994
Certification in Basic Cardiac Life Support American Heart Association	1970-Present
Oregon State Board of Nursing License #00-032329	1973-Present
Washington State Board of Nursing License #025801-RN00113017	1993-Present
California State Board of Nursing License # (in application process)	

PROFESSIONAL EXPERIENCE

Assistant Vice President Patient Care Services and Cardiology/Cardiac Services Executive Director, Deaconess Regional Heart Center Deaconess Medical Center Empire Health Services Spokane, Washington	August 1993 - August 1992
Director Critical Care Units (responsibility increased to all critical care units at institution in 1988) Intensive Care Unit/Cardiac Surgery Unit Good Samaritan Hospital and Medical Center Portland, Oregon	1986-1992
Director Intensive Care Unit/Coronary Care Unit Tuality Community Hospital Hillsboro, Oregon	1984-1986
Independent Nursing Service Consultant Areas of Expertise: Cardiology/Cardiovascular Services Administration Policies/Procedures Human Resources Conflict Resolution Computerization	1980-1984

PROFESSIONAL EXPERIENCE (Cont.)

Director of Nursing Services — 1978-1980
Holgate Center Complex
Portland, Oregon

Director of Nursing Services — 1975-1978
Roderick Enterprises
Portland, Oregon

Staff Nurse/Relief Charge Nurse — 1973-1975
Intensive Care Unit/Cardiac Surgery Unit/Coronary Care — **1975-1980
Good Samaritan Hospital and Medical Center — **(on-call/weekends)
Portland, Oregon

ACADEMIC FACULTY APPOINTMENTS

Adjunct Facility (process begun) — 1993
Intercollegiate College of Nursing Education
Spokane, Washington

Adjunct Facility — 1991-1993
Linfield-Good Samaritan School of Nursing
Portland, Oregon

CONSULTATION

Kalispell Regional Hospital — 1992
Kalispell, Montana
Administration and Clinical
Consultation on the opening
of an Open Heart Surgery Program

Salem Memorial Hospital — 1989
Salem, Oregon
Administration Consultation in the Development
of an Open Heart Surgery Program

Good Samaritan Hospital and Medical Center — 1988-1992
Portland, Oregon
As Manager of Critical Care Units: Principal player
in the administrative, clinical, and design aspects
of the building of a new Critical Care Center

Saint Mary's Regional Medical Center — 1988-1989
Reno, Nevada
Developed, Organized and Implemented an
Open Heart Surgery Program

CONSULTATION (Cont.)

Gary Davis, J.D. — 1989
Luxan and Murfitt, Attorneys at Law
Helena, Montana
Reviewed Clinical Case; Served as an Expert Witness

Robert Wagner, J.D. — 1987
Schwabe, Williamson, Wyatt, Moore, and Roberts
Kaiser Permanente Hospital
Portland, Oregon
Reviewed Clinical Case; Served as an Expert Witness

SpaceLabs, Inc. — 1986-1987
Administrative and Clinical Consultant
on Critical Care Product Development
Redmond, Washington

Tuality Community Hospital — 1984-1986
Hillsboro, Oregon
As Director of Critical Care Units
and Telemetry: Steered the renovation and
design of new critical care units

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

American College of Cardiovascular Administrators
American Organization of Nurse Executives
American Association of Critical-Care Nurses
American Medical Informatics Association
Greater Portland Chapter/AACN and Spokane Chapter/AACN
The American Medical Informatics Association
Sigma Theta Tau International Society
American Cancer Society

COMMUNITY SERVICE

Member of Washington State University/Spokane Division — 1992-1993
Medical Research Committee
Spokane, Washington

Good Samaritan Hospital and Medical Center — 1973-Present
School of Nursing Alumni Association
Portland, Oregon

American Heart Association/Washington Affiliate — 1992-1993
Volunteer
Spokane, Washington

COMMUNITY SERVICE (Cont.)

American Heart Association/Oregon Affiliate Volunteer Portland, Oregon	1973-1992
American Cancer Society Volunteer Portland, Oregon	1979-1992
Tualitan Valley Junior Academy President/Chairman - Parent Teachers Association (1983) Board Member (1983-1985) Beaverton, Oregon	1981-1985
Oregon Council of Campfire Girls Volunteer Beaverton, Oregon	1986-1988

HONORS AND AWARDS

Featured in COMPUTERS IN HEALTHCARE journal profile under "Executive Edge" for contribution towards computers and nursing administration.	April, 1993
Featured in NURSING MANAGEMENT through a journal profile by the American Association of Critical-Care Nurses as a critical care manager/practitioner in cardiovascular/critical care practice	1989-1990
Speakers Bureau of NURSES OF AMERICA Education for American public to the positive and professional contributions of nursing in health care and society	1989-1993
"Award of Excellence" Nomination by colleagues at Good Samaritan Hospital and Medical Center Portland, Oregon	1991 1990 1989 1988
Sigma Theta Tau International Honor Society Beta Psi Chapter, Portland, Oregon Delta Chi Chapter, Spokane, Washington	 1990-1992 1992-Present
Listed in the Society of Nursing Professions "Who's Who in Nursing"	1988-Present

HONORS AND AWARDS (Cont.)

Listed in: "Who's Who in America" "Who's Who in American Women" "Who's Who in the West" "Who's Who of Women Executives" "Who's Who in Emerging Leaders in America" "Foremost Women of the 20th Century" "International Leaders in Achievement" "International Who's Who of Professional and Business Women"	1981-Present
"Distinguished Leadership Award of Outstanding Contributions in Nursing." The International Directory of Distinguished Leadership, Second Edition	
"Who's Who in Nursing Informatics" For contributions made toward the professional advancement of computers in critical care and the profession of nursing	1992-Present (First Edition to be printed in 1994)
"Nurse of the Year" National Nomination The Journal of Gerontological Nursing	1978
Appointed Member of State of Oregon Task Force on Rules and Regulations Revision for Hospitals and Long-term Health Care Facilities	1978

EDITORIAL ACTIVITIES AND POSITIONS

Editorial Board Focus on Critical Care	1988-1990
Critical Care Software Review Board Marquette Electronics, Inc.	1989-1993
Editorial Advisory Board Intensive Care Nursing An international Journal from Great Britain	1991-Present

INSTITUTIONAL SERVICE/COMMITTEES

Hospital Specific:

* Executive Committee
* Patient Care Standards Steering Committee
* Continuing Quality Improvement Committee
* Nursing Forum
* Department Head Meeting
* Assistant Vice President Counsel
* Supervisors Meetings
* Cardiovascular Division Meeting/Managers and Supervisors
* Lipid Treatment Task Force (Co-chairperson)
* Critical Pathways/Managed Care Task Force (Chairperson)
* Unit/Department Team Meetings (Chairperson)
* ICNE Quarterly Meetings (Intercollegiate Nursing Education)
* Rural Network Meetings

Medical Staff Specific:

* Cardiology Committee
* Critical Care Committee
* Cardiac Anesthesia Committee
* Cardiology Division Committee
* Code 55 Committee
* Laser Committee
* Radiology Committee
* Ethics Committee
* Journal Club
* Cardiac Cath Conferences (Organizer)
* Monthly Meetings with all Medical Directors in Division (6)

Community Specific:

* Spokane Institutional Review Board (IRB)
* The Spokane Heart Institute Research Committee
* The Spokane Heart Institute Education Committee
* YWCA - Young Women's Christian Association
* Spokane Symphony Association

PUBLICATIONS

Gantz, N.R. "Information Technology in Critical Care" Critical Care Nursing. (Millar and Burnard Eds.); Bailliere Tindall Company; 1993 (in press).

Gantz, N.R. "The Role of Heart Centers in Hospitals" The 7th Western Congress in Critical Care Proceedings; Hong Kong; 1993.

PUBLICATIONS (Cont.)

Gantz, N.J. "The Role of Heart Centers in Acute Care Hospitals: Are They Cost Effective?" Eleventh International Congress of the European Federation for Medical Informatics Proceedings; Jerusalem, Israel; 1993.

Gantz, N.J. "The Manager's Role in Computerization Through Clinical Information Systems in ICU: An Essential Commitment." Intensive Care Medicine. European Society of Intensive Care Medicine; Volume 18, Supplement 2, 1992.

Gantz, N.J. "Automation Evaluation and Management: Is Your Hospital Ready for a Clinical Information System?" Healthcare Computing 92 - Current Perspective in Healthcare Computing 1992. Harrogate, England, United Kingdom; 1992.

Gantz, N.J. "Clinical Information Systems: The Key to Decreasing Costs and Enhancing Quality Care in Intensive Care Units." Fifth International Conference on System Science in Health Care. Prague, Czechoslovakia; 1992.

Gantz, N.J. "Critical Care Nursing Informatics: Promoting the Quality of Life During Crisis." Health Informatics for South Africa Proceedings. Capetown, South Africa; 1991.

Gantz, N.J. "The History of Nursing Informatics." Health Informatics for South Africa Proceedings. Capetown, South Africa; 1991.

Gantz, N.J. "Collaboration in Technology: Physician/Nurse Impact in Directing the High-Tech Critical Care Environment." The Sixth Congress of the Western Pacific Association of Critical Care Medicine Proceedings. Bangkok, Thailand; 1991.

Gantz, N.J. "Critical Care Nursing Informatics: Promoting the Quality of Life During Crisis." Medical Informatics Europe 1991 Proceedings. Vienna, Austria; 1991.

Gantz, N.J. "Computers and Cardiovascular Nursing: An Enhancement in Quality Patient Care, Cost Effectiveness, and Bedside Clinical Support." XIIth Congress of the European Society of Cardiology Proceedings. Amsterdam, The Netherlands; 1991.

Gantz, N.J. "The Manager's Perspective in Information Systems at the Bedside: Validating Staff Nurse Input." Nursing Informatics 1991 Proceedings. Melbourne, Australia; 1991.

Gantz, N.J. "Strategic Planning." Management Techniques for Critical Care. (Birdsall, C.ed); C.V. Mosby Co.; 1991.

PUBLICATIONS (Cont.)

Gantz, N.J. "The International Conference: A Step in Professional Growth." Critical Concepts. GPC-AACN Newsletter; August, 1990 and February, 1991.

Gantz, N.J. "Computerized Electronic Patient Information Chart (EPIC) for ICU Nurses and Physicians: A Significant Step Towards Efficiency and Speed." 8th Asian - Australasian Congress of Anesthesiologist Proceedings. Seoul, Korea; 1990.

Gantz, N.J. "The Impact of Information Systems in Critical Care: A Vehicle for Doing More with Less Resources." Medical Information Europe 1990 Proceedings. Glasgow, Scotland; 1990.

Gantz, N.J. "A Current Look at the Nursing Shortage: What is Our Individual Role as a Critical Care Nurse?" Critical Concepts. GPC-AACN Newsletter; August, 1990.

Gantz, N.J. "Highlights to the Chairperson's Role." Critical Concepts. GPC-AACN Newsletter; December, 1989.

Gantz, N.J. "Electronic Charting in Critical Care: Direction Towards a Paperless Environment During the Era of Limited Nurse Manpower." The 5th World Congress on Intensive and Critical Care Medicine Proceedings. Kyoto, Japan; 1989.

Gantz, N.J. "Your Special Touch as a Critical Care Nurse." Critical Concepts. GPC-ACCN Newsletter; December, 1989 through February, 1991.

Gantz, N.J. "Add Some Spice to Your Life!" Critical Concepts. GPC-ACCN Newsletter; December, 1988.

Gantz, N.J. "Nursing Diagnosis and the Plan of Care for the Patient Requiring Intra-aortic Balloon Pump Therapy." Critical Concepts. GPC-AACN Newsletter; June, 1988.

Gantz, N.J. "Past President: Board Position Profile." Critical Concepts. GPC-ACCN Newsletter; February, 1988.

Gantz, N.J. Unpublished Master's Thesis. "Recruitment and Retention of Nurses." 1987.

Gantz, N.J. "Critical Care Nursing: Collaboration in Practice." Critical Concepts. GPC-AACN Newsletter; September, 1987.

Gant, N.J. "Critical Care Nursing: Promoting Goodwill." GPC-AACN Newsletter; August, 1987.

PUBLICATIONS (Cont.)

Gantz, N.J. "Critical Care Nursing: The Importance of Communication." GPC-AACN Newsletter; June, 1987.

Gantz, N.J. "President: Board Position Profile." GPC-AACN Newsletter; February, 1987.

Gantz, N.J. "Chapter of the Year Award Program." GPC-AACN Newsletter; February, 1987.

Gantz, N.J. "Critical Care Nursing: The Essence of the Practice." GPC-ACCN Newsletter; August, 1986.

Gantz, N.J. "The Future of Critical Care Nursing." GPC-AACN Newsletter; August, 1986.

Gantz, N.J. "Critical Care Nursing: A Global Look." GPC-AACN Newsletter; December, 1986.

Gantz, N.J. "To Live, To Care, To Give." Video production on the personal and professional satisfaction of the nursing profession; 1987. Editor and Director.

SELECTED PROFESSIONAL ACTIVITIES

American Organization of Nurse Executives	
Middle Managers Group Member-Charter Chapter Member	1986-1992
Council of Nurse Manager Affiliates Committee on Conflict of Interest	1989-1990
AONE Council of Nurse Manager Affiliates	
Board of Director Member for Region 9	1991-1992
American Organization of Nurse Executives	1992-Present
American Association of Critical-Care Nurses (AACN)	
Member	1973-Present
National Appointments:	
Region 9 - North Chapter Consultant (Alaska, Oregon, Washington)	1986-1987
Region 18 - Chapter Consultant (Alaska, Oregon, Washington, Idaho, Hawaii)	1987-1988
Region 18 - Management Special Interest Consultant (Alaska, Oregon, Washington, Idaho, Hawaii)	1990-1991
Region 18 - Management Special Interest Consultant (Alaska, Oregon, Washington, Idaho, Hawaii)	1991-1992
Region 18 - Management Special Interest Consultant (Alaska, Oregon, Washington, Idaho, Hawaii)	1992-1993 (3rd term appointment)

SELECTED PROFESSIONAL ACTIVITIES (Cont.)

Greater Portland Chapter, American Association of Critical-Care Nurses	
Member	1973-Present
Fall Symposium Committee	1984
Fall Symposium Committee, Chair	1984
President	1985
Fall Symposium Committee	1986-1988
Past President	1987
Strategic Planning Committee, Chair	1987
Chapter of the Year Committee, Chair	1987
Chapter of the Year Committee, Co-Chair	1987
Oregon Society of Critical Care Medicine, Board Liaison	1987
Liaison Committee, Chair	1987
Innovation Committee	1987-1988
Networking Committee	1987-1989
Nominating Committee	1986-1989
Merit/Scholarship Committee	1988
Strategic Planning Committee	1988
Previous Board Member At-Large	1988-1990
Nominating Committee, Chair	1988-1990
Secretary	1991
Fall Symposium Planning Committee	1991
Spokane Chapter, American Association of Critical-Care Nurses	1992-Present
Member	
American Heart Association	
Member	1974-Present
Council of Cardiovascular Nursing	1988-Present
National League of Nurses/Oregon League of Nurses	
Member	1986-1993
Evaluation Committee	1987
American Nurses Association	
Council of Computer Applications in Nursing	1988-Present
Council of Nursing Administration	1988-Present
Geriatric Nurses Association of Oregon (first in U.S.A.)	
Member	1977-1980
Founder/Honorary President	1977
President	1978, 1979
By-Laws Committee	1978
Strategic Planning Committee	1977
Program Committee	1977, 1979-1980
Past President	1980
Member Board of Directors	1977-1980

INTERNATIONAL INVITED PROFESSIONAL PRESENTATIONS

The Role of Heart Centers in Hospitals 1993
Seventh Western Congress in Critical Care
Hong Kong

The Role of Heart Centers in Acute Care Hospitals: Are They Cost Effective? 1993
Eleventh International Congress of the European Federation for Medical Informatics
Jerusalem, Israel

The Winning Strategy: Increased Productivity and Staff Motivation Through Computerization 1993
The Sixth World Congress on Intensive and Critical Care Medicine
Madrid, Spain

The Manager's Role in Computerization Through Clinical Information Systems in ICU: An Essential Commitment 1992
6th European Congress on Intensive Care Medicine
Barcelona, Spain

Automation Evaluation and Management: Is Your Hospital Ready for a Clinical Information System? 1992
Healthcare Computing '92 - Current Perspectives in Healthcare Computing
Harrogate, England, United Kingdom

Clinical Information Systems: The Key to Decreasing Costs and Enhancing Quality Care in Intensive Care Units 1992
Fifth International Conference on Systems Science in Healthcare
Prague, Czechoslovakia

Justification of Clinical Information Systems: How to Market Informatics to Hospital Administration When Resources are Limited and Scarce 1992
MEDINFO 92: Seventh World Congress on Medical Informatics
Palexpo, Geneva, Switzerland
(Plus Chair of a session during conference)

Collaboration in Technology: Physician/Nurse Impact in Directing the High-Tech Critical Care Environment 1991
The Sixth Congress of the Western Pacific Association of Critical Care Medicine
Bangkok, Thailand

INTERNATIONAL INVITED PROFESSIONAL PRESENTATIONS (Cont.)

Pre-Conference Workshop: Program Coordinator for Systems in Use in Critical Care — 1991
Fourth International Conference of Nursing Use of Computers and Information Science
"Nurses Managing Information in Healthcare"
Melbourne, Australia

The Manager's Perspective in Information Systems at the Bedside: Validating Staff Nurse Input — 1991
Fourth International Conference on Nursing Use of Computers and Information Science
"Nurses Managing Information in Healthcare"
Melbourne, Australia

Invited Chairperson for: Critical Care/Recovery Session — 1991
Fourth International Conference on Nursing Use of Computers and Information Science
"Nurses Managing Information in Healthcare"
Melbourne, Australia

Critical Care Nursing Informatics: Promoting the Quality of Life During Crises — 1991
Tenth International Congress European Federation for Medical Informatics
Vienna, Austria

Computers and Cardiovascular Nursing: An Enhancement in Quality Patient Care, Cost Effectiveness, and Bedside Clinical Support — 1991
XIIIth Congress of the European Society of Cardiology
Amsterdam, The Netherlands

Keynote Address: The History of Nursing Informatics — 1991
and
Critical Care Nursing Informatics: Promoting the Quality of Life During Crisis
Health Care Informatics for South Africa
Capetown, South Africa

Computerized Electronic Patient Information Chart (EPIC) for ICU Nurses and Physicians: A Significant Step Towards Efficiency and Speed — 1990
Eighth Asian-Australian Congress of Anesthesiologists
Seoul, Korea

INTERNATIONAL INVITED PROFESSIONAL PRESENTATIONS (Cont.)

Impact of Information Systems in Critical Care: A Vehicle for Doing More With Less Resources — 1990
Ninth International Congress of the European Federation for Medical Informatics
Glasgow, Scotland, United Kingdom

Validating Through Research: Patient Care Information Systems in Critical Care Units — 1990
Fifth European Congress on Intensive Care Medicine
Amsterdam, The Netherlands

Intensive Care Nursing Informatics: A Paperless Environment — 1989
MEDINFO '89, Singapore

Electronic Patient Information Chart: Creating a Paperless Environment During an Era of Limited Nurse Manpower — 1989
Fifth World Congress of Intensive and Critical Care Medicine
Kyoto, Japan

Administrative Support in the Implementation of an Electronic Patient Information Chart in Critical Care Unit — 1988
Third International Conference on Nursing and Computers
Dublin, Ireland

NATIONAL INVITED PROFESSIONAL PRESENTATIONS

Nurses Supporting Nursing — 1993
Keynote Speaker
Greater Portland Chapter - AACN
Portland, Oregon

A Case Study: Cost Effective, Education, Quality Management and Patient Care — 1991
15th Annual Symposium on Computer Applications in Medical Care
Washington, D.C.

Keynote Opening Address: "Facing the Challenge" — 1991
Columbia Wheatland Chapter of AACN
Annual Symposium
Walla Walla, Washington

NATIONAL INVITED PROFESSIONAL PRESENTATIONS (Cont.)

Keynote Address: 1991
"Pulling It All Together...A Team Approach"
AACN Annual Symposium
Walla Walla, Washington

A Case Study: Effective Implementation and Cost-Analysis of an Electronic Patient Information Chart (EPIC) in Critical Care 1990
14th Annual Symposium on Computer Applications in Medical Care
Washington, D.C.

The Challenge for Nursing - Providing Quality Care and Controlling Costs for Positive Outcomes 1990
Oregon League for Nursing
Annual Meetings and Conference
Portland, Oregon

A Care Presentation: Implementation of a Patient Data Management System in Critical Care Practice 1990
25th Annual Meeting and Exposition
Association for the Advancement of Medical Instrumentation
Anaheim, California

Motivation and Chapter Development 1990
Mid-Williamette Valley Chapter - AACN
Salem, Oregon

The Strategy for a Productive Meeting: 1989
A Chairperson's View
Greater Portland Chapter - AACN
Fall Symposium
Portland, Oregon

Preparing a Professional Curriculum Vitae and Resume 1989
Northwest Regional Critical Care Symposium
Portland, oregon

Motivating Chaptermembers 1989
Mount Rainier Chapter - AACN
Tacoma, Washington

Chapter Development and Member Motivation 1989
Southeast Idaho Chapter - AACN
Pocatello, Idaho

NATIONAL INVITED PROFESSIONAL PRESENTATIONS (Cont.)

To Live, To Care, To Give... (Video Presentation) Greater Portland Chapter - AACN Fall Symposium Portland, Oregon	1988
Management Techniques to Enhance Staff Performance Rural Managers' Group/Oregon Ashland, Oregon	1988
Networking for Professionals Greater Portland Chapter - AACN Fall Symposium Portland, Oregon	1988
Refining The Resume and C.V. for Professionals Greater Portland Chapter - AACN Portland, Oregon	1988
Nursing Shortage: Opportunity or Crisis Linfield - Good Samaritan Alumni Day Presentation (Guest Speaker) Portland, Oregon	1988
Recognizing Clinical Excellence Salem Memorial Hospital Salem, Oregon	1988
Motivation and Initiating Individual Involvement Fairbanks North Star Chapter - AACN Fairbanks, Alaska	1987
Critical Care Nursing at Its Finest Linfield School of Nursing/Senior Graduating Class Portland	1987
Networking Essentials Greater Portland Chapter - AACN Fall Symposium Portland, Oregon	1987

NATIONAL INVITED PROFESSIONAL PRESENTATIONS (Cont.)

To Live, To Care, To Give... (Video Presentation) 1987
Illustrates the importance of humanistic,
"high touch" patient care
Greater Portland Chapter - AACN
Fall Symposium
Portland, Oregon

*A list of presentations prior to 1987 available upon request (plus numerous hospital and community presentations).

RESEARCH

Current Ongoing Research Studies:

1. "MULTICENTERED, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED GROUP COMPARISON STUDY TO INVESTIGATE THE EFFICACY AND SAFETY OF APROTININ IN REDUCING BLOOD LOSS AND TRANSFUSION REQUIREMENTS IN PATIENTS UNDERGOING PRIMARY CARDIOPULMONARY BYPASS SURGERY FOR MYOCARDIAL REVASCULARIZATION (CABG)" 1993

2. "MULTICENTERED, RANDOMIZED, DOUBLE-BLIND, PARALLEL DOSE-RANGING STUDY TO INVESTIGATE THE EFFICACY AND SAFETY OF ORAL D-STOALOL IN PATIENTS WITH LIFE-THREATENING VENTRICULAR ARRHYTHMIAS" 1993

3. "A MULTICENTERED RANDOMIZED, CONTROLLED CLINICAL TRIAL OF THE PROPHYLACTIC USE OF THE AUTOMATIC IMPLANTABLE CARDIOVERTER DEFIBRILLATOR IN PATIENTS WHO ARE HAVING CORONARY ARTERY BYPASS GRAFT SURGERY AND HAVE LEFT VENTRICULAR DYSFUNCTION AND POSITIVE SIGNAL-AVERAGE ELECTROCARDIOGRAMS" 1993

4. "THE NATIONAL REGISTRY OF MYOCARDIAL INFARCTION: IMPROVING THE QUALITY AMI PATIENT CARE" (ACTIVASE STUDY) 1993

Co-Investigator
Contributed data with Michael Hinnen, M.D. 1993
UNIVERSITY OF PITTSBURGH "BARI" COORDINATING CENTER GRADUATE
SCHOOL OF PUBLIC HEALTH DEPARTMENT OF EPIDEMIOLOGY
Deaconess Regional Heart Center
Spokane, Washington

RESEARCH (Cont.)

Principal Investigator:

Validating the Needs of Families for Critically Ill Patients in Acute Care Hospitals Good Samaritan Hospital and Medical Center Portland, Oregon	1989-1991
Use of the Intra-Aortic Balloon Pump in Community Hospitals With and Without Surgical Services Available Within One Hour or Less Hillsboro, Oregon	1986
The Relationship of Hours Per Patient Day (HPPD) to Acuity, Services Available and Bed Size in Acute Care Hospitals in the State of Oregon Tuality Community Hospital Hillsboro, Oregon	1986
Use of Heparin in Post-Streptokinase Patients and Its Relation to PTT Levels Tuality Community Hospital Hillsboro, Oregon	1985
Methods of Recruitment and Retention of Registered Nurses in Critical Care (Continuous Data Collection/Unpublished Master's Thesis) Portland, Oregon	1984-1987

AREAS OF EXPERTISE AND PREVIOUS LECTURES/PRESENTATIONS

Management

*Participative Management: A Style for Success
*Empowerment of Staff
*Motivating Staff
*Strategic Planning Process
*Goal Setting
*Collaborative Practice in Clinical/Administrative/Medical Areas
*Evaluating Performance: Critical Based Job Description
*Job Satisfaction: The Manager as Facilitator
*Staffing Patterns, Policies and Standards
*Developing Standards of Care and Practice
*The Art of "People" Management
*Moving the Organization
*Advancement Through Staff/Visionary Leadership
*Making Internship Programs Work to Improve Patient Care, Maintain Cost Effectiveness, and Increase Staff Satisfaction

AREAS OF EXPERTISE AND PREVIOUS LECTURES/PRESENTATIONS (Cont.)

Management (Cont.)
- *Retention and Recruiting of Competent Staff
- *Budgeting Concepts
- *Ethical Issues: The Role of the Staff Nurse
- *Institutional Ethics Committee's and Their Formation/Purpose (Living Wills, Life-sustaining Treatments, Durable Power of Attorney, Policy Development and the Oregon Initiative)
- *The Role of Clinical Nurse Specialist
- *Technical Advancement in Hospitals
- *How to Write Resumes, Curriculum Vitaes, and Biographies
- *Creativity, Innovation, and Risk Taking as a Manager and Leader
- *Time Management
- *Priority Setting: Personal, Professional, and Organizational
- *Organizational Culture
- *Committee Structures
- *Facilitating an Effective Meeting: The Role of the Chairperson and Members
- *Cost Containment and Its Role in Management
- *Staff Discipline: Turning the Negative into Positive
- *Communication Styles
- *Interviewing Skills
- *Using Power Effectively
- *Decision Making Process
- *Team Building
- *Mentoring Skills for the Manager
- *Delegation: A Manager Key for Success
- *Identifying Strengths and Weaknesses of the Team
- *Negotiating Skills for Success, Collaboration and Progress
- *Identifying Your Management Style: Being the Best and Most Effective
- *How to Meet the Future in Healthcare: Turbulence at Its Best!
- *Nurses Supporting Nurses

Leadership
- *"Leading" Not Managing Your Staff: A New Style for Success
- *The Charismatic Leader
- *Walk Your Talk: Leadership Through Consistent Behavior
- *Developing and Applying Leadership Skills
- *Turning Your "Challenging" Employees into STARS (Based on the concept that there is star quality in all individuals)
- *Visionary Leadership to Meet the Future

*Renovation and Restructuring of Critical Care and Patient Care Units

AREAS OF EXPERTISE AND PREVIOUS LECTURES/PRESENTATIONS (Cont.)

*Computerization of Critical Care Units

*Communication: A Winning Style

*Networking with Colleagues: The Key to our Professional Growth

*The Advancement of the Profession of Nursing: Individual Responsibility and Commitment

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Susan P. Pauker, M.D.
Harvard Community Health Plan
185 Dartmouth Street
Boston, Massachusetts 02116-3502

Dear Dr. Pauker:

Thank you for sharing with me information on your educational First AIDS Kit. 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 the First AIDS Kit and am very encouraged by your interest and hard work 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. Twelve years of the epidemic have shown that blanket campaigns may not be as effective as targeted ones.

It is very exciting to hear that you have distributed over 50,000 copies of similar materials and that you decided to produce this targeted prevention education kit. It is through the effort of individuals such as yourself that we will be able to provide the necessary information for young men and women to be able to protect themselves.

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

Harvard Community
Health Plan Foundation

Carlos review/
draft reply
return cat a
draft

March 14, 1994

Ms. Kristin Gebbie
AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave. NW
Washington, D.C. 20500

Dear Ms. Gebbie,

The Harvard Community Health Plan Foundation is extremely proud to launch a new AIDS prevention program to help save the lives of young people. The cornerstone of the program is the FIRST AIDS KIT, a comprehensive package of AIDS education materials for young adults ages 15 - 20.

Having distributed 50, 000 copies of the Talk Listen Care (TLC) Kit, which helped parents talk to their younger children about sex, the Harvard Community Health Plan Foundation decided to respond to the alarming rise in AIDS cases among young people: AIDS is now the number one killer of all men and women ages 25 - 44 in Massachusetts. Many experts believe that at least half of these people were infected during their teenage years.

A pediatrician and parent of teenagers, I created the FIRST AIDS KIT with the help of a health educator and with input from young adults, AIDS experts, peer leaders, teachers and school health experts. Over 8 years of research and focus groups with teens lead to the selection and design of the enclosed materials. The Kit provides young adults with a grounding point to educate themselves on AIDS, AIDS prevention and sexual decision making. The message of the Kit is: "It's great to wait for sex, but if you don't wait, don't die."

Beginning April 1, the Kits will be distributed to high schools, colleges, community centers and outreach programs for young adults throughout the greater Boston area. The Kits will be used by peer leaders, classroom teachers, health educators and other professionals dedicated to AIDS education and keeping young people healthy and well-informed. The Kit has two versions: one with and one without the condom keychain and condom facts brochure.

We are writing to request your support for the FIRST AIDS KIT prior to its introduction to the community and to the media. Your support and endorsement of the Kit will help us make the greatest impact on the lives of young people throughout the greater Boston area and nationally.

Enclosed is an advance copy of the FIRST AIDS KIT for you to review and a brochure about the Harvard Community Health Plan Foundation. I will call you early next week to discuss our Kit and your reaction to it. I look forward to speaking with you soon.

Most sincerely,

Susan Pauker

Susan P. Pauker, M.D.
Executive Director

Our Foundation funded Jeanne Blake's "Sex Educ. in America: AIDS + Adolescence" This is our next step against AIDS

185 Dartmouth Street • Boston MA 02116-3502 • Telephone: 617-859-5030 • Fax: 617-536-9756

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Mr. Rollin Shove USSAH 589
3700 North Capitol Street, N.W.
Washington, D.C. 20317-9998

Dear Mr. Shove:

Thank you for taking the time to write. I appreciate receiving a variety of views as I work on our national policy.

Sincerely,

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

RECEIVED
APR - 6 1994

DEAR KRISTINE:
I HAVE THE UTMOST RESPECT FOR WOMEN.
I'M IRRELIGIOUS,AGE 79,RETIRED,MARRIED,SEPARATED,6 CHILDREN (ELDEST ONE DECEASED) 15 GRANDCHILDREN,19 G. GRANDCHILDREN,2 G.G.GRANDCHILDREN.
RESUMABLY YOU ARE WELL EDUCATED.
WHO,OTHER THAN WOMEN,CAN CONCEIVE, CARRY,BEAR,NURSE & CARE FOR HUMAN INFANTS?
IS APPROVAL OF HOMOSEXUALITY INTENDED TO REDUCE THE SO-CALLED "POPULATION EXPLOSION"?
WILL INCREASING PRACTITIONERS OF HOMO SEXUALITY FINALLY END HUMANITY?
RESPONSE NOT NECESSARY.RESPECTFULLY,

Rollin Shove

ROLLIN SHOVE USSAH 589
3700 N. Capitol St NW
Washington, DC 20317-9998

WASHINGTON, DC 200
1 PM
2 APR
1994

10th Floor

KRISTINE GEBBIE
750 17th ST N.W.
WASHINGTON DC 20500

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Mr. Peter Douvres
RD 6, Box 234
Hammonton, New Jersey 08037-9806

Dear Mr. Douvres:

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

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

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

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

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

Sincerely,

Kristine Gebbie

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

Standard Condom Co

Dear Miss Gebbe,

I have been observing and reading about "your" aids ads on television. You may think you are being cute and hooker in the promotion and use of condoms to stop aids, but be advise you are going to be responsible for the death of thousands of Americans.

The information presented in the ads is downright erroneous. Condoms do not stop the spread of aids. The information on condom effectiveness is one that shows various failure rates and especially when used by teens.

Either you are downright sinister or stupid for promoting these ads. God help you when you realize the misery you are promoting. Condoms will reduce the risk of spreading aids. Why don't you be honest with the public and present the message I hear when I call the 800 number. Why don't you promote abstenance. You know that is certainly 100% effective in stopping aids

Sincerely,

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Mr. Zak Klobucher
1123 North Cory Avenue
Los Angeles, California 90069

Dear Mr. Klobucher:

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

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

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

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

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

Sincerely,

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

April 4, 1994

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

Dear Ms. Gebbie:

One of the reasons I voted for President Clinton is because of his firm commitment to fight against AIDS. I am extremely disappointed with the President's failure to increase funding in AIDS prevention and housing, and I have let my congressional representatives know.

Along with the administration's stated commitment to reforming the healthcare system, I believe this should be the President's top priority. As you know, the President's budget includes absolutely no increase in funding for HIV Prevention at the Centers for Disease Control. To flat fund the CDC's HIV Prevention efforts at this time is unthinkable and will be extremely costly in the long run. Ninety-five million dollars in new money is needed this year for HIV Prevention.

In addition, the President's budget includes absolutely no increase in funding for the AIDS Housing Opportunities Act (AHOA). One hundred and fifty six million dollars in new money is needed this year to just keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive.

I trust you will give your immediate attention to this urgent matter.

Sincerely,

Zak Klobucher
1123 N. Cory Ave.
Los Angeles, CA 90069

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Mr. Albert Gonzalez
Post Office Box 641
Big Sur, California 93920

Dear Mr. Gonzalez:

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

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

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

Sincerely,

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

P.O. Box 641
Big Sur, CA 93920
4 April 1994

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

Dear Ms. Gebbie:

I am a concerned citizen who has seen too many of his friends die from the scourge of HIV/AIDS.

The President's budget includes absolutely no increase in funding for HIV Prevention at the Centers for Disease Control or for the AIDS Housing Opportunities Act (AHOA).

Failure to significantly increase the funding for these vital programs will prove costly to all taxpayers in the long run. Please insure that these programs receive sufficient funds during the next fiscal year.

Sincerely,

Albert R. Gonzalez

Albert Gonzalez

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Ms. Leslie Dinaberg
1123 North Cory Avenue
Los Angeles, California 90069

Dear Ms. Dinaberg:

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

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

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

Sincerely,

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

April 4, 1994

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

Dear Ms. Gebbie:

One of the reasons I voted for President Clinton is because of his firm commitment to fight against AIDS. I am extremely disappointed with the President's failure to increase funding in AIDS prevention and housing, and I have let my congressional representatives know.

Along with the administration's stated commitment to reforming the healthcare system, I believe this should be the President's top priority. As you know, the President's budget includes absolutely no increase in funding for HIV Prevention at the Centers for Disease Control. To flat fund the CDC's HIV Prevention efforts at this time is unthinkable and will be extremely costly in the long run. Ninety-five million dollars in new money is needed this year for HIV Prevention.

In addition, the President's budget includes absolutely no increase in funding for the AIDS Housing Opportunities Act (AHOA). One hundred and fifty six million dollars in new money is needed this year to just keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive.

I trust you will give your immediate attention to this urgent matter.

Sincerely,

Leslie Dinaberg
1123 N. Cory Ave.
Los Angeles, CA 90069

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Mr. Robert H. Richardson
1329 Tenth Street, N.W.
Washington, D.C. 20001

Dear Mr. Richardson:

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

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

Sincerely,

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

Robert H. Richardson
1329 Tenth Street, N.W.
Washington, D.C. 20001

APR - 8 1994

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

Dear Ms. Gebbie:

We met last year when you visited AIDS Project Los Angeles. I recently moved back to Washington and feel obliged to write today expressing great dissatisfaction with the President's proposed budget for CDC prevention programs and AIDS housing programs.

I am reminded by NEAC's Ted Kaepf and my Aunt Peggy, the IRS Commissioner, that every note expressing concern or frustration gets some attention. Please express to the President that flat funding of those programs will prove neither wise nor necessary, not to mention extra-ordinarily cost-ineffective over the long term. We all seek to ensure that those Americans who today remain un-infected are allowed the tools to continue to be un-infected.

With much appreciation for your work, I am

Yours sincerely

Robert

6 April 1994

THE WHITE HOUSE

WASHINGTON

April 14, 1994

Anne Deards, RN, BSN, CCRN
308 Canterbury Drive
Springield , OH 45503

Dear Ms. Deards:

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 14, 1994

Jeanne Kuxhausen
25 Swift
Fort Leonard Wood, MO 65473

Dear Ms. Kuxhausen:

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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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

CONGRESSIONAL
Staff Directories
FEDERAL • JUDICIAL

Dial (703) 739-0900 Post Office Box 62, Mount Vernon, VA 22121 FAX (703) 739-0234

ant 9/18 corrects

April 15, 1994

Ms. Kristine M. Gebbie
Director
National AIDS Program Ofc., PHS
Dept. of Health & Human Svcs.
200 Independence Ave.,SW, Rm.738G
Washington, DC 20201

Dear Ms. Gebbie:

You have again been selected by our Board of Editors for biographical coverage in the 19th edition of the Federal Staff Directory to be published in September 1994.

Please review the attached copy from the 1994/1 edition. We will appreciate your returning this reprint with your corrections, additions or deletions within ten working days. If you have any questions, or if you have a problem meeting this deadline, please call Darlene Kestner at (703) 739-0900, extension 214.

May I remind you that your selection as a biographee and the publication of your biography has no connection with your buying anything. No one has ever paid his or her way into any Staff Directory publication.

Thank you,

Wayne Walker

Wayne Walker
Editorial Director

Tanya to cover
KG 9-10

AMERICAN ASSOCIATION FOR WORLD HEALTH
1129 20th St., NW, Suite 400 • Washington, DC 20036 • Telephone 202-466-5883

AAWH

RECEIVED
APR 18 1994

April 15, 1994

Kristine Gebbie
National AIDS Policy Coordinator
750 17th Street, NW, Suite 1060
Washington, DC 20503

Dear Kristine:

I am writing to thank you for agreeing to attend the first **World AIDS Day 1994 Advisory Committee meeting and luncheon on Wednesday, April 27, 1994 from 9:00 am - 1:00 pm.** The meeting will be held at our office at 1129 20th Street, N.W., Suite 400, Washington, D.C.

Your participation on the committee is vital to our World AIDS Day 1994 programming. As you are aware, World AIDS Day 1993 was the most successful in its history. We anticipate an even bigger World AIDS Day program this year with greater local and national support. The 1994 theme for World AIDS Day is "AIDS and the Family". 1994 has been designated as the International Year of the Family. As AIDS represents an increasingly heavy burden for millions of families around the world, WHO has designated this theme to link World AIDS Day with the many other activities which will be undertaken worldwide for the Year of the Family.

I look forward to seeing you on April 27 and to working with you to promote World AIDS Day 1994.

Thanks again for your continued support.

With warmest personal regards,

Richard L. Wittenberg
President & Chief Executive Officer

RLW:jm

THE WHITE HOUSE

WASHINGTON

April 18, 1994

Ms. Kathryn Higgins
Chief of Staff to the
Secretary of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Ms. Higgins:

Thank you for sharing with me the information on HIV/AIDS-related activities at the Job Corps. I have reviewed the materials you sent to me and I find them to be well thought out, providing a core of very good information presented in an accurate and non-judgmental fashion. Although I do not know enough about the corps members and how effective these materials have been with members throughout the country, I am encouraged by the honest and direct language used. I also saw that the materials are gender neutral, which is important in communicating this critical message.

There are two issues I would like to raise about the education program, especially the Counseling Guide. First, the section on ethnic and cultural issues, or what we call cultural diversity, is rather small. It is my understanding that, in urban areas, Job Corps membership is disproportionately made up of members of racial and ethnic minorities. If that is the case, the counsellors may have to rely on community resources to address the concerns of the corps members.

Second, the Counseling Guide talks of homosexual encounters only as casual experimentation on the part of young people. Although this may be true in many cases, I believe our educational programs must also acknowledge that some young men and women may already identify themselves as gay, lesbian or bisexual. Because sexual identity is one of the issues that causes a great deal of anxiety, the counsellors must be ready to deal with these concerns in a non-judgmental fashion. This will help address the issue of self-esteem for all the corpsmembers.

As HIV/AIDS Prevention among young Americans is an area of great

concern for me, I hope that I will be able to continue working with Secretary Reich and you on ways of delivering this important prevention message. I have shared the materials with Carlos Velez, J.D., HIV/AIDS Prevention Lead in my office. Please feel free to contact him at (202) 690-6248 if you or your staff would like additional information on the issues I discussed above or any other HIV/AIDS prevention-related issue.

I would like to thank you again for sharing these materials with me.

Sincerely,

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

cc: Carlos Velez, J.D.

U.S. Department of Labor

Chief of Staff to the
Secretary of Labor
Washington, D.C. 20210

MAR 21 1994

RECEIVED

MAR 23 1994

Andrew
Carlos
Fyi
Draft reply

Ms. Kristine H. Gebbie
National AIDS Policy Coordinator
Suite 1060
750 17th Street, N.W.
Washington, D.C. 20503

Dear Ms. Gebbie:

During your recent visit with the Secretary you mentioned an interest in what Job Corps is doing to educate enrollees about AIDS.

I followed up with Job Corps staff and found considerably more AIDS related activities than I had been aware of. I am enclosing descriptions of some of these for your information. Job Corps does deal with preventive education that graduates take away with them when they leave Job Corps.

If you need further information on Job Corps and AIDS related issues please feel free to contact Pete Rell, Director, 202-219-8550.

Sincerely,

Kathryn Higgins

Kathryn Higgins

Enclosures

Train for Your FUTURE

U.S. Department of Labor

CHANGES IN JOB CORPS AIDS EDUCATION MATERIALS

In your participant packet you will find AIDS education materials printed by Job Corps. Some changes are required in these materials because of Job Corps' revised AIDS policy. Please make note of the following changes (shown in italics):

- **Corpsmember Pamphlets**
  - **Getting Your AIDS Test Results**--See first panel inside pamphlet where the question is asked, "Can I stay in Job Corps if my test is positive?" The answer given is "Yes...you will be referred to a nonresidential center..." *The new policy allows seropositive corpsmembers to remain on residential centers provided they meet Job Corps' major assessment criteria.*
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  - **AIDS And Pregnancy**--No changes.
  - **Drugs & AIDS**--No changes.
- **Employee Guidebooks**
  - **Job Corps, AIDS, and the Workplace**--On page 4 the question is asked, "What should I do if I believe I have been exposed to the AIDS virus on the job?" *The revised policy may change these instructions. Please consult the new Bulletin when it is published.*
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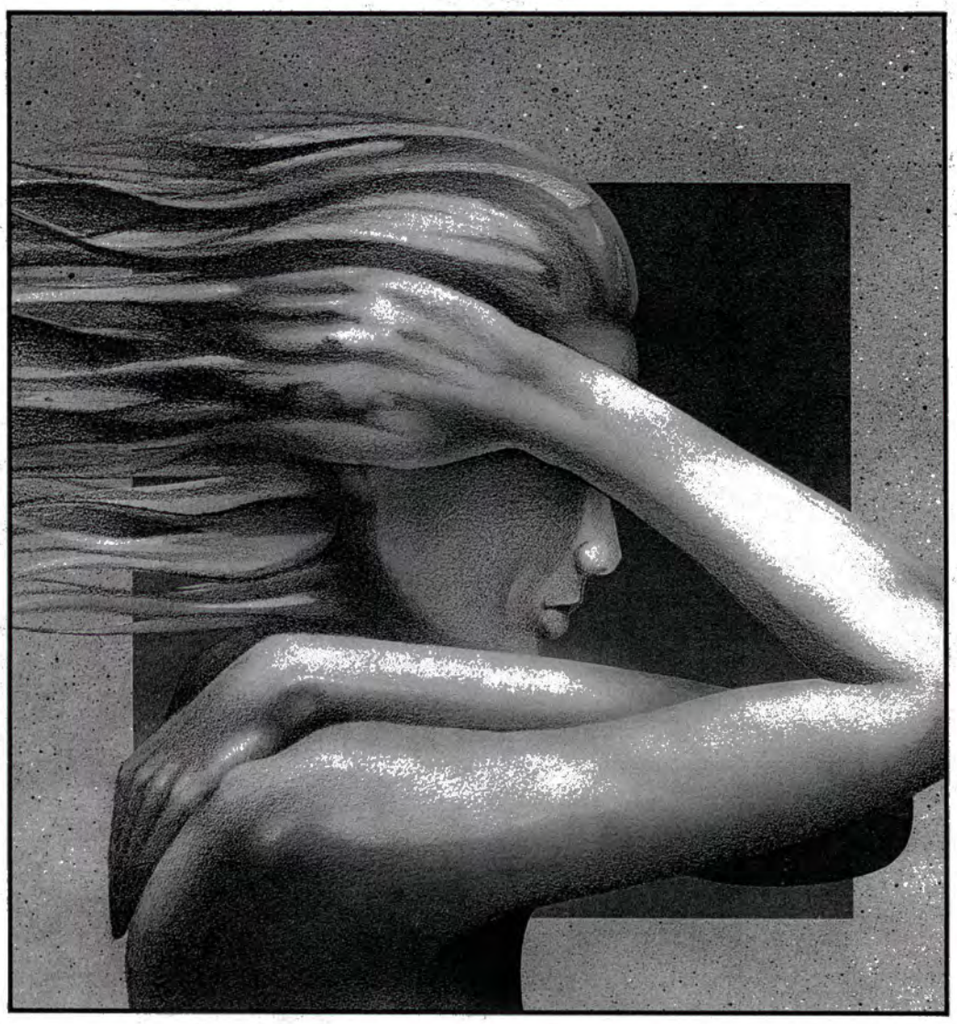
Job Corps, AIDS, and Mental Health



▪ Counseling Guide ▪

AIDS WORKPLACE INFECTION CONTROL GUIDE

NO-RISK TASKS: NO SPECIAL PRECAUTIONS NEEDED

- *Routine housekeeping:* vacuuming, sweeping, mopping, dusting, emptying dry trash (waste baskets)
- *Routine maintenance:* repair/maintenance of living quarters, kitchen, shops, classrooms, studios, etc.
- *Routine dietary:* preparation of food, cleaning the kitchen
- *Routine interaction with staff and corpsmembers:* including handling of books, papers, tools, and equipment

PROPER USE OF DISPOSABLE GLOVES

Many infection control measures require the use of disposable gloves. It is important that you remove and dispose of the gloves properly after each use. Follow these steps after finishing a task requiring gloves:

- Remove gloves immediately. Start by hooking the top of one glove and pull it inside out. Hold onto it with your still-gloved hand and push your ungloved finger inside the glove you still have on and roll it inside out.
- Discard the two gloves as if they were contaminated waste.
- Wash hands with soap and water.

TASKS REQUIRING INFECTION CONTROL MEASURES

FIRST AID:

- Wear gloves.
- Be careful about cleaning up after first aid, and disposing of contaminated articles.

CPR:

- Use ventilation masks when available.

CLEANING UP BODY FLUID SPILLS:

- Wear disposable gloves.
- Clean the area of all visible body-fluids or waste.
- Use freshly prepared bleach solution to wet the contaminated area thoroughly.

DISPOSING OF ITEMS CONTAMINATED WITH BODY FLUIDS:

- Wear disposable gloves.
- Place contaminated articles in heavy-duty plastic bags and then saturate with freshly prepared bleach solution.
- Seal the bag and place it in a second plastic bag.
- Seal and discard the bag in regular trash.

PREPARING FOOD:

- Cover broken skin on hands with bandages, and wear disposable gloves.
- Clean sharp instruments that come into contact with blood, using hot water and soap.

REPAIRING PLUMBING:

- Wear disposable gloves, protective coveralls, and goggles to protect eyes and skin from possible splashes.

BARBER / COSMETOLOGY SERVICES:

- Wash hands between customers.
- Wear disposable gloves if you have broken skin on your hands.
- Maintain at least two sets of tools to ensure that tools can be disinfected correctly after each use.
- Discard paper emery boards after each client.
- Use disposable razors whenever possible.
- Place Sanex strips or towels around the customer's neck prior to caping.
- Immediately disinfect any instrument that comes into contact with blood.
- Clean up blood with paper tissues, or use cotton pledgets to collect blood.
- Dispose of contaminated materials immediately in double plastic bag.
- Wash hands immediately with soap and water.

WASHING DISHES:

- Use hot, soapy water.

CLEANING THE BATHROOM:

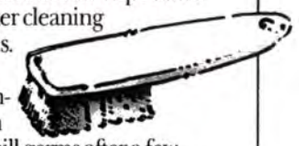
- Wear disposable gloves when cleaning toilets or when cleaning body fluid spills in the bathroom.
- Use chlorine-containing scouring powder or freshly prepared bleach solution when cleaning basins, tubs, toilets.

WASHING CLOTHES / LINENS SOILED WITH BODY FLUIDS:

- Wear disposable gloves to handle soiled items.
- Transport soiled items in a leakproof bag.
- Wash items in hot water, using bleach.

DISINFECTING GUIDE FOR JOB CORPS STAFF

- To clean places that can't be scoured with scouring powder, use soap and water. If an area has had body fluids on it, disinfect it after cleaning.
- If an area can be scoured, use chlorine-containing scouring powder. (This kills germs well enough for kitchen counters and sinks, and bathroom basins and tubs.)
- To disinfect the toilet and other surfaces which have had body fluid spills, first clean the area and then use liquid disinfectant. MAKE SURE THE AREA TO BE DISINFECTED LOOKS CLEAN BEFORE YOU DISINFECT. To make a VERY STRONG liquid disinfectant, mix ½ cup of household bleach with a quart (4 cups) of water. Pour this mixture in toilets after cleaning with scouring powder and brush. Wipe down surfaces with it after cleaning up body fluid spills. Pour out any left-over mix when finished. The bleach loses its ability to kill germs after a few hours, and must be freshly prepared each time you need it.



- DO NOT USE THIS LIQUID DISINFECTANT ON SILVERWARE BECAUSE IT DISCOLORS MANY METALS. Dishes and silverware can be washed normally in hot, soapy water. They do not need more sterilization.
- Wash clothes and linens soiled with body fluids in hot water with soap and bleach, following the directions on the bleach bottle. The amount you need depends on the size of the washing machine you are using.
- Wash rugs that have been wet with body fluids in the washing machine, in hot water with soap and bleach. If this is impossible due to the size or nature of the rug, throw it out or professionally steam clean it. The same is true for carpet that has been wet with body fluids.

CHANGES IN JOB CORPS AIDS EDUCATION MATERIALS

In your participant packet you will find AIDS education materials printed by Job Corps. Some changes are required in these materials because of Job Corps' revised AIDS policy. Please make note of the following changes (shown in italics):

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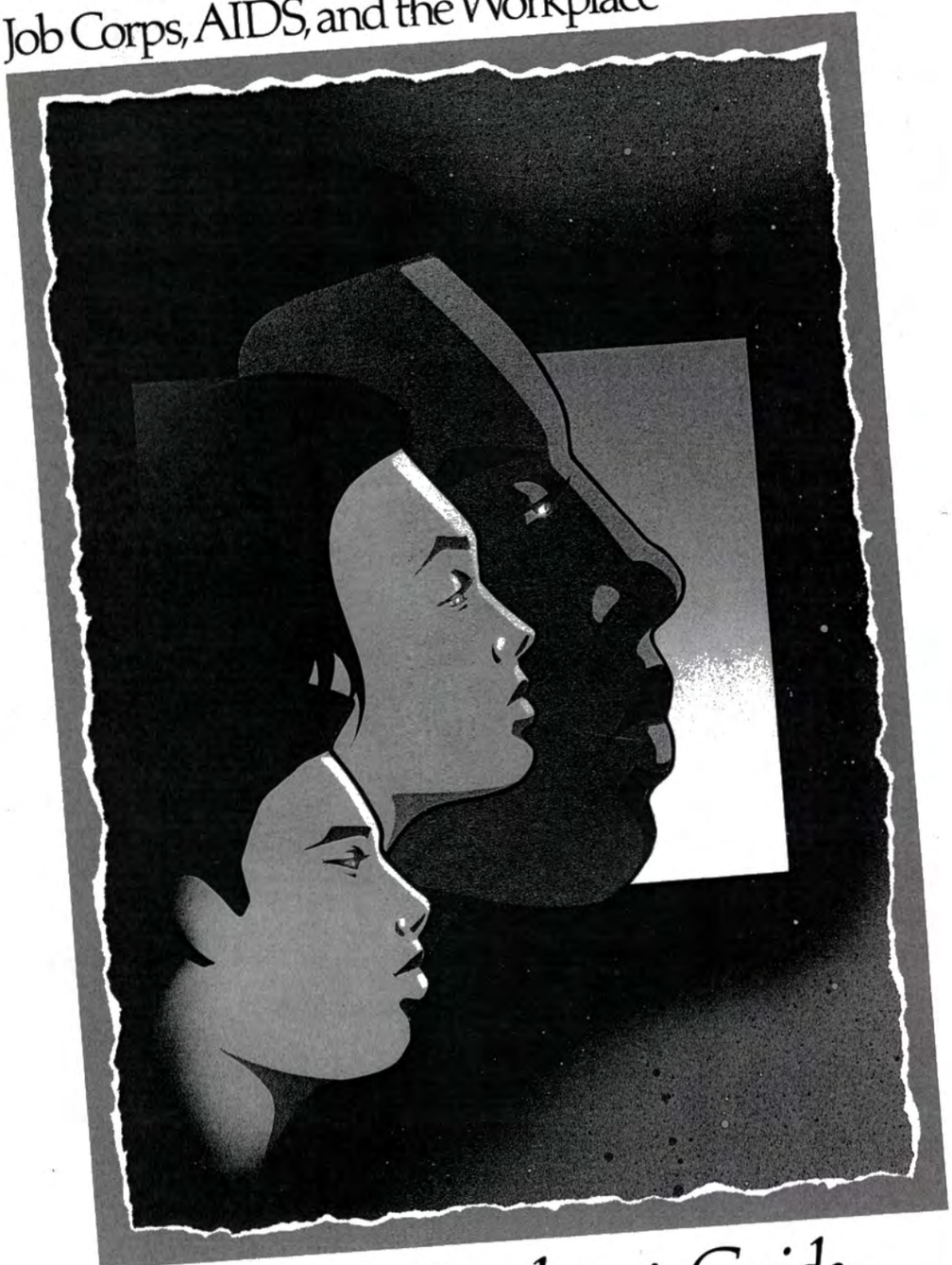
Job Corps, AIDS, and the Workplace

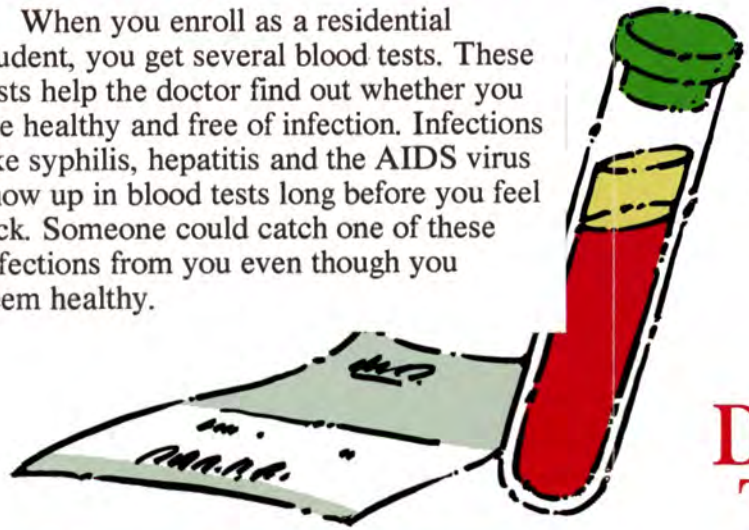


Employee's Guide

When you join Job Corps, you get a physical, to make sure you're healthy. Your health is important to Job Corps. It's even more important to you.

WHY IS MY BLOOD BEING TESTED?

When you enroll as a residential student, you get several blood tests. These tests help the doctor find out whether you are healthy and free of infection. Infections like syphilis, hepatitis and the AIDS virus show up in blood tests long before you feel sick. Someone could catch one of these infections from you even though you seem healthy.



WHAT IS THE AIDS VIRUS?

HIV is the medical name for the virus that causes AIDS. The AIDS virus spreads from person to person during sex. The AIDS virus is also spread when people share needles to shoot drugs. Although people with the AIDS virus usually seem healthy, you could still catch the AIDS virus if you have sex or shoot drugs with them.

BUT WHY AM I BEING TESTED FOR THE AIDS VIRUS?

This is important. Only a blood test can tell who has the AIDS virus and who doesn't, so you need to be tested. And, you need to be careful when you have sex. And the AIDS virus is one more reason to keep off drugs.

HOW DO I FIND OUT THE RESULTS OF MY AIDS VIRUS TEST?

When your results come back from the lab, you will be told at the health services unit of your Job Corps center. This will also be a good time to ask any questions you have about the test.

WHAT ARE THE CHANCES I HAVE THE AIDS VIRUS?

This seems pretty easy to figure out. We used to think that only gay men and people who shoot drugs got AIDS. You only had to ask yourself two questions:

1. Did I ever shoot up and share needles?
2. For men, did I ever have sex with other men?

If you could answer "No" to both of these, you were home free, right? Wrong. You need to answer a couple more questions:

3. Did I ever have sex with someone who was into drugs?
4. Did I ever have sex with someone who might have gotten the AIDS virus from someone else?

These last two questions are hard to answer. There's no way to know. But it can *still* be easy to avoid getting AIDS. There are only two questions that are really important:

Do I* always *use condoms when I have sex?
Can I keep off drugs?

Answer "yes" to those two and you may not have anything to worry about.

That's all there is to it: No sex (or no sex without condoms), and no shooting drugs. Got it?

Job Corps

AIDS BLOOD TESTING AND YOU

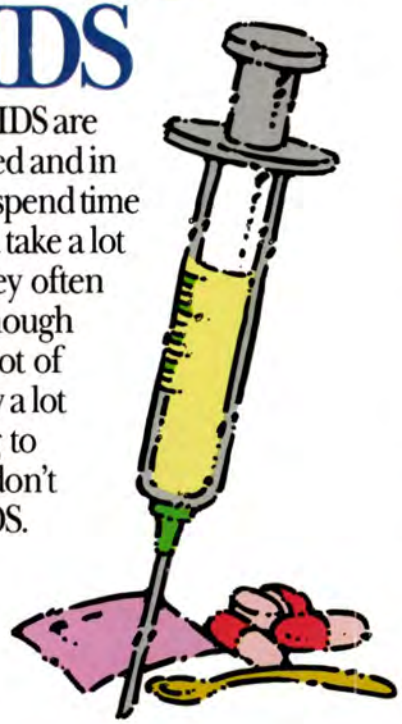
A GUIDE FOR CORPSMEMBERS

ABOUT DRUGS...

There are lots of reasons to keep off drugs. AIDS is a big one. Drug use makes you sick, and messes up people who care about you. Drugs will kill you if you keep shooting up.

HAVING AIDS

People with AIDS are often sick and scared and in pain. They have to spend time in the hospital, and take a lot of medication. They often can't work, even though being sick costs a lot of money. They worry a lot about what's going to happen next. You don't want a life with AIDS. No question.



GETTING AIDS

Shooting drugs with somebody else is the fastest way to get AIDS. The needle you share will have someone else's blood still in it. If they have the AIDS virus (and a lot of drug users do), you will shoot the AIDS virus right into your bloodstream. That's a very good way to get AIDS. Even if you don't shoot drugs and never did, people around you may be doing it. If you have sex with someone who shoots drugs and has the AIDS virus, you can get AIDS from them . . . without ever touching a needle.

DRUGS YOU DON'T SHOOT

Drugs you swallow, smoke or snort can cause problems too. Although they don't spread AIDS the way needles do, they can make you forget everything you know about AIDS. After all, why do people use drugs? To forget about the real world. So they can relax and loosen up. But with AIDS around, you don't want to loosen up. If you want to keep clear of AIDS, you need to take care of yourself.

HOW TO KEEP FROM GETTING AIDS

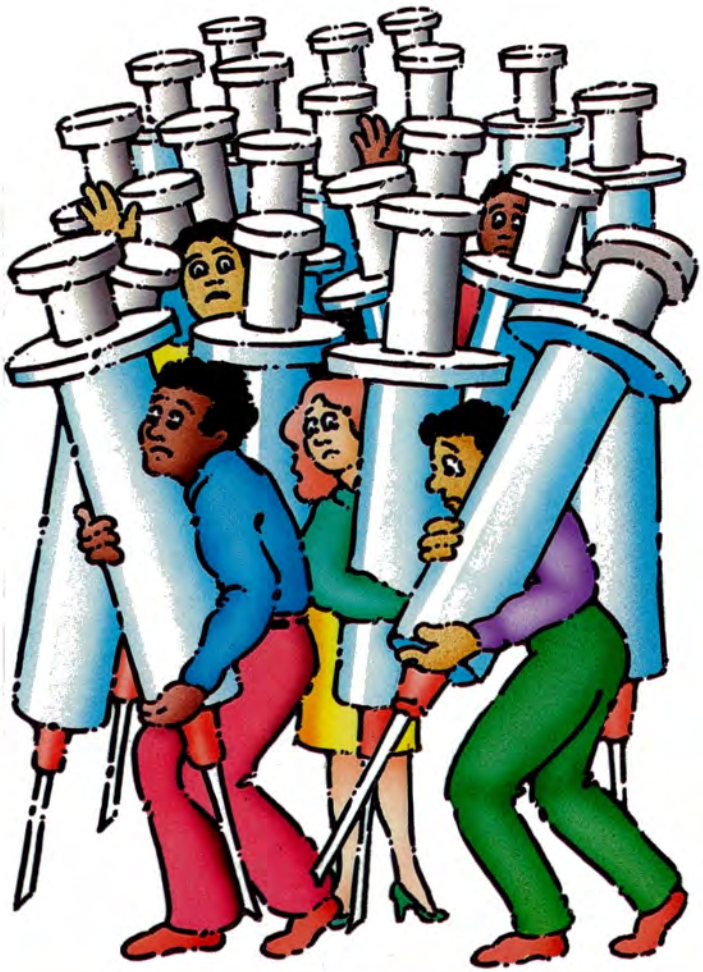
1. Keep off drugs. If you're already shooting up, get help.
   Your life depends on it.
2. Protect yourself during sex.

BEST PROTECTION:
Don't have sex. Wait until you're ready for a special, permanent relationship. Then, talk to your lover, and your doctor, about AIDS and AIDS testing before having sex.

GOOD PROTECTION:
Always use condoms for sex. Every time.

There are lots of people like you, who want to have a good life, without being sick or worried all the time. Find some of them, and stick together. Do what it takes to avoid AIDS. Your future depends on it.

DRUGS & AIDS



A GUIDE FOR CORPSMEMBERS

Having a baby is a big responsibility. A baby needs a lot of love to grow up OK. But what a baby needs *most* is to start out healthy.

Today, a growing number of babies are born with a terrible disease. That disease is AIDS. Anyone who cares about babies needs to know about AIDS.

BABIES WITH AIDS

AIDS makes a baby's life miserable and short. From the start, most babies with AIDS are sick and in pain. They need a lot of special medical care. Instead of being at home with love and comfort, they end up in the hospital with needles and tests. A life with AIDS is *definitely not* what you want for your baby.

HOW BABIES GET AIDS

AIDS is caused by a virus called HIV. Mothers or fathers get infected with the AIDS virus if they have sex or if they share needles with people who already have it. Babies get infected, before they're even born, if their mother has the AIDS virus. The baby never even has a chance to start out OK.

If you're having sex, you'd better be ready to think about having a baby. You also need to know about HIV.

FOR MEN:

- You can get the AIDS virus from having sex or shooting drugs.
- You can give the AIDS virus to the mother of your baby *before* or *after* she gets pregnant.
- Then, the baby has a *fifty-fifty* chance of being born with AIDS. Fifty-fifty.

FOR WOMEN:

- You can get the AIDS virus from having sex or shooting drugs.
- You can catch the AIDS virus *before* or *after* you get pregnant.
- Once you have the AIDS virus, there is *one chance in two* that your baby will have AIDS.

Your baby needs love, care, and good health. To find out how to protect yourself and your baby from AIDS, read on . . .

HOW TO HAVE A HEALTHY BABY

BEFORE you start a baby, you must find out whether either mom or dad could have the AIDS virus. Ask yourselves:

1. Did I ever shoot up and share needles?
2. Have I *ever* had sex without using a condom?

These questions are pretty easy to answer yes or no. Depending on your answers, you can figure out your chances. If you've never used drugs, and you've never had sex before, you don't have anything to worry about. For most people, it's not so simple. Don't try to guess. If you plan to start a baby (or even if you don't plan to have a baby, but you plan to have sex) you should get the AIDS blood test BEFORE you have sex.

If *either* you or your partner tests positive for the AIDS virus, DON'T START A BABY!!! If you both test negative, keep it that way.

HOW TO KEEP AIDS OUT OF YOUR FUTURE

The problem with HIV and AIDS is this: You can't tell when another person has the AIDS virus. Someone might have HIV and not even know it.

If you want to avoid AIDS, you have to take care of yourself. Here's the advice experts give:

BEST PROTECTION:

- Don't have sex. Wait until you're ready for a special, permanent relationship. Then, talk to your special person (and to your doctor) about AIDS and AIDS testing before you have sex.
- Stay off drugs. Sharing needles to shoot drugs is the fastest way to get AIDS.

GOOD PROTECTION:

- Always use condoms when you have sex. Every time.
- If you want to have a baby, talk to your doctor. Get the AIDS test. Make sure that you and your partner are both healthy.
- If you shoot drugs, use new needles (or sterilize them) until you get help to get off drugs. And get the help you need to kick the habit: *your life depends on it.*

Take care of yourself. Follow this advice. Give yourself and your baby a chance. Live life without AIDS.

Job Corps

AIDS AND PREGNANCY

A GUIDE FOR CORPSMEMBERS

MY TEST IS POSITIVE. WHAT DOES THAT MEAN?

A positive result means you have the AIDS virus, HIV. It does not mean that you are sick.

You will be referred to a doctor, who will talk to you about your health. You must be very careful not to spread the AIDS virus to other people. Even though you feel well:

- Don't have sex unless you use condoms. (Even with condoms, you may be taking chances. Discuss the AIDS virus with your sex partner, and with your doctor.)
- Don't share needles.
- Don't donate blood, semen or organs.

CAN I STAY IN JOB CORPS IF MY TEST IS POSITIVE?

Yes, if the doctor says you are in good health. Job Corps will refer you to a non-residential center near your home. If this isn't possible, you will be referred to a different job training agency.

WHO WILL BE TOLD ABOUT MY POSITIVE TEST RESULT?

At Job Corps, only those who need to know in order to help you, like the doctor, dentist, nurse, and center director. If you are 18 years old, your test result will not be told to anyone else. If you're under 18, your parents or guardian will be told about the result and counseled about its meaning.

MY TEST IS NEGATIVE. WHAT DOES THAT MEAN?

A negative AIDS test means you showed no signs of the AIDS virus in your blood. This is GOOD NEWS! Now, stay that way.

HOW CAN I AVOID THE AIDS VIRUS?

Remember, you can't always tell if a person has the AIDS virus. (That's why YOU had to have a blood test.) You can't always tell if a person has had sex with someone with the AIDS virus.

You can't always tell if a person is into drugs. Since you want to avoid getting the AIDS virus, and since you can't tell by looking who has it, you've got to act SMART to avoid AIDS. Here's what the experts say:

BEST PROTECTION:

Don't have sex. Wait until you're ready for a special, permanent relationship. Then, talk to your lover about AIDS and AIDS testing, before having sex.

GOOD PROTECTION:

Use condoms whenever you have sex.

BEST PROTECTION:

Never shoot drugs. Period.

GOOD PROTECTION:

Use new needles, or sterilize your needles, until you can get help getting off drugs. And get the help you need — your life depends on it.

I WON'T MESS WITH DRUGS. BUT WHAT CAN I DO ABOUT SEX?

Sex with someone who has the AIDS virus is risky. And, you can't tell by looking who has it. A good first step is to have sex with only one person, who only has sex with you. And ALWAYS use condoms when you have sex. And use them right. Here's how:

1. Use condoms every time you have sex — no exceptions!
2. Make sure the condom is on before you start. Roll it down over the penis, holding on to the tip.
3. Make sure the condom doesn't leak or spill after sex. Hold onto it at the bottom and pull out while the penis is still hard.
4. For women, carry some with you, and make sure your man uses it. If he says he doesn't like the way it feels, tell him he won't feel anything if he doesn't get smart!
5. If you're using foam or jelly keep on using them. They help protect.

Job Corps

GETTING YOUR AIDS TEST RESULTS

A GUIDE FOR CORPSMEMBERS

THE WHITE HOUSE

WASHINGTON

April 18, 1994

Christine M. Meahl, RN
1466 Mentor Drive
Westerville, OH 43081

Dear Ms. Meahl:

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

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

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

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

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

Sincerely,

Kristine Gebbie

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

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THE WHITE HOUSE

WASHINGTON

April 18, 1994

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

Dear Dr. Krim:

In our last discussion, you raised several questions regarding the payment of drugs and experimental therapies and how these issues are addressed in the President's health care reform plan.

Your question regarding community-based research efforts and whether they are included in the health care plan is a legitimate concern shared by many at the community level. Community-based research efforts, such as clinical research projects, are included in the plan but would not need any specific mention or require any additional legislation. Title III-Public Health Initiatives, Section 3201 of the plan requires the National Institutes of Health to conduct and support biomedical and behavioral research, including community-based research, on promoting health and preventing disease.

Your concern about the use and coverage of off-label drugs is addressed in Section 1122, Subtitle B-Benefits, Title I in the President's health care plan. This section states that a drug is covered as outpatient if it is used as approved by the Food and Drug Administration (FDA). Also, a drug is categorized as outpatient if the drug is FDA-approved and an alternative use is supported by certain recognized compendia or it is supported in peer reviewed literature.

To answer your question about coverage of research-related cost of care, under the health care reform plan investigational treatments may be covered by the health plan at their discretion if the treatment is furnished for a life threatening disease or a disorder of health condition as defined by the National Board. Under the plan, treatment is considered investigational if the effectiveness has not yet been determined and the treatment is under clinical investigation as part of an approved research trial. This of course becomes a discretionary decision of the health plan.

As for your question regarding the possibilities of a specific drug price control mechanism being put into place, there is a requirement for the health plans to use drug formularies.

However, it is not intended to invoke any type of national drug price control mechanism.

I appreciate you voicing your concerns to me. If there are any other questions that I can answer for you, please let me know.

Sincerely,

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

Re: Response to questions to Kristine by Milhilde Krim

In our discussions last week you raised several questions relating to payment of drugs and experimental therapy under the President's proposed health care reform. Specifically:

(1) How will community based research efforts such as clinical research projects now developed be treated or included in a reformed system. Would they need to be mention specifically?

Answer: Title III-Public Health initiatives, Subtitle C-Health Research Initiatives, Part 1-Programs for Certain Agencies, Section 3201 requires NIH to conduct and support biomedical and behavioral research on promoting health and preventing disease. This Section covers all aspects including the community based research and therefore, no additional legislation actions would be required.

(2) How is off-label drug use being handled?

Answer: Title I, Subtitle B-Benefits, Section 1122. Outpatient Prescription Drugs states a drug is covered as outpatient if used as approved by FDA or another use if drug is FDA-approved and an alternative use is supported by certain recognized compendia or alternative use is supported in the peer reviewed literature.

(3) Exactly what is the wording relevant to coverage of either drugs, during the IND period, or to coverage of research related cost of care?

Answer: Title I, Subtitle B-Benefits, Section 1128. Investigational Treatments. May be covered by the health plan at their discretion if the treatment is furnished for life threatening disease, disorder of or health condition defined by the National Board. Treatment is considered investigational if the effectiveness is not yet been determined and the treatment is under clinical investigation as part of an approved research trial. This of course becomes a discretionary decision of the health plan.

(4) What are the possibilities of a specific price control mechanism for drugs?

Answer: There is a requirement for health plans to use drug formularies; however, this is not intended to invoke a national drug price control mechanism.

Author: Terry Beswick
Date: 4/3/94 7:02 PM
Priority: Normal
TO: George Walter
TO: Kristine Gebbie
CC: Steve Lee
CC: Andrew Barrer
CC: Paul Tran
Subject: Re: Response to CC:Mail from Kristine

Matilda Krim

---------- Message Contents ----------

George -

I have a couple questions & comments on this response to Dr. Krim's questions. Hope this is helpful.

1) Community-based research. Strange that she should be raising the question of support for research in health reform, given AmFAR's continued inexplicable refusal to endorse the Harkin/Hatfield Health Research Fund amendment, which would put some teeth into HSA's authorization of research funding at NIH. As usual, they are probably following AIDS Action Council's lead on this, which recently withdrew support for the amendment because it would provide insufficient additional funding for AIDS research specifically (probably only about $500 mill annually)!!! Dumb dumb dumb... The Community Programs for Clinical Research on AIDS at NIAID would have a much better chance of getting increased funding if the NIH had more to go around. If we write a letter to Krim, we should at least not lead her to believe that HSA actually does anything for NIH research at present. The increased authorization in HSA is meaningless, as NIH is already authorized to be appropriated "such sums as are necessary" to carry out its mission.

2) Off-label drugs. This is one that we need groups like AmFAR to help protect in Congress. It is an expensive ticket item, but critical to protect as many drugs for prescribed for diseases like HIV/AIDS are not specifically approved for that use. Sometimes, off-label drugs are even cheaper, as well as better than the approved standard. AmFAR funded a community-based study of the use of off-label drugs by the way, and it is being published this Spring.

3) Investigational treatments. Another one that needs to be protected and strengthened. Coverage is determined by each health plan, and would only cover those health costs that would have been provided as part of normal care anyway. It is important to keep in mind that experimental treatments themselves are always free anyway - it's the associated costs that often are not picked up because the patient is on an experimental drug, or if the clinical trial protocol specifically requires the ancillary care or testing, even if they might normally have been provided. HSA at least ASKS that plans not refuse coverage for routine care, though the required non-routine care associated with investigational therapies available only through clinical trials or expanded access programs can be far more expensive than routine care coverage provides.

4) Price Control Mechanism. It would be nice to get a sense of what the AIDS advocacy community at large thinks of this issue. There is a price control mechanism in HSA. The Secretary appoints a "Breakthrough Drug Committee" which would make determinations of whether or not a new breakthrough drug was fairly priced or not, based on a review of the financial data requested from the company. ("Fair" price is not defined, and it should be noted that there is much debate about what costs and other factors should be included in the formulary).
The Committee would have the power to require companies with over-priced drugs to pay back to the Treasury the difference between retail and wholesale (or 17%, whichever is higher) - otherwise the drug would not be covered by MediCare.

I don't know what the chances of this passing Congress are at this stage, but the pharmaceuticals and bio-techs are mighty upset about it. As someone who was arrested in the late '80's a few times over the price of AZT, I don't necessarily buy all they say, but it does concern me a lot as a possible disincentive for investment. Based on what I know today, I would say this provision in HSA is attacking a very serious and complex problem with a sledgehammer, and could do people with HIV/AIDS far more harm than good. I'm sure it will be an item for discussion for the National Task Force on AIDS Drug Development along with other private sector issues - there is an acknowledgement that we desperately need the private sector as a leader and a partner in drug development.

We are in an awkward situation with all these items of course - we aren't supposed to take a different position from HSA. But it also isn't carved in stone...

Pennsylvania Congress of Parents and Teachers, Inc.

Branch of the National Congress of Parents and Teachers

4804 Derry Street • P. O. Box 4384 • Harrisburg, PA 17111
(717) 564-8985 • FAX (717) 564-9046

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12289 Herold Drive
North Huntingdon, PA 15642

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220 Conrad Drive
Pittsburgh, PA 15227

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Mary Beth Graf
180 Quarry Lane
California, PA 15419-1227

Treasurer
Rena Lynn Koteski
308 Browntown Road
New Kensington, PA 15068

April 18, 1994

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

Dear Kristine:

I believe I mentioned to you in our meeting in January that a close friend of mine had written a book for children about her family's personal experience with AIDS. After many long months of publishing setbacks, we finally have the book in our hands.

Please accept this book as a gift for your unending dedication to the prevention and understanding of AIDS. The Pennsylvania PTA has embraced this book and we are promoting it in our schools and parent groups. This book is used as a nonthreatening introduction to the AIDS crisis especially in communities that truly believe this will never happen to us.

Enjoy!

Sincerely,

Carol

Carol S. Ritter
Region 1 Vice President

CSR/sd

THE WHITE HOUSE

Dear Carol —

Thank you for sharing the book Jenny's Locket — and for all that you and the PTA are doing to help respond to HIV —

Hillary

THE WHITE HOUSE

WASHINGTON

April 18, 1994

Mr. Romy H. Mowbray, Producer
Voices... A Time To Remember
1221 West Colonial Dr., Suite 300
Orlando, FL 32804

Dear Romy:

On behalf of the President, it is with great interest and enthusiasm that I extend our support and hope for success in the upcoming production of "Voices... A Time to Listen."

Your event will enhance and encourage discussion in your community contributing to expanded HIV/AIDS education. The fight against the AIDS epidemic is a great one and we need all the local efforts we can get to make a real difference. I commend the efforts of the Michael L. Thompson Foundation and the Central Florida Professional Entertainment Community for its action in reaching out to the Central Florida area.

It is vital that each community in our nation address the escalating financial needs of their respective HIV communities. Voices '94 is a shining example of your communities' recognition and response to the HIV/AIDS crisis facing your neighborhood and your nation.

Congratulations on last year's initial production of Voices and please accept my best wishes for an equally successful second production of Voices '94.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

April 19, 1994

G. Rimbaugh, RNC
P.O. Box 677
North Liberty, IN 46554

Dear G. Rimbaugh:

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 19, 1994

Victoria Muterspaugh, RN
P.O. Box 84
EauClaire, MI 49111

Dear Ms. Muterspaugh:

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 Gebbie

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

THE WHITE HOUSE

WASHINGTON

April 19, 1994

P.J. Arwood, RN
8493 Steekee School Road
Loudon, TN 37774

Dear Ms. Arwood:

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

American Academy of Nursing

Established 1973 Under the Aegis of the American Nurses' Association

April 20,1994

Dear Colleagues:

We are pleased to announce the Distinguished Scholars in Residence Program for 1994. The program is designed for senior nurse scholars who are members of the IOM or the AAN who wish to focus on a particular policy issue. The Program is conducted by the IOM in collaboration with the AAN and ANF. For the first year, a significant portion of the dollars for this effort have been provided by the Robert Wood Johnson Foundation. In 1994 - 1995, other donations will be obtained.

The opportunities for creative exploration of national and international health care issues have never been greater. We are very excited about the Distinguished Scholars in Residence Program and the potential for adding to our understanding of critical health care policies. We have extended the deadline for receipt of applications until May 27, 1994 in order to encourage more of our colleagues to consider this unique program.

We urge you to consider the Scholars Program as part of your own career development, or encourage colleagues to do so. We look forward to building on a successful year as we seek resources to continue this initiative and establish an ongoing program.

Sincerely,

Janet Heinrich

Janet Heinrich, DrPH,RN,FAAN
Director, American Academy of Nursing

600 Maryland Avenue, S.W. Suite 100 Washington, D.C. 20024-2571
(202) 554-4444 FAX (202) 554-2262

The DISTINGUISHED SCHOLARS IN RESIDENCE PROGRAM

Conducted by the

Institute of Medicine
National Academy of Sciences

American Academy of Nursing
and
American Nurses Foundation

PURPOSE OF THE PROGRAM

The Institute of Medicine (IOM) in collaboration with the American Academy of Nursing (AAN) and the American Nurses Foundation (ANF), is sponsoring a distinguished scholars in residence program targeted to a nurse scholar. The purpose is to encourage and assist a prominent nurse leader in the articulation and assessment of health policy issues of national concern.

DESCRIPTION

Candidates will select a specific health policy issue that is consistent with the priority activities of the IOM and the AAN/ANF, and will be assigned to a specific Division within IOM. Examples of possible projects are: cost effectiveness of nurses as primary care providers; the future needs of children and families; and ethical implications of new biotechnology. The Scholar will have office space at the IOM, attend orientation meetings with key officials in the federal agencies as well as congressional committees with other IOM Fellows, and attend forums and meetings of the IOM, the National Academy of Sciences, the AAN, the ANF, and the American Nurses Association.

As part of the residence program, the Scholar will be asked to produce a paper for publication on a policy-oriented research issue he/she has worked on and a monograph for publication by AAN/ANF.

QUALIFICATIONS

The program is designed for senior nurse scholars with previous professional achievements as well as potential for growth and leadership in health policy. Specific criteria include the following:

1. Membership in the AAN or IOM
2. Previous publication record and communication skills
3. Congruence of health policy interest with the priorities of the IOM and AAN.
4. Potential for future contributions to health policy.

Applicants must submit the following documents to the IOM:

1. A two to five page letter detailing the candidate's health policy interest and how he or she plans to use the senior scholars in residence experience. The letter should articulate specific goals and contain an implementation plan.
2. Two support letters from individuals who can speak to the candidates previous accomplishments and potential for future contributions.
3. Current curriculum vitae.

All application materials are due at the IOM by April 22, 1994. The Review Panel will meet in May, 1994 to make final recommendations. An interview with the top candidates may be required at this time. The candidates will be notified by June 1, 1994. It is anticipated that the Senior Scholar will begin the program in September, 1994.
Selection of the Senior Scholar for 1994 is contingent on available funding.

STIPENDS AND BENEFITS

The Distinguished Scholars program will provide a stipend up to $40,000 per year. In addition, there are monies set aside for travel. The IOM will furnish and office and related materials.

NOMINATIONS AND INQUIRIES

Questions concerning the Distinguished Scholars in Residence Program and programatic priorities may be directed to either Janet Heinrich or Marion Ein Lewin:

Janet Heinrich, DrPH, RN, FAAN
Director, American Academy of Nursing
Phone: (202) 554-4444 X150
FAX (202) 554-2262

Applications should be sent to:

Marion Ein Lewin
Institute of Medicine
2101 Constitution Ave, NW
Washington, DC 20418
Phone: (202) 334-1506
FAX (202) 334-1694