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THE WHITE HOUSE

WASHINGTON

May 9, 1994

Ms. Colleen Holmes
Development Director
Greater Erie County Chapter
American Red Cross
4961 Pittsburgh Avenue
Erie, Pennsylvania 16509

Dear Ms. Holmes:

Thank you for the invitation to speak at the Greater Erie County Chapter of the Red Cross's Annual HIV/AIDS Conference on Wednesday, October 5, 1994 in Erie, Pennsylvania. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

rapets

RECEIVED

MAR 15 1994

American Red Cross

Greater Erie County Chapter
4961 Pittsburgh Avenue
Erie, Pennsylvania 16509
(814) 833-0942
FAX # (814) 833-3764

"Working to help make Erie County greater"

March 7, 1994

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

Dear Ms. Gebbie:

Congratulations on your appointment as National AIDS Policy Coordinator. I know I speak for all the citizens of Erie, PA who are involved in the fight against the spread of HIV/AIDS when I express my pleasure that the Clinton administration has made this step towards actively putting the HIV/AIDS problem on the national agenda.

On behalf of the Board of Directors of the Greater Erie County Chapter of the American Red Cross, it is my pleasure to invite you to speak at our next annual HIV/AIDS Conference, scheduled for Wednesday, October 5, 1994 in Erie. Your presence at the conference would be a great honor for us, and would draw the much-needed attention of many in our community to the AIDS problem.

Best wishes for success in this important new enterprise.

Sincerely,

Colleen Holmes

Colleen Holmes
Development Director

A United Way Agency

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Lee Scott Townsend
Administrative Assistant
Department of Community Programs
University of Southern Maine
68 High Street
Portland, Maine 04101

Dear Mr. Townsend:

Thank you for the invitation to present the keynote address for the statewide HIV/AIDS conference "HIV/AIDS-- From They to We: Sharing the Responsibility to Educate, Prevent, Support, and Understand" on Wednesday, June 8, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

UNIVERSITY OF SOUTHERN MAINE

Department of Community Programs
A Public Service unit of USM

68 High Street
Portland, Maine 04101
(207) 780-5900

Regrets

RECEIVED

MAR 14 1994

March 8, 1994

W. Steve Lee, Executive Assistant
and Scheduler to the
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street N.W. 1060
Washington, DC 20503

Dear Mr. Lee:

On behalf of the planning team for the statewide HIV/AIDS conference - *HIV/AIDS - From They to We: Sharing the Responsibility to Educate, Prevent, Support, and Understand* to be held on Wednesday, June 8th, I want to thank you for your consideration of our invitation for Kristine Gebbie to present the keynote address for the conference.

We are very excited about the prospect of Ms. Gebbie's appearance and hope that she'll be able to arrange her schedule. The conference will be the first of its kind, in the southern Maine area, to bring together health professionals and the general public in a non-professional, non-threatening environment to talk with, learn from, and share with each other. Preliminary plans for the day include: an opening session with a facilitated panel discussion, a series of 20 workshops, a keynote address in the early afternoon, and a very special closing session. In addition, the AIDS Quilt panels from Maine will be on display throughout the day and a resource room will be set up for individuals and organizations who have something they want to share with conference participants.

As a person who has been HIV+ for the past seven years and as co-coordinator of this conference this day has special meaning; I hope our invitation will be looked upon favorably. This conference is our best effort to bring together everyone who is affected by or afflicted with HIV/AIDS; in one place, at the same time, and on the same level.

Again, thank you for considering our request; we look forward to hearing from you.

Most sincerely,

Lee

Lee Scott Townsend
Administrative Assistant

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Barbara Rickert, Ph.D., R.N.
Associate Professor
Chair, Education Committee, ANAC
College of Nursing
The University of New Mexico
Albuquerque, New Mexico 87131-1061

Dear Dr. Rickert:

Thank you for the invitation to be the keynote dinner speaker at the Nursing Faculty Development Institute sponsored by the Association of Nurses in AIDS Care on Saturday evening, June 18, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

The University of New Mexico

College of Nursing
Albuquerque, NM 87131-1061
(505) 277-4221

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To Ms Kristine Gebbie	From B. Rickert
Co.	Co.
Dept. Wash. DC	Phone # 505 296-2501
Fax #	Fax #

4/14/94

Dear Ms. Gebbie,

It is my understanding that my letter inviting you to speak at the Nursing Faculty Development Institute on June 18 was misplaced. Therefore, please find attached a copy of that letter. We would be very grateful if you could speak at the institute. In addition, to nursing faculty members from around the country, the dinner and address on health policy issues will be open to the nursing community in Indianapolis.

We would greatly appreciate a prompt response to our invitation. We need to finalize the agenda and speakers for the institute. Thank you for your consideration.

Sincerely,

Barbara Rickert

Barbara Rickert, Ph.D., R.N.
Associate Professor
Chair, Education Committee, Association of Nurses in AIDS Care

I'd recommend regrets. Already committed to ANAC speeches in November, ANF June 13. —

regrets [illegible]?

The University of New Mexico

College of Nursing
Albuquerque, NM 87131-1061
(505) 277-4221

1/21/94

Dear Ms. Gebbie,

I am writing to invite you to be the keynote dinner speaker at the Nursing Faculty Development Institute sponsored by the Association of Nurses in AIDS Care (ANAC). The institute will be held in Indianapolis, Indiana, June 16 - 18. We would like you to speak on Saturday evening, June 18 on Health Care Policy, Health Care Reform and the impact on persons with HIV infection and AIDS.

In addition to the annual conference held each year, ANAC has also sponsored the institute over the past two years for faculty from NLN accredited schools of nursing. The goal of the institute is to assist nursing faculty members to acquire advanced knowledge about HIV/AIDS and to develop a variety of teaching strategies for nursing students.

Approximately 150 faculty have attended the institutes. It is estimated that these faculty will teach at least 15,000 undergraduate and graduate nursing students. The institute is fulfilling a vital role in preparing faculty to teach about HIV infection and care of individuals with AIDS.

Please let me know at your earliest convenience if you will be able to speak at the institute. If Saturday evening, June 18 is not a convenient date or time, we can certainly be flexible in the scheduling. We will be very grateful of your consideration of our request.

Sincerely,

Barbara Rickert

Barbara Rickert, Ph.D., R.N.
Associate Professor
Chair, Education Committee, ANAC

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Lory M. Laing, Ph.D.
Professor
Director, Community Medicine Program
Faculty of Medicine
Department of Health Services Administration
and Community Medicine
13-103 Clinical Sciences Building
University of Alberta at Edmonton
Canada T6G 2G3

Dear Dr. Laing:

Thank you for your request. Unfortunately, I have no written copies of my March 1994 presentation in Atlanta available for distribution. I am sorry I could not be of assistance. Thank you again for inquiring.

Sincerely,

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

University of Alberta
Edmonton
Canada T6G 2G3

Department of Health Services Administration and Community Medicine
Faculty of Medicine
13-103 Clinical Sciences Building, Telephone (403) 492-6407
Fax (403) 492-0364

April 28, 1994

Not available in written form

Send

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

Dear Ms. Gebbie:

Would you please send me a copy of your paper, Communicating Prevention to People: Lessons From the HIV Epidemic, presented at the The Eleventh Annual National Preventive Medicine Meeting, Prevention '94 - Science, Skills & Strategies, which took place from March 19-22/94 in Atlanta, Georgia.

Sincerely,

D. Sergy for

Lory M. Laing, PhD
Professor
Director, Community Medicine Program

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Miss Ngoc Dinh
860 Farmdale Road
Mount Joy, Pennsylvania 17552

Dear Miss Dinh:

Thank you for the invitation to attend the AIDS Awareness Benefit for Love Heals, the Allison Gertz Foundation on May 21, 1994 in Hershey, Pennsylvania. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

like to meet and personally thank you for all that you have done for him and AIDS. Everyone from your office is invited and flight and hotel accommodations will be paid for. Thank you once again for all you have done.

Sincerely,

P.S. R.S.V.P.
April 22, 1994
My phone # is
(717) 684-5694

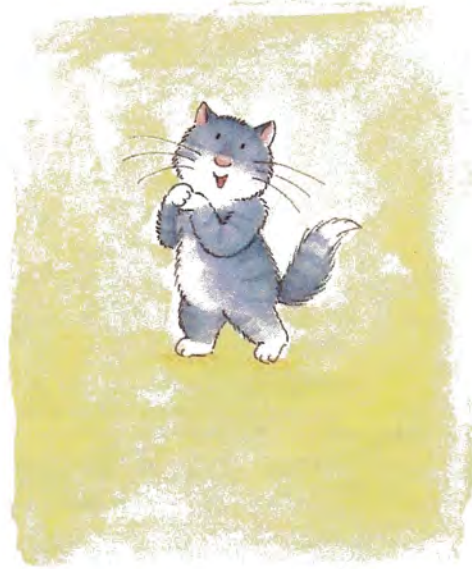
Hallmark

01667
0 700140 0

125T 166-7

MADE IN U.S.A.

You didn't have to do ~~what~~ regrets what you did.



Dear Ms Gebbie,

Thank you for your efforts concerning President Clinton's telephone call to Mike Hartzauft. I know your office is diligently working against this disease, and I must commend you for your positive impact.

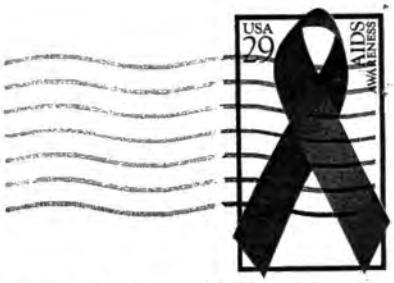
And that's what made it so special.

Thank You

I am trying to better educate my area about AIDS through an AIDS Awareness Benefit for Love Heals, the Allison Gertz Foundation, May 21, 1994 at the Hershey Lodge, Hershey, PA. I am requesting the honor of your company to the banquet and a commitment to speak. Mike will also be speaking and he would

Miss Ngoc Dinh
360 Farmdale Road
Mount Joy, PA 17552

LANCASTER PA 176
PM
28 MAR
1994



LANCASTER (176) 03-28-94 DCR #18

To: Kristine Gebbie
& Executive Office of the President
750 17th St. NW Suit 1060
Washington D.C. 20503

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Cyril Goshima, M.D.
Chairperson
Governor's Committee on HIV/AIDS
State of Hawaii
Post Office Box 3378
Honolulu, Hawaii 96801

Dear Dr. Goshima:

Thank you for the invitation to participate in the post-Yokohama International AIDS Conference meeting in Honolulu, Hawaii on Monday, August 15, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

JOHN WAIHEE
GOVERNOR OF HAWAII

SEP 22 1993

Calendar
Sorry but no.
regrets.

STATE OF HAWAII
GOVERNOR'S COMMITTEE ON AIDS
P. O. BOX 3378
HONOLULU, HAWAII 96801

September 14, 1993

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

Dear Ms. Gebbe:

It is my pleasure to invite you to participate in post-Yokohama International AIDS Conference meeting, to be held here in Honolulu, Hawaii on Monday, August 15, 1994. The primary purpose of this one-day meeting is to give people working and living with HIV/AIDS in Hawaii the opportunity to hear from internationally-known speakers on the highlights of the Yokohama International AIDS meeting, with the focus on the five "tracks" (e.g., Basic Science, Clinical Science and Care, Epidemiology and Prevention, Psychological and Social Impact and Response, National Policy) that the conference offers. By inviting you and five of your colleagues here to Hawaii on your return from the International AIDS Conference to the U.S., a large number of our people who cannot afford to attend such a meeting will benefit from your vast expertise and unique perspective.

We would like to know as soon as possible as to your interest in and availability for a proposed August 15, 1994 meeting. Unfortunately, we are not able to pay for your airfare to and from Yokohama, but we are identifying resources so that we can offer you the cost difference between your round-trip fare directly back to the U.S. and the stop-over "APEX" fare ($100), along with accommodations for your post-conference stop-over in Honolulu for up to four nights (Friday, August 12th through Monday, August 15th) and a $1,000 honorarium for your participation in the one-day meeting. The August 15th tentative agenda proposes approximately a one-hour presentation by a noted speaker in each track, followed by "break-out" sessions on each track in the afternoon with the speakers participating in their respective tracks.

We will not be able to assist you with your airfare reservations but we will be able to handle arrangements for your on-site accommodations, along with the programmatic coordination concerns that you may have. If you have any questions or concerns about this proposed halfway-point post-conference meeting, in terms of focus or logistics, please contact Nancy Partika of the Governor's Committee on HIV/AIDS (GCHA) at (808) 586-8110.

Your prompt response is most appreciated. Thank you for your timely consideration of this request.

Sincerely,

CYRIL GOSHIMA, M.D.
Chairperson
Governor's Committee on HIV/AIDS

OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

EXECUTIVE OFFICE OF THE PRESIDENT

Room 728-F
Hubert H.Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Phone: (202) 690-5560
Fax: (202) 690-7560

DELIVER TO: Kristine Gebbie, Steve Lee

SENT FROM: Nancy A. Hazleton, MPH, CHES
Global Issues Coordinator

Number of Pages: 1+ cover Fax Number: 632-1096
Date: January 6, 1994

Message: Attached is the working agenda for the Hawaii Post-Yokohama meeting. I have spoken to Ms. Partika of the Governor's Committee on HIV/AIDS and she states she can be very accomodating for Kristine's schedule in terms of time and other meetings KMG may want to schedule.

The purpose of this meeting is to provide persons unable to attend Yokohama the opportunity to receive up to date information albeit in a reduced form. Ms. Partika anticipates an audience of over 500 persons. While it may be redundant in terms of information, if KMG has not already visited Hawaii, this would be an opportune time. It also may be a good time to meet with Dr. Jack Lewin to discuss HIV/AIDS treatment and care strategies under Hawaii's health care plan.

DRAFT - 12/93

TENTATIVE AGENDA FOR
HAWAII'S POST-YOKOHAMA INTERNATIONAL AIDS CONFERENCE MEETING:

SUNDAY, AUGUST 14, 1994:

5:00 pm - 7:00 pm Reception for guest speakers and conference sponsors at East-West Center (Jefferson Hall?)

MONDAY, AUGUST 15, 1994 Hilton Hawaiian Village Coral Ballroom:

6:00 am - 8:00 am Exhibitors set up in Foyers 3 & 4

7:00 am - 8:00 am Registration, exhibits and coffee

8:00 am - 8:15 am Welcome and introductory remarks

- Dr. Michael Oxenburg, President, East-West Center

8:15 am - 9:15 am Dr. Mario Stephenson (update on AIDS pathogenesis)

9:15 am - 10:15 am *Dr. David Satcher, CDC (update on AIDS epidemiology)

10:15 am - 10:30 am Break/coffee/exhibits

10:30 am - 11:30 am Dr. Jonathan Mann (update on International AIDS and Prevention/Education)

11:30 am - 1:00 pm Lunch

12 Noon - 1:00 pm *Kris Gebbie (National AIDS Policy update)

1:00 pm - 2:00 pm *Dr. (Marcus Conant (update on AIDS clinical care)

2:00 pm - 3:00 pm NAPWA Panel (PWA perspectives on Yokohama)

3:00 pm - 3:15 pm Break/exhibits

3:15 pm - 4:45 pm Breakout sessions with guest speakers and local panelists:

A. Pathogenesis
B. Clinical Care
C. Epidemiology
D. National AIDS Policy
E. International AIDS/Prevention and Education
F. PWA Issues and Perspectives

4:45 pm Meeting closure

*Not yet confirmed as speakers

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Michael J. Lensing
AIDS Business Coalition
Post Office Box 167
Iowa City, Iowa 52244

Dear Mr. Lensing:

Thank you for the invitation to participate in the AIDS Business Coalition's spring event. I am sorry that I was unable to work it into my schedule. I will keep your request on hand for consideration at a later date. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

AIDS BUSINESS COALITION

P.O. Box 2989 • Iowa City, Iowa 52244

January 6, 1994

Ms. Kristine Gebbie
750 17th Street NW
Suite 1060
Washington, DC 20503

Steve — what do you think?

Tonya — "I was regrets, ~~was~~ unable to work into my Spring schedule. I will keep your request on hand for consideration at a later date."

Dear Ms. Gebbie:

The AIDS Business Coalition is a non-profit, grass roots organization that strives to educate business leaders about workplace issues related to HIV/AIDS. It is our mission to assist local businesses develop sound policies and educational programs for the workplace.

Since 1990 we have sponsored an annual "AIDS in the Workplace" seminar. In past years our featured speakers have included B.J. Stiles, Executive Director of the National Leadership Coalition on AIDS, and Enoch Prow, Executive Vice President of NationsBank in Atlanta. In addition to the keynote presenter we have a panel of speakers who help localize the HIV/AIDS epidemic in our community.

This past year we were very fortunate to have the Iowa City Chamber of Commerce and the AM Rotary joined us in hosting the first CEO Breakfast. This breakfast was our first effort at reaching out to upper management, and it was successful.

We are in the midst of planning our spring event, which would be in late April or early May. It would be wonderful if you could be a part of it. We would be able to accomodate your schedule.

I recently read that you were from Sioux City. It would mean a great deal to have you return to the heartland and share your vision. Unfortunately there are still many that do not believe HIV/AIDS will affect them.

Sincerely,

Michael J. Lensing

Michael J. Lensing
Box 167
Iowa City, Iowa
1-319-338-8171

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Ms. Maureen Mitchell, Ed.D., R.N.
Director
Division of Nursing Service
Cuyahoga County District Board of Health
One Playhouse Square
1537 Euclid Avenue, 5th Floor
Cleveland, Ohio 44115-1882

Dear Ms. Mitchell:

Thank you for the invitation to speak at the Public Health Nursing Institute for Northeast Ohio on Monday, October 17, 1994. At this time I am unable to determine whether my schedule will permit me to attend. I am keeping your request on file for further consideration. As an alternative, I suggest you contact Bobby Berkowitz, Deputy Secretary of the Washington State Department of Health at (206) 664-3025. If I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

K. Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Ms. Maureen Mitchell, Ed.D., R.N.
Director
Division of Nursing Service
Cuyahoga County District Board of Health
One Playhouse Square
1537 Euclid Avenue, 5th Floor
Cleveland, Ohio 44115-1882

Dear Ms. Mitchell:

Thank you for the invitation to speak at the Public Health Nursing Institute for Northeast Ohio on Monday, October 17, 1994. Unfortunately, my schedule does not permit me to participate. As an alternative, I suggest you contact Bobby Berkowitz, Deputy Secretary of the Washington State Department of Health at (206) 664-3025. If I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

My note does not say
she's unlikely no, as
this letter does

Tanya,

Regrets. As an alternative, I suggest you contact Bobby Berkowitz, Deputy Secy Wash State DOH at 206. 664.3025. If I can assist in some other way, please let me know.

753-5874 664-3025

If they need a definite reply, I'd suggest they try for Bobby Berkowitz Deputy Secy Wash St Dept of Health - for me this is a medium

ROBERT O. WALTON, M.D.
HEALTH COMMISSIONER

CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH

ONE PLAYHOUSE SQUARE
1375 EUCLID AVENUE – 5th FLOOR
CLEVELAND, OHIO 44115-1882

PHONE: (216) 443-7500
FAX: (216) 443-7537

NURSING: (216) 443-5660
NURSING FAX: (216) 443-5659

February 9, 1994

Kristine Gebbie, MS, RN, FAAN
National AIDS Policy Coordinator
Executive Office of The President
750 17th Street NW, Suite 1060
Washington, D.C. 20501

Dear Ms. Gebbie:

I hope this letter finds you well and progressing toward achieving the agenda for health care reform, particularly in the area of designing and coordinating our nation's AIDS health policy. In October, 1993, you challenged and stimulated action in the greater Cleveland audience during your presentation celebrating the centennial of public health nursing. As I shared in my follow-up correspondence, the conference was a tremendous success. Shaping health care reform for the nation is a herculean challenge. Making it happen at the local level requires wisdom, persistence and commitment.

To achieve that end, the Planning Committee for the **Public Health Nursing Institute for Northeast Ohio**, is asking your help by extending an invitation to you to speak on **MONDAY OCTOBER 17, 1994**, on ***Public Health Nursing's Leadership in Implementing National Health Care Policy--Making the Reality of Reform Happen at the Local Level.*** Making the reality of reform happen in Greater Cleveland, particularly in the area of coordinating AIDS policy among diverse community agencies, would certainly be facilitated by you sharing your wisdom, experience and commitment with our public health community.

This conference is promising to be a follow-up to the highly successful program in October, 1993, where you introduced the Health Security Act of 1993 to public health nurses (practitioners, educators and researchers) who meet the public health needs of over **3.9 million Ohioans** in this region.

Recognizing that public health nursing has contributed to improving the health of our communities for over 100 years and that you have experience at the local, state and national level in leading health care reform, we would be honored if you would commit to assisting us in shaping public health policy in Ohio.

The Institute will be held at the Landerhaven Conference Center (greater Cleveland metropolitan area--same location as last year). I am providing the following information for your reference:

Conference

Theme: *PUBLIC HEALTH NURSING: DESIGNING HEALTH POLICY & MAKING IT HAPPEN AT THE LOCAL LEVEL--A CORNERSTONE OF PUBLIC HEALTH*

Topic: ***Public Health Nursing's Leadership in Implementing National Health Care Policy--Making the Reality of Reform Happen at the Local Level***

Time: 11:15-12:15 PM (Questions to follow)

OTHER INVITED SPEAKERS TO DATE:

Patricia Moccia, PhD, RN, FAAN
Chief Executive Officer
National League for Nursing

The planning committee appreciates that all invited speakers are extremely busy professionals. The speakers were selected because they are recognized leaders with a national and local role in health care reform and an understanding of public health nursing. We are hopeful that you will join us in continuing this successful conference for 1994.

The favor of a reply is appreciated as soon as possible, preferably by April 1, 1994. We will pay your expenses as permitted. If your schedule allows you to fly in Sunday, October 16, we could facilitate your meetings with area leaders on AIDS policy, education and health care.

Thank you for your consideration of this request. Please feel free to contact me at (216) 443-7516 or FAX (216) 443-5659 at your earliest convenience. **Ms. Jane Mahowald, Executive Director, Ohio League for Nursing** and member of the planning committee will also be of assistance and may be reached at (216) 781-7222. I hope we can welcome you again to the heartland of the Midwest. Please extend my best wishes to Ms. Holmes.

Very sincerely yours,

Maureen M. Mitchell

Maureen M. Mitchell, Ed.D., R.N.
Director, Division of Nursing Service
Cuyahoga County District Board of Health
Member, Planning Committee for the *Public Health Nursing Institute for Northeast Ohio*

cc: Jane Mahowald
Executive Director, Ohio League for Nursing
Program Committee Member

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Judene Bartley, MS, MPH, CIC
Director, Regulatory Compliance/Epidemiology
Harper Hospital
3990 John R.
Detroit, Michigan 48201

Dear Ms. Bartley:

Thank you for sharing the information regarding the Michigan House of Representatives proposed legislation requiring HIV testing for all pregnant women. I am quite concerned that the language in the amendment contains a provision that informed consent not be required for pregnant women.

As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV, provide adequate care for those already infected and find a cure for AIDS as soon as possible.

As you correctly point out in your letter, informed consent is an essential component of HIV prevention and control policy. As the current administration's leader in the fight against HIV, I feel that mandatory testing infringes upon the rights of pregnant women to make choices regarding her life and that of her child. I have been entrusted by the President to take positive steps to end this epidemic. I believe that in order to stop the transmission of the virus, we must address the issues from a public health standpoint.

It would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those potentially infected.

The impact of zidovidine therapy for pregnant women and their uninfected infant has not been determined. The promotion of widespread mandatory testing based on this study does not consider long term impact of this drug on the woman's disease progression nor that of her child. A closer analysis of the data is being done by the National Institutes of Health. The preliminary results appear positive, yet the final analysis will indicate the benefits and risks of this therapy.

Currently there is a Public Health Service/ Health and Human Services Task Force studying the ramifications of the study. This task force includes researchers, public health officials and community organizers. They will convene a larger constituency meeting in June, 1994 at which time guidelines and policies regarding HIV counseling and testing will be developed. However, mandatory testing is not viewed as an option. I firmly believe that each person needs informed counseling and testing, whether they are pregnant or not.

Thank you for alerting me to this issue. I will share this information with George Degnon.

Sincerely,

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

cc: George Degnon, Association of State and Territorial Health Officers

The Detroit Medical Center

Wayne State University

DMC Harper Hospital

From - draft reply

April 11, 1994

Kristine Gebbie, RN, MN, FAAN
AIDS Policy Coordinator
National Office on AIDS Policy
Room 728H Humphrey Building
200 Independence Avenue, S.W.
Washington D.C. 20201

Dear Ms. Gebbie:

As a followup to our discussion during a briefing in Washington March 15, and your indication of support for maintaining informed consent provisions for HIV testing, I am writing to alert you to legislation pending in Michigan that would diminish informed consent.

The Michigan House of Representatives is currently considering legislation that would require all pregnant women to be tested for HIV. In addition, the legislation amends the state's informed consent requirement so that it would not apply to pregnant women. I am enclosing a copy of HB 4558 (H-2) for your review and comment. The amendment to the informed consent provision appears in section 5133 (2) on page 18, beginning on line 15. The amendment requiring prenatal and in some cases postnatal, HIV testing appears in section 5123, beginning on page 6, line 19.

It is the position of the Detroit Medical Center (DMC) that informed consent is an essential component of HIV prevention and control policy. I am enclosing a copy of a letter that the DMC sent to the bill's sponsor, Representative John Jamian.

I would be interested in your reaction to the bill and any recommendations you could offer. Given your clear leadership on informed consent while a member of the Association of State and Territorial Health Officials, (ASTHO), I am hoping you will urge George Degnon to provide equally strong support to current state health officials at this critical time, as the issue is revisited once again, state by state. At the same time, he might review for state officials any attempt of the federal government to develop recommendations for pre-natal care and testing as a result of the O76 trials on AZT.

In case you would want to communicate directly with Michigan committee chairpersons, I am enclosing their names and addresses. Please contact me if you need more information.

Sincerely,

Judene Bartley

Judene Bartley, MS, MPH, CIC
Director, Regulatory Compliance/Epidemiology

Representative John Jamian
House of Representatives
Room 807 Olds Plaza Building
Lansing, MI 48909
(517) 373-1705

Representative Michael Bennane
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Wayne State University

DMC The Detroit Medical Center

Governmental and Regulatory Affairs

April 11, 1994

The Honorable John Jamian
Michigan House of Representatives
Room 807 Olds Plaza Building
Lansing, MI 48909

Dear Representative Jamian:

The Detroit Medical Center (DMC) supports your efforts, through HB 4558, to strengthen prenatal testing for infectious diseases including HIV. Early detection of HIV infection among pregnant women, and early intervention with counseling and drug treatment, will help to prevent transmission of the virus from mother to child. Your proposal to add the testing requirement immediately postpartum if no prenatal testing was done will provide more opportunities for early detection and treatment. This will certainly contribute to reducing the incidence of HIV infection among infants.

However, one aspect of HB 4558 (H-2) is of concern. It is the position of the DMC that informed consent is an essential component of HIV prevention and control policy. In order to assure that persons at risk access the health care system and cooperate with treatment, assurances must be in place to protect privacy and a careful educational process must occur. Currently, this is accomplished through the process of obtaining informed consent. Without requiring informed consent, patient understanding, acceptance, and participation in treatment and prevention may be jeopardized.

The DMC's position on informed consent is consistent with the American Academy of Pediatrics, the Institute of Medicine, and with federal requirements under the Ryan White CARE Act.

Therefore, on behalf of the DMC, I urge you to reconsider your stance on informed consent and to delete the language that was added to HB 4558 section 5133 (2) which explicitly removes the informed consent requirement for pregnant women (i.e., HIV tests performed under section 5123). Furthermore, I recommend that language be added to section 5123 to clarify that written informed consent is required for prenatal and postnatal HIV testing and that it should be obtained according to section 5133.

With these two changes, the DMC stands ready to assist you by supporting HB 4558. If you have any questions or need more information, please contact me.

Sincerely,

Robert J. Yellan

Robert J. Yellan
Vice President
Legal and Governmental Affairs

:jmr

cc: Representative Michael Bennane
Senator John Pridnia

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ANALYSIS:

MANDATORY HIV TESTING OF PREGNANT WOMEN

House Bill 4558 (Substitute H-2)
First Analysis (4-12-94)

Sponsor: Rep. John Jamian
Committee: Public Health

THE APPARENT PROBLEM:

Michigan has participated since 1988 in a federal study designed to develop a data base on the spread of HIV (human immunodeficiency virus) infection. The state receives $1.4 million per year in federal grants for HIV/AIDS surveillance and seroprevalence activities, of which about $535,000 goes for the anonymous HIV testing of all newborn babies. Since newborn babies carry their mothers' antibodies, when a newborn tests positive for HIV this positive test result indicates only that the baby's mother is HIV-infected. That is, a newborn who tests positive for HIV may or may not be infected himself or herself -- reportedly only 30 percent of newborns who test positive for HIV are themselves infected. Roughly seven out of every 10,000 babies born to HIV-infected mothers will themselves be HIV-infected, which means that of the roughly 140,000 babies born in Michigan every year, 25 will be HIV-infected.

Under federal grant requirements, the testing must be done anonymously, which means that when a test shows a positive result, there is no way to know which baby has tested positive for HIV. Because of this requirement for anonymity, parents of newborns who test positive for HIV have not been notified of positive test results, unlike what happens when newborns are tested for seven treatable but otherwise handicapping metabolic conditions. (These seven tests are required by the Public Health Code, which further requires that positive test results be reported to the babies' parents.) In order to address this problem without losing existing federal money, legislation has been introduced that would require pregnant women to be tested for HIV.

THE CONTENT OF THE BILL:

Currently, under the Public Health Code, when a pregnant woman is examined medically for the first time, her medical caregiver is required to test her for venereal disease, HIV (or an antibody to HIV), and for hepatitis B. There are two exceptions to this required testing: (a) if the woman refuses to be tested or (b) if the caregiver decides that the tests are medically inadvisable. The health code also prohibits testing for HIV without (a) first obtaining the patient's written, informed consent and (b) pre- and post-test counseling. (Currently, only criminals convicted of certain sex-related crimes can be ordered tested for HIV without their written, informed consent.)

The bill would amend the health code to remove a pregnant woman's right to refuse testing for venereal diseases, HIV, or hepatitis B, and would exempt HIV testing of pregnant women from the code's requirement that written, informed consent be given prior to HIV testing. (The bill would keep the other current exemption to otherwise required prenatal testing: that is, physicians or other caregivers still could decide not to test their pregnant patients for VD, HIV, and hepatitis B if, in their professional opinion, the tests were medically inadvisable.)

The bill would, in addition, require that pregnant women who went to a health care facility to give birth or for care immediately after birth, having recently given birth outside a health care facility, be tested for venereal diseases, HIV, and hepatitis B if the caregiver had no record of results of the tests required by the bill.

Finally, the bill would remove language referring to "acquired immunodeficiency syndrome related complex" (ARC) from several sections of the health code.

MCL 333.5101 et al.

BACKGROUND INFORMATION:

Federal "blinded maternal [HIV] antibody study." Michigan is one of 44 states participating in a national survey monitoring the prevalence of HIV infection among women giving birth (maternal HIV seroprevalence) since July 1988. This survey is one part of a number of seroprevalence surveys funded by the U.S. Public Health Service to help monitor the extent and progression of the epidemic of HIV infection in the United States. The purpose of these surveys is to help public health authorities at all levels to develop, target, and evaluate programs to track and prevent HIV infection and AIDS. The maternal antibody seroprevalence survey is designed to monitor the prevalence of HIV infection among all women giving birth in Michigan, and is particularly important because it cuts across geographic, socioeconomic, ethnic, and age groups. The survey is conducted according to federal protocols, which include a requirement that the survey be done anonymously, and uses blood specimens routinely collected according to Michigan law for metabolic testing of newborn babies. The blood from newborns is used because all newborns have their mothers' antibodies at birth, so that it is possible to find out the HIV status of the mothers from the blood of their newborn babies.

Since July 1988, when the survey began, roughly 7 per 10,000 mothers in Michigan have tested positive for HIV. The rates vary within the state: in southeastern Michigan 11 to 13 mothers per 10,000 will test positive for HIV; outstate, 2 to 3 mothers per 10,000 will test positive. Roughly 80 percent of the infected mothers are infected through illegal IV drug use. The rate of infection is fairly evenly distributed across the range of age groups, and no consistent upward or downward trend is apparent. In general, the study is showing that each year about 100 HIV-infected women are giving birth in Michigan. Since studies of babies born to mothers who are HIV-antibody-positive suggest that 30 percent of the babies born to these women are HIV-infected (as opposed to merely being HIV-positive), about 30 HIV-infected babies are born each year in the state.

Obstetric AZT therapy. The clinical trials of AZT drug therapy in pregnancy began in April 1991, with 748 HIV-infected women in their 14th to 34th week of pregnancy. Treatment lasted from one to 29 weeks, based on the time of the women's enrollment in the study, and within 24 hours of birth, infants were started on the same treatment as their mothers. (During pregnancy, the women on AZT received a standard adult dose of the drug, and during labor, a continuous intravenous dose. Infants received the drug in a syrup form four times a day.) An interim review of study findings revealed an HIV transmission rate of 8.3 percent after the women and their babies received AZT, compared with 25.5 percent for those receiving a placebo. Nationally, about 25 percent of infants born to HIV-infected women also are infected with HIV. HIV infection is the fifth leading cause of death of U.S. children younger than 15, with transmission from the mother during pregnancy accounting for the overwhelming majority of cases. As of September 30, 1992, for example, the federal Centers for Disease Control had received reports of 4,906 AIDS cases in children under age 13. Of those, 4,328 had a mother who was infected or at risk of infection. Every year, about 7,000 HIV-infected women give birth in the U.S.; in Michigan, reportedly about 100 HIV-infected women give birth.

FISCAL IMPLICATIONS:

According to the Department of Public Health, the state gets about $500,000 a year in federal money for newborn HIV testing. If the state didn't meet the federal requirements for participation in this study (namely, anonymous testing), the state would stand to lose the annual $500,000. (4-5-94)

ARGUMENTS:

For:

It is appalling and outrageous -- even, some would charge, a form of child abuse and neglect -- that the state would test all newborn babies for HIV without informing parents of positive test results. Newborns who are HIV-infected need to be identified as soon as possible and given appropriate care to prolong their lives and to maximize the quality of their lives. Moreover, it is important to educate the mothers of babies who test positive for HIV, since there is the possibility that the infection can be transmitted to their babies through breastfeeding, to their sexual partners, and to future children through future pregnancies.

To know that certain babies test positive for HIV and yet not tell the parents is morally reprehensible, and yet the state could lose valuable federal dollars if it dropped its anonymous testing program. The bill would solve the problem of how to identify

newborns at risk for HIV infection without losing any of the federal dollars that the state currently is receiving to conduct "blind" testing for the prevalence of HIV. What is more, by identifying HIV-infected pregnant women, the bill also would make it possible to apply the results of a recent interim review of a study which indicates that it is possible to reduce by as much as two-thirds the risk of transmission of HIV infection from a pregnant woman to her fetus if the pregnant woman (and, subsequently, the newborn baby) receive the drug AZT (zidovudine).

Thus, the number of babies at risk because of their mothers' prenatal HIV status could be greatly reduced, while babies who were born HIV-infected could get appropriate early treatment, and babies who initially tested positive but who turned out not to be infected could be protected from future possible infection from their mothers through breastfeeding. If a woman knew she was HIV-positive, she could refrain from breastfeeding, thereby protecting her newborn. She also could protect her other children, if any, as well as her sexual partners.

Against:
It seems ironic that while "informed consent" is now statutorily required of pregnant women in Michigan before they can obtain an abortion, this bill would take away women's existing statutory right to informed consent with regard to prenatal testing. In fact, the bill would make pregnant women the only class of people, other than convicted sex offenders, who would be deprived of their right to prior written informed consent to, and of their right to refuse, HIV testing. Surely if it is important to have women sign written informed consent forms before an abortion it is equally important to preserve their existing right to written, informed consent prior to HIV testing, and their right to refuse such testing.

Against:
While physicians should be able to perform HIV testing as indicated to appropriately manage their patients medically and without fear of liability, nevertheless, to target only pregnant women for mandatory HIV testing will harm rather than enhance the physician-patient relationship, possibly to the detriment of the health of the pregnant woman and her fetus.

The American Academy of Pediatrics, the national organization representing physicians who provide care to infants and children, has already issued a set of recommendations strongly urging all pregnant women to be tested for HIV, but at this time opposes mandatory, involuntary HIV testing of pregnant women and newborn babies. Speaking on behalf of the American Academy of Pediatrics (AAP), Dr. Alan Fleischman, director of neonatology and professor of pediatrics at Albert Einstein College of Medicine, predicts that HIV testing will become a routine part of obstetric care: he says it will become standard for all women of childbearing age to know their HIV status, and for all women who enter into prenatal care to be offered HIV testing and have it explained why such testing is so important. However, pregnant women who do test positive for HIV still will need to voluntarily participate in recommended therapies, and, as Dr. Fleischman points out, it's important for physicians to be able to engage their pregnant patients in a professional discussion in an atmosphere of trust, rather than one of coercion.

Against:
The bill isn't necessary, since Michigan already has a law (Public Act 491 of 1988, enrolled Senate Bill 1041) which requires the HIV testing of all pregnant women at their initial prenatal examination. This testing is accompanied by pre-test counseling and requires the woman's informed consent. Women who turn out to be HIV-infected receive counseling to deal with the test results and their implications, receive the care they need before the baby is born, and are taught how to take precautions to protect themselves and their babies. Women who don't receive prenatal care could get HIV counseling and testing at the time of delivery or shortly after the baby was born. As written testimony from the state medical society indicates, women can refuse to have the test done, but rarely do so.

Response:
Given that the primary way babies are infected with HIV is through "vertical" transmission from their HIV-infected mothers, and that the number of babies infected perinatally is increasing rapidly, it is imperative that the HIV status of pregnant women be established as early as possible in their pregnancies. Reportedly, the number of perinatally-acquired AIDS cases increased 17 percent in 1989, and 21 percent in 1990 (rates for heterosexual transmission increased 27 percent in 1989 and 40 percent in 1990). With the rapid growth in heterosexual transmission of HIV, every means available should be used to determine the HIV infection status of pregnant women in order to

institute early care of infected mothers and to prevent or reduce further spread of the infection, both from mother to infant and by further heterosexual transmission to partners. Though informed consent is important, the public health concerns in this instance surely outweigh women's rights to bodily privacy. And while refusal of tests currently recommended for pregnant women is rare, even those refusals should not be permitted. What is more, many of the women most at risk for HIV infection may well have the least access to medical care, so mandatory testing would benefit not only their babies and society at large but the individual women themselves. Finally, HIV infection has for too long been treated not like an infectious disease but like a civil rights issue. It is long past time to recognize that this infection is a public health issue, and to stop treating it as though it is a moral failing.

Against:

The bill doesn't go far enough. If the point of the bill is basically to let mothers know when they give birth to HIV infected babies, then it should do so. That is, if a newborn was tested for HIV, the baby's identity should be recorded so that if the test results were positive the mother could be notified and appropriately counseled.

Response:

That approach would jeopardize the federal money the state currently is receiving for doing anonymous testing for HIV. If parents had to be told of positive HIV test results, and the identity of the newborn being tested were kept on record, the test would no longer be anonymous and the state would lose the approximately $500,000 it receives each year to do anonymous HIV testing. The bill would achieve virtually the same results without jeopardizing this federal grant money.

Against:

The bill would constitute an unwarranted invasion of a woman's right to bodily integrity. Given the social stigma still associated with AIDS, moreover, mandatory HIV testing of pregnant women could result in them avoiding future medical care, including medical care during their pregnancies. Requiring mandatory HIV testing assumes that women are incapable of making the right decisions for themselves and their offspring, and relegates to "big brother" decision making powers that rightly belong with the individual. Rather than treat women like convicted criminals -- and rather than begin the obstetric care relationship in an atmosphere of coercion rather than trust -- women should be given the information and support they need to make decisions about themselves and their offspring. Women should not have their fundamental right to self-determination diminished in this way.

Response:

Unlike convicted HIV-infected sex criminals, who can infect others only through further criminal actions, HIV-infected women can and do infect others -- their offspring -- who have no say in the maternal-fetal relationship. What is more, even if the newborn infant of an HIV-infected mother isn't born HIV-infected, if the baby is breastfed and the mother doesn't know that she's HIV-infected, the baby still can wind up with this deadly infection. Given, moreover, that many HIV-infected babies wind up as wards of the state, whose care is paid for by all taxpayers, the state has a legitimate interest in ensuring that the number of preventable HIV-infections is minimized. In addition, not all pregnant women are competent to make these kinds of decisions, whether because of youth or for other reasons. Finally, as a number of people pointed out, under the common law right to refuse treatment, pregnant women who didn't wish to be tested for HIV could simply refuse to allow any of their blood to be drawn for tests.

Reply:

The intersection of HIV infection and pregnancy clearly has significant public health implications. However, the fact that only women are affected and the fact that the increase in HIV infection among heterosexuals is rising most rapidly in so-called non-white populations means that an already socially vulnerable population -- poor women of color -- is likely to bear the brunt of yet more government intervention into their lives. Significantly, nearly 80 percent of the women in the study of the obstetric use of AZT were either African American (reportedly half of the study participants) or Hispanic (29 percent). If the population of this study is typical of the population that would be most affected by mandatory HIV testing during pregnancy, then at the very least, there should be some guarantees that this mandatory intervention will benefit them and not just society at large.

Secondly, with regard to the so-called right to refuse treatment: this "right" appears nowhere in the Public Health Code. A right that doesn't exist in statute and of which an individual is unaware isn't likely to be asserted. How many pregnant women would know -- without being told -- that they could refuse to be tested for HIV by refusing to have their blood drawn for (unspecified) prenatal tests? And how

many people, whether pregnant women or not, would understand that drawing blood for tests is considered "treatment" which can be refused? At the very least, this common law right to refuse treatment – and explicit notification to the woman prior to blood being drawn – should be codified and made explicit in statute.

POSITIONS:

The Department of Public Health supports the bill. (3-25-94)

The Michigan State Medical Society supports HIV testing during pregnancy but has concerns about the targeting of pregnant patients for mandatory HIV testing, believing that physicians should be able to perform HIV testing on patients as indicated for appropriate medical care. (3-24-94)

The National Organization for Women - Michigan Conference has not yet taken an official position on the bill, but has concerns about it. (4-8-94)

SUBSTITUTE FOR

HOUSE BILL NO. 4558

A bill to amend sections 5101, 5111, 5117, 5123, 5129, 5131, and 5133 of Act No. 368 of the Public Acts of 1978, entitled as amended

"Public health code,"

section 5101 as amended and sections 5117 and 5123 as added by Act No. 491 of the Public Acts of 1988, section 5111 as amended by Act No. 174 of the Public Acts of 1989, section 5129 as amended by Act No. 1 of the Public Acts of 1994, section 5131 as amended by Act No. 86 of the Public Acts of 1992, and section 5133 as added by Act No. 488 of the Public Acts of 1988, being sections 333.5101, 333.5111, 333.5117, 333.5123, 333.5129, 333.5131, and 333.5133 of the Michigan Compiled Laws.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Section 1. Sections 5101, 5111, 5117, 5123, 5129, 5131, and 5133 of Act No. 368 of the Public Acts of 1978, section 5101 as

amended and sections 5117 and 5123 as added by Act No. 491 of the Public Acts of 1988, section 5111 as amended by Act No. 174 of the Public Acts of 1989, section 5129 as amended by Act No. 1 of the Public Acts of 1994, section 5131 as amended by Act No. 86 of the Public Acts of 1992, and section 5133 as added by Act No. 488 of the Public Acts of 1988, being sections 333.5101, 333.5111, 333.5117, 333.5123, 333.5129, 333.5131, and 333.5133 of the Michigan Compiled Laws, are amended to read as follows:

Sec. 5101. (1) As used in this article:

(a) "Care" includes treatment, control, transportation, confinement, and isolation in a facility or other location.

(b) "Communicable disease" means an illness due to a specific infectious agent or its toxic products ~~which~~ THAT results from transmission of that INFECTIOUS agent or its products from a reservoir to a susceptible host, directly as from an infected individual or animal, or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment.

(c) "HIV" means human immunodeficiency virus.

(d) "HIV infection" or "HIV infected" means the status of an individual who has tested positive for HIV, as evidenced by either a double positive enzyme-linked immunosorbent assay test, combined with a positive western blot assay test, or a positive result under an HIV test that is considered reliable by the federal centers for disease control and is approved by the department.

(e) "Immunization" means the process of increasing an individual's immunity to a disease by use of a vaccine, antibody preparation, or other substance.

(f) "Infection" means the invasion of the body with microorganisms or parasites, whether or not the invasion results in detectable pathologic effects.

(g) "Serious communicable disease or infection" means a communicable disease or infection that is designated as serious by the department pursuant to this part. Serious communicable disease or infection includes, but is not limited to, HIV infection, acquired immunodeficiency syndrome, ~~acquired immunodeficiency syndrome related complex,~~ venereal disease, and tuberculosis.

(h) "Venereal disease" means syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, and other sexually transmitted diseases which the department by rule may designate and require to be reported.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

Sec. 5111. (1) In carrying out its authority under this article, the department may promulgate rules to:

(a) Designate and classify communicable, serious communicable, chronic, other noncommunicable diseases, infections, and disabilities.

(b) Establish requirements for reporting and other surveillance methods for measuring the occurrence of diseases, infections, and disabilities and the potential for epidemics.

Rules promulgated under this subdivision may require a licensed health professional or health facility to submit to the department or a local health department, on a form provided by the department, a report of the occurrence of a communicable disease, serious communicable disease or infection, or disability. The rules promulgated under this subdivision may require a report to be submitted to the department not more than 24 hours after a licensed health professional or health facility determines that an individual has a serious communicable disease or infection.

(c) Investigate cases, epidemics, and unusual occurrences of diseases, infections, and situations with a potential for causing diseases.

(d) Establish procedures for control of diseases and infections, including, but not limited to, immunization and environmental controls.

(e) Establish procedures for the prevention, detection, and treatment of disabilities and rehabilitation of individuals suffering from disabilities or disease, including nutritional problems.

(f) Establish procedures for control of rabies and the disposition of nonhuman agents carrying disease, including rabid animals.

(g) Establish procedures for the reporting of known or suspected cases of lead poisoning or undue lead body burden.

(h) Designate communicable diseases or serious communicable diseases or infections for which local health departments are

required to furnish care including, but not limited to, tuberculosis and venereal disease.

(i) Implement this part and parts 52 and 53 including, but not limited to, rules for the discovery, care, and reporting of an individual having or suspected of having a communicable disease or a serious communicable disease or infection, and to establish approved tests under section 5125 and approved prophylaxes under section 5127.

(2) The department shall promulgate rules to provide for the confidentiality of reports, records, and data pertaining to testing, care, treatment, reporting, and research associated with communicable diseases and serious communicable diseases or infections. The rules shall specify the communicable diseases and serious communicable diseases or infections covered under the rules and shall include, but are not limited to, hepatitis B, venereal disease, and tuberculosis. The rules shall not apply to the serious communicable diseases or infections of HIV infection, OR acquired immunodeficiency syndrome. ~~, or acquired immunodeficiency syndrome related complex.~~ The department shall submit the rules for public hearing under the administrative procedures act of 1969 ~~, Act No. 306 of the Public Acts of 1969, being sections 24.201 to 24.328 of the Michigan Compiled Laws, within 90 days after the effective date of this subsection~~ BY NOVEMBER 20, 1989.

Sec. 5117. (1) A local health department that knows that an individual who has a serious communicable disease or infection including, but not limited to, tuberculosis or venereal disease,

but not including HIV infection ~~,~~ AND acquired immunodeficiency syndrome, ~~and acquired immunodeficiency syndrome related complex,~~ regardless of the individual's domicile, is in the local health department's jurisdiction and requires care, immediately shall furnish the necessary care in accordance with requirements established by the department pursuant to section 5111(h). The local health department shall issue an order authorizing the care.

(2) The local health department promptly shall report the action taken under this section to the county department of social services of the individual's probable place of domicile.

(3) This section does not restrict the authority of the local health department in furnishing care to the individual, pending determination by the local health department or, upon its request, by the county department of social services of the probable place of domicile of the individual.

(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.

Sec. 5123. (1) A physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing ~~standard~~ TESTS APPROVED BY THE DEPARTMENT FOR venereal disease, ~~tests approved by the department, a test for~~ HIV or AN antibody to HIV, and ~~a test~~ for hepatitis B. IF, WHEN A WOMAN PRESENTS AT A HEALTH CARE FACILITY

TO DELIVER AN INFANT OR FOR CARE IN THE IMMEDIATE POSTPARTUM PERIOD HAVING RECENTLY DELIVERED AN INFANT OUTSIDE A HEALTH CARE FACILITY, NO RECORD OF RESULTS FROM THE TESTS REQUIRED BY THIS SUBSECTION IS READILY AVAILABLE TO THE PHYSICIAN OR INDIVIDUAL OTHERWISE AUTHORIZED TO PROVIDE CARE IN SUCH A SETTING, THEN THE PHYSICIAN OR INDIVIDUAL OTHERWISE AUTHORIZED TO PROVIDE CARE SHALL TAKE OR CAUSE TO BE TAKEN SPECIMENS OF THE WOMAN AND SHALL SUBMIT THE SPECIMENS TO A CLINICAL LABORATORY APPROVED BY THE DEPARTMENT FOR THE PURPOSE OF PERFORMING DEPARTMENT APPROVED TESTS FOR VENEREAL DISEASE, FOR HIV OR AN ANTIBODY TO HIV, AND FOR HEPATITIS B. This subsection ~~shall~~ DOES not apply if, in the professional opinion of the physician or other person, the tests are medically inadvisable. ~~or the woman does not consent to be tested.~~

(2) The physician or other ~~person~~ INDIVIDUAL DESCRIBED IN SUBSECTION (1) shall make and retain a record showing the date the tests required under subsection (1) were ordered and the results of the tests. If the tests were not ordered by the physician or other person, the record shall contain an explanation of why the tests were not ordered.

(3) The test results and the records required under subsection (2) are not public records, but shall be available to a local health department and to a physician who provides medical treatment to the woman OR HER OFFSPRING.

Sec. 5129. (1) An individual arrested and charged with violating section 448, 449, 449a, 450, 452, or 455 of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being

sections 750.448, 750.449, 750.449a, 750.450, 750.452, and 750.455 of the Michigan Compiled Laws, or a local ordinance prohibiting prostitution or engaging or offering to engage the services of a prostitute may be examined at the discretion of the local health department to determine whether the individual has venereal disease.

(2) If an individual is arrested and charged with violating section 338, 338a, 338b, 448, 449, 449a, 450, 452, 455, 520b, 520c, 520d, 520e, or 520g of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.338, 750.338a, 750.338b, 750.448, 750.449, 750.449a, 750.450, 750.452, 750.455, 750.520b, 750.520c, 750.520d, 750.520e, and 750.520g of the Michigan Compiled Laws; a local ordinance prohibiting prostitution, solicitation, or gross indecency; or section 7404 by intravenously using a controlled substance, the judge or magistrate responsible for setting the individual's conditions of release pending trial shall distribute to the individual the information on HIV transmission required to be distributed by county clerks under section 5119(1) and shall recommend that the individual obtain additional information and counseling at a local health department testing and counseling center regarding HIV infection ~~,~~ AND acquired immunodeficiency syndrome. ~~, and acquired immunodeficiency syndrome related complex.~~ Counseling under this subsection shall be voluntary on the part of the individual.

(3) Upon conviction of a defendant or the issuance by the probate court of an order of disposition for a child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act

No. 288 of the Public Acts of 1939, being section 712A.2 of the Michigan Compiled Laws, for a violation of section 338, 338a, 338b, 448, 449, 449a, 520b, 520c, 520d, 520e, or 520g of Act No. 328 of the Public Acts of 1931, being sections 750.338, 750.338a, 750.338b, 750.448, 750.449, 750.449a, 750.520b, 750.520c, 750.520d, 750.520e, and 750.520g of the Michigan Compiled Laws, or a crime involving the intravenous use of a controlled substance in violation of section 7404, the court having jurisdiction of the criminal prosecution or juvenile hearing shall order the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 to be tested for the presence of HIV or an antibody to HIV. Upon conviction of a defendant or the issuance by the probate court of an order of disposition for a child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 for a violation of section 450, 452, or 455 of Act No. 328 of the Public Acts of 1931, being sections 750.450, 750.452, and 750.455 of the Michigan Compiled Laws, the court having jurisdiction of the criminal prosecution or juvenile hearing shall order the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 to be tested for the presence of HIV or an antibody to HIV. The test shall be confidentially administered by a licensed physician, the department of public health, or a local health department. The court also shall order the defendant or child found to be within the provisions of section 2(a)(1) of Act No. 288 of the Public Acts

of 1939chapter XIIA of to receive counseling regarding HIV infection ~~,~~ AND acquired immunodeficiency syndrome ~~, and acquired immunodeficiency syndrome related complex~~ including, at a minimum, information regarding treatment, transmission, and protective measures.

(4) If the victim or person with whom the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 engaged in sexual penetration during the course of the crime consents, the court or probate court shall provide the person or agency administering the test under subsection (3) with the name, address, and telephone number of the victim or person with whom the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 engaged in sexual penetration during the course of the crime. After the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 is tested as to the presence of HIV or an antibody to HIV, the person or agency administering the test shall immediately provide the test results to the victim or person with whom the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 engaged in sexual penetration during the course of the crime, and shall refer the victim or other person for appropriate counseling.

(5) The test results and any other medical information obtained from the defendant or child found to be within the

liable for making the disclosure. A person or agency that receives test results or other medical information under this subsection is subject to section 5131 and shall not disclose the test results or other medical information except as specifically permitted under that section.

(6) If an individual receives counseling or is tested under this section and is found to be HIV infected, the individual shall be referred by the agency providing the counseling or testing for appropriate medical care. The department, the local health department, or any other agency providing counseling or testing under this section is not financially responsible for medical care received by an individual as a result of a referral made under this subsection.

(7) As used in this section, "sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

Sec. 5131. (1) All reports, records, and data pertaining to testing, care, treatment, reporting, research, and information pertaining to partner notification under section 5114a, associated with the serious communicable diseases or infections of HIV infection ~~,~~ AND acquired immunodeficiency syndrome ~~, and acquired immunodeficiency syndrome related complex~~ are confidential. A person shall release reports, records, and data described in this subsection only pursuant to this section.

provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 by the person or agency administering the test under subsection (3) shall be transmitted to the court or probate court and, after the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 is sentenced, made part of the court record, but are confidential and shall be disclosed only to the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939, the local health department, the department, the victim, or other person required to be informed of the results under this subsection or subsection (4), upon written authorization of the defendant or child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 or the child's parent or legal guardian, or except as otherwise provided by law. If the defendant is placed in the custody of the department of corrections, the court shall transmit a copy of the defendant's test results and other medical information to the department of corrections. If the child found to be within the provisions of section 2(a)(1) of chapter XIIA of Act No. 288 of the Public Acts of 1939 is placed by the probate court in the custody of a person related to the child or a public or private agency, institution, or facility, the probate court shall transmit a copy of the child's test results to the person related to the child or the director of the agency, institution, or facility. A person or agency that discloses information in compliance with this subsection is not civilly or criminally

(2) Except as otherwise provided by law, the test results of a test for HIV infection ~~,~~ OR acquired immunodeficiency syndrome ~~, or acquired immunodeficiency syndrome related complex~~ and the fact that such a test was ordered is information that is subject to section 2157 of the revised judicature act of 1961, Act No. 236 of the Public Acts of 1961, being section 600.2157 of the Michigan Compiled Laws.

(3) The disclosure of information pertaining to HIV infection ~~,~~ OR acquired immunodeficiency syndrome ~~, or acquired immunodeficiency syndrome related complex~~ in response to a court order and subpoena is limited to only the following cases and is subject to all of the following restrictions:

(a) A court that is petitioned for an order to disclose the information shall determine both of the following:

(*i*) That other ways of obtaining the information are not available or would not be effective.

(*ii*) That the public interest and need for the disclosure outweigh the potential for injury to the patient.

(b) If a court issues an order for the disclosure of the information, the order shall do all of the following:

(*i*) Limit disclosure to those parts of the patient's record that are determined by the court to be essential to fulfill the objective of the order.

(*ii*) Limit disclosure to those persons whose need for the information is the basis for the order.

(*iii*) Include such other measures as considered necessary by the court to limit disclosure for the protection of the patient.

(4) A person who releases information pertaining to HIV infection ~~,~~ OR acquired immunodeficiency syndrome ~~, or acquired immunodeficiency syndrome related complex~~ to a legislative body shall not identify in the information a specific individual who was tested or is being treated for HIV infection ~~,~~ OR acquired immunodeficiency syndrome. ~~, or acquired immunodeficiency syndrome related complex.~~

(5) Subject to subsection (7), subsection (1) does not apply to the following:

(a) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the information is disclosed to the department, a local health department, or other health care provider for 1 or more of the following purposes:

(*i*) To protect the health of an individual.

(*ii*) To prevent further transmission of HIV.

(*iii*) To diagnose and care for a patient.

(b) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the information is disclosed by a physician or local health officer to an individual who is known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the physician or local health officer determines

that the disclosure of the information is necessary to prevent a reasonably foreseeable risk of further transmission of HIV. This subdivision imposes an affirmative duty upon a physician or local health officer to disclose information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome ~~or acquired immunodeficiency syndrome related complex~~ to an individual who is known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome. ~~or acquired immunodeficiency syndrome related complex.~~ A physician or local health officer may discharge the affirmative duty imposed under this subdivision by referring the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome ~~or acquired immunodeficiency syndrome related complex~~ to the appropriate local health department for assistance with partner notification under section 5114a. The physician or local health officer shall include as part of the referral the name and, if available, address and telephone number of each individual known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome. ~~or acquired immunodeficiency syndrome related complex.~~

(c) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the information is disclosed by an authorized

representative of the department or by a local health officer to an employee of a school district, and if the department representative or local health officer determines that the disclosure is necessary to prevent a reasonably foreseeable risk of transmission of HIV to pupils in the school district. An employee of a school district to whom information is disclosed under this subdivision is subject to subsection (1).

(d) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the disclosure is expressly authorized in writing by the individual. This subdivision applies only if the written authorization is specific to HIV infection ~~,~~ OR acquired immunodeficiency syndrome. ~~, or acquired immunodeficiency syndrome related complex.~~ If the individual is a minor or incapacitated, the written authorization may be executed by the parent or legal guardian of the individual.

(e) Information disclosed under section 5114, 5114a, 5119(3), 5129, or 20191 or information disclosed as required by rule promulgated under section 5111(1)(b) or (i).

(f) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the information is part of a report required under the child protection law, Act No. 238 of the Public Acts of 1975, being sections 722.621 to 722.636 of the Michigan Compiled Laws.

(g) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, ~~or acquired immunodeficiency syndrome related complex,~~ if the information is disclosed by the department of social services, the department of mental health, the probate court, or a child placing agency in order to care for a minor and to place the minor with a child care organization licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws. The person disclosing the information shall disclose it only to the director of the child care organization or, if the child care organization is a private home, to the individual who holds the license for the child care organization. An individual to whom information is disclosed under this subdivision is subject to subsection (1). As used in this subdivision, "child care organization" and "child placing agency" mean those terms as defined in section 1 of Act No. 116 of the Public Acts of 1973, being section 722.111 of the Michigan Compiled Laws.

(6) A person who releases the results of an HIV test in compliance with subsection (5) is immune from civil or criminal liability and administrative penalties including, but not limited to, licensure sanctions, for the release of that information.

(7) A person who discloses information under subsection (5) shall not include in the disclosure information that identifies the individual to whom the information pertains, unless the identifying information is determined by the person making the disclosure to be reasonably necessary to prevent a foreseeable

risk of transmission of HIV. This subsection does not apply to information disclosed under subsection (5)(d), (f), or (g).

(8) A person who violates this section is guilty of a misdemeanor, punishable by imprisonment for not more than 1 year or a fine of not more than $5,000.00, or both, and is liable in a civil action for actual damages or $1,000.00, whichever is greater, and costs and reasonable attorney fees. This subsection also applies to the employer of a person who violates this section, unless the employer had in effect at the time of the violation reasonable precautions designed to prevent the violation.

Sec. 5133. (1) Except as otherwise provided in this section, a physician who orders an HIV test or a health facility that performs an HIV test shall provide counseling appropriate to the test subject both before and after the test is administered.

(2) Except FOR AN HIV TEST PERFORMED UNDER SECTION 5123 OR 5129 OR as otherwise provided in this part, a physician, or an individual to whom the physician has delegated authority to perform a selected act, task, or function under section 16215, shall not order an HIV test for the purpose of diagnosing HIV infection without first receiving the written, informed consent of the test subject. ~~Subject to subsection (2), for~~ FOR purposes of this ~~subsection~~ SECTION, written, informed consent ~~shall consist~~ CONSISTS of a signed writing executed by the ~~subject of a~~ test SUBJECT or the legally authorized representative of the test subject ~~which~~ THAT includes, at a minimum, all of the following:

(a) An explanation of the test including, but not limited to, the purpose of the test, the potential uses and limitations of the test, and the meaning of test results.

(b) An explanation of the rights of the test subject including, but not limited to, all of the following:

(*i*) The right to withdraw consent to the test at any time before the administration of the test.

(*ii*) The right under this part to confidentiality of the test results.

(*iii*) The right under this part to consent to and participate in the test on an anonymous basis.

(c) ~~A description of the~~ THE person OR CLASS OF PERSONS to whom the test results may be disclosed UNDER THIS PART.

(3) ~~Within 120 days after the effective date of this part~~ BEGINNING JULY 28, 1989, a physician or an individual to whom the physician has delegated authority to perform a selected act, task, or function under section 16215 who orders an HIV test shall distribute to ~~the~~ EACH test subject ~~information~~ A PAMPHLET regarding the HIV test on a form provided by the department. The ~~form shall be developed by the department and~~ DEPARTMENT SHALL DEVELOP THE PAMPHLET WHICH shall include all of the following:

(a) The purpose and nature of the test.

(b) The consequences of both taking and not taking the test.

(c) The meaning of the test results.

(d) Other information considered necessary or relevant by the department.

(e) A ~~standard~~ MODEL consent form for the signed writing required under subsection ~~(1)~~ (2). The ~~standard~~ DEPARTMENT SHALL INCLUDE IN THE MODEL consent form ~~shall include~~ all of the information required under subsection (2)(a), (b), and (c).

(4) The ~~form required under subsection (2) shall be made available to physicians through the~~ department, the Michigan board of medicine, and the Michigan board of osteopathic medicine and surgery SHALL MAKE THE PAMPHLET REQUIRED UNDER SUBSECTION (3) AVAILABLE TO PHYSICIANS. The Michigan board of medicine and the Michigan board of osteopathic medicine and surgery shall notify in writing all physicians subject to this section of the requirements of this section and the availability of the ~~form within 100 days after the effective date of this part~~ PAMPHLET BY JULY 10, 1989. Upon request, the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery shall provide copies of the form, free of charge, to a physician who is subject to this section.

(5) If a test subject is given a copy of the ~~form~~ PAMPHLET required under subsection (3), THE PHYSICIAN OR INDIVIDUAL DESCRIBED IN SUBSECTION (3) SHALL INCLUDE IN THE TEST SUBJECT'S MEDICAL RECORD a form, signed by the test subject, indicating that he or she has been given a copy of the ~~form required under subsection (3), shall be included in the test subject's medical record~~ PAMPHLET.

(6) A test subject who executes a signed writing pursuant to subsection (2) ~~shall be~~ IS barred from subsequently bringing a civil action based on failure to obtain informed consent FOR THE HIV TEST against the physician who ordered the HIV test.

(7) The ~~information form~~ DEPARTMENT SHALL PROVIDE THE PAMPHLET required ~~by~~ UNDER subsection (3). ~~(2) shall be provided by the department.~~ The department shall develop the ~~form~~ PAMPHLET and have ~~the form~~ IT ready for distribution ~~within 90 days after the effective date of this part~~ BY JUNE 28, 1989. The ~~form shall be written in English and~~ DEPARTMENT SHALL WRITE AND PRINT THE PAMPHLET in clear, nontechnical ~~terms. Copies of the form shall also be printed in~~ ENGLISH AND Spanish. The ~~form~~ DEPARTMENT shall ~~be distributed~~ DISTRIBUTE THE PAMPHLET, upon request and free of charge, to a physician or other person or a governmental entity that is subject to this section.

(8) In addition to ~~the forms provided~~ COMPLYING WITH THE DUTIES IMPOSED under subsection (7), the department shall provide copies of the ~~form~~ PAMPHLET to the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery. The department shall provide copies of the ~~form~~ PAMPHLET to other persons upon written request, at cost, and shall also provide copies of the ~~form~~ PAMPHLET free of charge, upon request, to public or private schools, colleges, and universities.

(9) An individual who undergoes an HIV test at a department approved testing site may request that the HIV test be performed on an anonymous basis. If an individual requests that the HIV test be performed on an anonymous basis, the STAFF OF THE

DEPARTMENT APPROVED TESTING SITE SHALL ADMINISTER THE HIV test ~~shall be administered~~ anonymously or under the condition that the test subject not be identified, and SHALL OBTAIN consent to the test ~~shall be given~~ using a coded system that does not link the individual's identity with the request for the HIV test or the HIV test results. If the test results of an HIV test performed under this subsection indicate that the test subject is HIV infected, the staff of the department approved testing site shall proceed with partner notification in the same manner in which a local health department would proceed as described in section ~~5114a(4)(a) and (b)~~ 5114A(3) TO (5).

(10) Subsection (2) does not apply to an HIV test performed for the purpose of research, if the test is performed in such a manner that the identity of the test subject is not revealed to the researcher and the test results are not made known to the test subject.

(11) A health facility may develop a standard protocol for an HIV test performed upon a patient in the health facility in preparation for an incisive or invasive surgical procedure.

(12) This section does not apply to an HIV test performed upon a patient in a health facility if both of the following conditions are met:

(a) The patient is informed in writing upon admission to the health facility that an HIV test may be performed upon the patient without the written consent required under this section under circumstances described in subdivision (b).

(b) The HIV test is performed after a health professional or ~~other~~ health facility employee sustains a percutaneous, mucous membrane, or open wound exposure to the blood or other body fluids of the patient.

(13) Subsections (2) and (3) do not apply if the test subject is unable to receive or understand, or both, the ~~information required under~~ PAMPHLET DESCRIBED IN subsection (3) or to execute the ~~written consent form required under~~ SIGNED WRITING DESCRIBED IN subsection (2), and the legally authorized representative of the test subject is not readily available to receive the ~~information~~ PAMPHLET or execute ~~the~~ written consent ~~form~~ for the test subject.

(14) If the results of an HIV test performed ~~as described in~~ PURSUANT TO subsection (11) or (12) indicate that the patient is HIV infected, the health facility shall inform the patient of the positive test results and provide the patient with appropriate counseling regarding HIV infection ~~,~~ AND acquired immunodeficiency syndrome. ~~, and acquired immunodeficiency syndrome related complex.~~

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Ms. Regina Aragon
San Francisco AIDS Foundation
Post Office Box 426182
San Francisco, California 94142-6182

Dear Regina:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

The feedback and active participation in the review process by community organizations is very important. I have always believed in an inclusive process and want to hear the voices of everyone who has something constructive to share. I appreciate your involvement in the ongoing development and success of our National HIV/AIDS Action Agenda.

Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. David Harvey
Director of Public Policy
National Pediatric HIV Resource Center
Suite 211
900 Second Street, N.E.
Washington, D.C. 20002

Dear David:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Paul Kawata
Executive Director
National Minority AIDS Council
Suite 400
300 Eye Street, N.E.
Washington, D.C. 20002

Dear Paul:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Bill Freeman
President
National Association of People With AIDS
1413 K Street, N.W.
Washington, D.C. 20005

Dear Bill:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Christopher Portelli
National Alliance of Lesbian
and Gay Health Clinics
c/o Whitman Walker Clinic
1407 S Street, N.W.
Washington, D.C. 20009

Dear Christopher:

Thank you for your kind letter of Aprii 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Mike Shriver
Mobilization Against AIDS
584-B Castro Street
San Francisco, California 94114

Dear Mike:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Jeff Richardson
Executive Director
Gay Men's Health Crisis
129 West 20th Street
New York, New York 10011-0022

Dear Jeff:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Ms. Jane Silver
American Foundation for AIDS Research
Suite 802
1828 L Street, N.W.
Washington, D.C. 20036

Dear Jane:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

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Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Dan Bross
Executive Director
AIDS Action Council
Suite 700
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

Dear Dan:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

The feedback and active participation in the review process by community organizations is very important. I have always believed in an inclusive process and want to hear the voices of everyone who has something constructive to share. I appreciate your involvement in the ongoing development and success of our National HIV/AIDS Action Agenda.

Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 9, 1994

Mr. Mike Savage
National Ryan White Title
IIIb Coalition
c/o Tom Sheridan
The Sheridan Group
1775 T Street, N.W.
Washington, D.C. 20009

Dear Mike:

Thank you for your kind letter of April 29, 1994 regarding the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. There will be a continuing review process for the Action Agenda, not only leading up to the first meeting of the Advisory Council, but on into the future.

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Thank you for your continuing cooperation.

Sincerely,

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

Andrew - draft letter
AA
George
Bob

April 29, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
The White House
Washington, DC 20000

Dear Kristine:

We join in commending the Office of the National AIDS Policy Coordinator for beginning a comprehensive HIV/AIDS planning process at the federal level. We believe, however, that the draft document speaks in vague generalities that make it hard to translate goals into substantive action steps and objectives to which the federal government can be held accountable. A realistic, meaningful plan should be developed as the National Commission on AIDS recommended: a collaborative effort among government agencies at all levels (not just the White House), community representatives, and outside experts who develop clearly articulated priorities for the nation and identify the resources necessary to accomplish these objectives.

The priorities would be integrated into a national plan by the President's Advisory Committee on AIDS and submitted to the President for adoption as national policy. This plan would then be the basis for legislative action and/or programatic restructuring that may be necessary and serve as a guide for OMB review of AIDS-related budget requests.

We recognize that planning is an on-going process. We believe that an initial plan can be developed in a short period of time, so that it can be made part of the Administration's FY 1996 budget recommendations. We also feel that with additional time these plans can become more comprehensive and evaluation of the plan's implementation would result in substantial revisions each year. But above all, we believe it is time for this kind of joint government/private sector process to begin.

Sincerely,

AIDS Action Council Dan Brooks
American Foundation for AIDS Research Jane Silver
Gay Men's Health Crisis Jeff Richardson Exec Dir.
Mobilization Against AIDS Mike Shriver.
National Alliance of Lesbian and Gay Health Clinics - Christopher Portelli c/o Whit-Walker
National Association of People With AIDS - Bill F
National Minority AIDS Council Paul K
National Pediatric HIV Resource Center David Harvey Dir. of Public Policy
National Ryan White Title IIIB Coalition Mike Savage c/o Tom Sheridan
San Francisco AIDS Foundation Regina Aragon

Comments ?

DRAFT

May 9, 1994

(I could address a joint letter to everyone and mail it to each ED or do a personalized letter to each ED) How would you like it?

Thank you for your kind letter of April 29, 1994 regarding ~~our~~ the beginning public discussion of the National AIDS Action Agenda. I agree that we must continue to emphasize the public/private sector relationship that is paramount to the Action Agenda.

Federal agencies have received copies of the Action Agenda first draft and are reviewing it now. The President has selected most of the members of the HIV/AIDS Advisory Council and they are presently being contacted to begin their appointment process. ~~(Tom Shea said we can say this, but not give out their names yet) We hope to identify~~ There will be a continuing review process for the Action Agenda, leading up to the first meeting of the Advisory Council, but ~~thereafter on into the future~~ naturally.

The feedback and active participation in the review process by community organizations is an important part of the process. I have always believed in an inclusive process and want to hear the voices of everyone who has something constructive to share. I appreciate your involvement in the ongoing development and success of our National HIV/AIDS Action Agenda.

Thank you for your continuing cooperation.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 10, 1994

G. Sterling Zinsmeyer
Director
Episcopal Action
18 West 18th Street
New York, New York 10011-4607

Dear Mr. Zinsmeyer:

Thank you for writing to inform me of important issues regarding HIV/AIDS housing. I appreciate you taking the time express your concerns and providing important questions about AIDS housing.

Adequate, affordable housing is a prerequisite to many basic services frequently needed by people with HIV/AIDS. The health and medical aspects of the epidemic have tended to overshadow the need for safe shelter that provides not only protection and comfort, but also a base from which to receive services, care, and support.

My staff and I are currently working with HUD and members of the AIDS housing community to identify and address several issues related to housing for persons living with HIV/AIDS. Issues we are discussing involve the reauthorization of the AIDS Housing Opportunities Act, HUD's consolidation plan, and the proposal to eliminate McKinney Act programs that serve persons living with HIV\AIDS.

I plan to meet with Assistant Secretary Cuomo and Secretary Cisneros in the coming weeks to discuss many of the issues you have raised. Forming a small working group to work with HUD is an excellent suggestion and one I fully support.

Again, thank you for writing and best wishes.

Sincerely,

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

EPISCOPAL
MISSION
SOCIETY in the Diocese of New York

18 WEST 18th STREET, NEW YORK, NY 10011-4607

The Reverend Stephen J. Chinlund
Executive Director

Telephone (212) 675-1000
Telefax (212) 989-8347
Telefax (212) 989-2844

Tim -
draft reply
start rec. follow up
- Chris -

April 6, 1994

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

Dear Ms. Gebbie:

Last week I had the privilege of attending a most dynamic conference focusing on National Housing and Community Development sponsored by HUD. This exciting approach to restructuring and streamlining community development was spearheaded by Secretary Henry Cisneros and Assistant Secretary Andrew Cuomo. The Administration was well represented by the Vice President and numerous Cabinet officers and undersecretaries. The exception to this was AIDS policy, the lack of your presence raised genuine concern as to the coordination of AIDS housing policy with your office. If anyone from your staff was in attendance they did not make themselves known or heard.

As a member of the Steering Committtee of the National AIDS Housing Coalition representing New York and New Jersey I am thoroughly familiar with many of HUD's positive moves in AIDS housing. HOPWA, 811 set asides and McKinney programs are important initiatives in HUD's response to AIDS. I am, however, concerned about where these programs stand in the restructuring plans that HUD is proposing especially in light of HUD's FY95 budget proposals and the upcoming restructuring of HOPWA and other programs.

I have attached some points that urgently need to be discussed as HUD pursues its restructuring and consolidation plan. Myself and other members of the Steering Committee, National AIDS Housing Coalition would be delighted to meet with you at your earliest convenience to discuss our concerns about the implementation of existing funding and the future of AIDS Housing programs.

Perhaps a small working group could be formed to work with HUD on the restructuring plan to ensure that AIDS housing fund delivery is streamlined and continued in the future.

Sincerely,

G. Sterling Zinsmeyer
Director
Episcopal Action

cc: Henry Cisneros, Secretary, HUD
Andrew Cuomo, Asst. Secretary, Community & Planning Development, HUD
Marsha Martin, Executive Director, Interagency Council on the Homeless
The Hon. Paul Sarbanes
The Hon. Henry Gonzalez
The Hon. Jim McDermott
Tim McFeeley, Human Rights Campaign Fund
Aimee Berenson, AIDS Action Council
Michael T. Isbell, Policy Director , Gay Mens Health Crisis
Ken South, AIDS National Interfaith Network
Jill Rathbun, Director of Policy, National Alliance to End Homelessness
Robert Hutchinson, Chair, Steering Committee, National AIDS Housing Coalition
The Rev. Robert J. Brooks, The Episcopal Church, Washington Office
The Rev. Stephen J. Chinlund, Episcopal Mission Society

(1) What financial impact will the consolidation plan have on AIDS housing?

(2) What is the planning process for involving special needs housing such as Section 811, Shelter Plus Care, Section 8 rental assistance, etc.

(3) What are the budget implications of consolidating McKinney programs into Homeless Assistance program? Short term FY95 and long term?

(4) Is there any provision to include any amendment regarding discrimination regarding sexual orientation in the proposed regulations?

(5) What technical assistance will be provided to help communities implement the new planning process?

(6) How will HUD monitor and evaluate the implementation and effectiveness of communities consolidated plans?

(7) What will the criteria and process for approving consolidated plans be?

(8) How will the criteria and process for approving consolidated plans be?

(9) How will HUD enforce the planning process and the consolidated plans themselves to ensure the communities efforts are realized?

(10) When will HUD issue regulations for the consolidated plans?

(11) What is the timeline for the new process and applications?

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Ms. Lynn Blase
4609 Woodbury Drive
Colorado Springs, Colorado 80915

Dear Ms. Blase:

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

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

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

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

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

Sincerely,

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

April 22, 1994

Miss Christine Gebbie
Office of AIDS Policy
750 17th Street NW
Washington, D.C. 20050

Dear Miss Gebbie,

I was informed from an operator from the CDC hotline that I should contact you regarding my opinion of the televised condom ads.

As a taxpayer, I am unhappy with the fact that the CDC is airing these condom ads. I would prefer that if you plan to continue using taxpayers' money to air such ads, that you would consider promoting abstinence before marriage instead of condom use. Abstinence has never killed anyone. Whereas, your condom ads promote premarital sex which, in too many cases, leads to the contracting of diseases, which can be deadly. The CDC knows, as well as I do, that condom use is far from foolproof. Please stop misleading Americans into thinking that they are.

Thank you for your time.

Sincerely,
Lynn Blase
4609 Woodbury Drive
Colorado Springs, CO 80915

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Ms. Connie Jennings
5547 North Lewis Lane
Agoura Hills, California 91301

Dear Ms. Jennings:

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.

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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

April 7, 1994

Stender

RECEIVED

APR 28 1994

Dear Mrs. Gebbie,

Just wanted to voice my opinion regarding your condom ads. I think they are very distasteful and terribly misinforming the public that condoms can prevent aids. This is just not true and many will die of AIDS because your organization allows misinformation to be publicized.

Please stop such advertisements.

Thank you,

Connie Jennings

Jennings
5547 N. Lewis Ln.
Agoura Hills, CA
91301

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

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Ms. Patricia A. Hurlbut
913 Walnut Drive
Fredericksburg, Virginia 22405

Dear Ms. Hurlbut:

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

Studds RECEIVED

APR 29 1991

Dear Ms. Gebbie,

I want to express my view as a very Concerned Citizen - as simply as I can put it, I feel the CDC's AIDS prevention Campaign useing T.V. and radio ads promoting the use of condoms as inappropriate and very misleading.

I feel its just very wrong to give false assurance that Condoms are a very safe way to prevent Aids.

The Commercials don't say that Condoms are at best 69% effective, as researcher Dr. Susan Weller states in June 1993 issue of Social Science and Medicine -

The Commercials, seems to me, and (many others I've talked to I might add) push sexual activity among our teens and single adults -

It's promoting a false security, but most of all its like playing a game of Russian Roulette - I doubt any of us would Chose to play, or encourage others to play a game like that.

Thank you for your time in reading and Concidering, not only my view on - These "ads" but many others along with me - an Abstinence based Comercial would be Highly recomened -

Thanks again

Sincerely

Patricia A Hurlbut

Patricia A Hurlbut
913 walnut DR.
Fredericksburg, Va. 22405

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Ms. Janice Harder
7021 S.E. 60th
Newton, Kansas 67114-9375

Dear Ms. Harder:

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.

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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

RECEIVED

APR 26 1994

Dear Ms Gibbs;

I would like to express my dislike for the condom ads that are now airing on TV and radio. They are not tastefully done, but the greatest damage is they are sending the wrong message.

I would <u>strongly</u> encourage you to use your office to change these ads and use our tax dollars in a more productive way.

Thank you.

Janice Harder
7021 SE 60th
Newton, KS 67114-9375

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Mrs. Beckie Laughlin
1037 Hopewell Road
Downington, Pennsylvania 19335

Dear Mrs. Laughlin:

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.

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

Sincerely,

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

Standard reply?

yes

1037 Hopewell Rd.
Downingtown, PA 19335

April 15, 1994

Ms. Kristine Gebbie, Dir
Office of AIDS Policy
200 14th St. NW
Washington, D.C. 20050

Dear Ms. Gebbie,

I think the present condom ads are distasteful, immoral and does not convey truth. The couples involved seem to be unmarried and have had several "sex" partners in the past. Why don't you have ads that promote abstinence? That, of course is the only safe-sex method that works 100% of the time. Ads promoting chastity within marriage might also lead to less HIV transmissions.

Condoms do not protect real well against HIV. Many studies have shown that. I think the CDC needs

to be more truthful and more scientific in its research and less "Cordon Crazy".

The ads need to be pulled.

Thank you.

Sincerely,

Mrs. Becki Laughlin

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Ms. Ann Borders
40 Colony Court
Ypsilanti Twp, Michigan 48197-7414

Dear Ms. Borders:

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.

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

Sincerely,

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

Dear Madam, ____ student

The condom emphasis on CDC supported ads is deadly. My children need to know that Condoms are Russian roulette, Safer than no condoms with sex outside of marriage but Sooner or later deadly. AIDS is Ugly

I have a daughter age ten - with "protected sex". She has been told that "just one night with a condom - can still equal a baby." Now it can equal death - an awful, painful death. Why do you lie to kids? SAVE THEM!

Only VIRGINITY can keep my kids safe. No couples in bed with govt-sanction, No cute little rubbers. VIRGINITY | MARRIAGE are safe. ~~places~~ If condoms are safe count the kids in my VAN (6), ABorders

Ann BORDERS
40 Colony Ct.
Ypsilanti Twp, MI 48197-7414

POSTAL SERVICE PM 30 APR 1991

RECEIVED
MAY - 5 1991

USA 19

Christine Gebbie
office aids
750 17th N.W.
Washington, D.C.
20050

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Jacquelyn H. Gentry, Ph.D.
Director
Office on AIDS
American Psychological Association
750 First Street, N.E.
Washington, D.C. 20002-4242

Dear Dr. Gentry:

This letter confirms the participation of Kristine M. Gebbie, National AIDS Policy Coordinator, in the 1994 American Psychological Association Annual Convention from 3:00 p.m. to 4:50 p.m. on Monday, August 15. Ms. Gebbie will also attend the reception immediately following her presentation.

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

Sincerely,

Retina Holmes

Retina Holmes, Acting Scheduler to
the National AIDS Policy Coordinator

Enclosures

THE WHITE HOUSE

WASHINGTON

KRISTINE M. GEBBIE
National AIDS Policy Coordinator
Appointed by President Bill Clinton

Kristine M. Gebbie, R.N., M.N., is President Clinton's National AIDS Policy Coordinator, overseeing the nation's HIV and AIDS agenda in research, services and prevention. Prior to her appointment, Ms. Gebbie served as Secretary of the Department of Health for the State of Washington. She was a member of the Presidential Commission on AIDS chaired by Admiral Watkins which was the first national body to make comprehensive recommendations for the national response to HIV and AIDS.

Ms. Gebbie has a lengthy career history in the health field and public policy. She has served as the public health administrator in the State of Oregon, and was the coordinator of ambulatory care for St. Louis University Hospitals. Ms. Gebbie taught health courses at the University of Washington, the Oregon Health Sciences University in Portland, the University of California at Los Angeles, and St. Louis University.

Ms. Gebbie is active in many professional organizations, and has served as a member of the Executive Board of the American Public Health Association. She has been a member of the HIV Committee of the Association of State and Territorial Health Officials, and she has chaired the Centers for Disease Control and Prevention Advisory Committee on the prevention of HIV infection and the Environment, Safety, and Health Advisory Committee of the U.S. Department of Energy. She is a member of the Institute of Medicine, and she has served on its AIDS oversight Committee.

Ms. Gebbie has a Bachelor of Science degree in nursing from St. Olaf College, a Masters of Nursing from the University of California at Los Angeles, and is a doctoral candidate at the University of Michigan School of Public Health. She is the mother of three and resides in Washington D.C.

THE WHITE HOUSE

WASHINGTON

KRISTINE M. GEBBIE
R.N., M.N., F.A.A.N.

Executive Office of the President
Office of National AIDS Policy
750 17th Street, N.W.
Suite 1060
Washington, DC 20503
(202) 632-1090

PRESENT POSITION

National AIDS Policy Coordinator

PRIOR POSITIONS

1989-1993	Secretary, Washington State Department of Health
1978-1989	Administrator, Oregon Health Division Assistant Director for Health
1976-1978	Assistant Director, St. Louis University Hospitals, St. Louis, Missouri
1974-1976	Coordinator - Ambulatory Care, St. Louis University Hospitals (responsible for all outpatient clinics)
1972-1977	Project Director, USPHS Training Grant (to prepare nurse practitioners for practice in distributive settings)

ACADEMIC CAREER

1991-1991	Affiliate Associate Professor, Department of Health Services, University of Washington, School of Public Health and Community Medicine, Seattle, Washington
1990-Present	Clinical Assistant Professor, Department of Community Health Care Systems, University of Washington School of Nursing, Seattle, Washington

1980-Present	Adjunct Associate Professor, Department of Psychiatric/Mental Health Nursing, School of Nursing, Oregon Health Sciences University, Portland, Oregon
1977-1978	Associate Clinical Professor, St. Louis University
1972-1977	Assistant Professor of Nursing, St. Louis University
1968-1971	Instructor and Lecturer, Community Mental Health Nursing, School of Nursing, University of California at Los Angeles

EDUCATION

1965	Bachelor of Science Nursing Degree, St. Olaf College, Minnesota
1968	Master of Nursing Degree, University of California School of Nursing, Los Angeles, California
Current	Dr.P.H. Candidate, PEW Doctoral Program in Health Policy, University of Michigan School of Public Health, Ann Arbor, Michigan

PROFESSIONAL ACTIVITIES

	American Public Health Association
1990-Present	Executive Board
	Vice Chair, Executive Board
1983-1989	Program Development Board
	Association of State and Territorial Health Officials
1985-Present	Member - HIV Committee
1985-1988	Chair - HIV Committee
1984-1985	President
1984-1987	Member - Executive Committee
1993-Present	Member, Centers for Disease Control Advisory Committee on the Prevention of HIV Infection
1989-1993	Chair, Centers for Disease Control Advisory

	Committee on the Prevention of HIV Infection
1991	Chair, Environment, Safety and Health Advisory Committee, US Department of Energy
1992	Member, Institute of Medicine
1991	Member, Secretary of Energy Advisory Board Task Force on Civilian Radioactive Waste Management, US Department of Energy
1991	Member, Comptroller General's Health Advisory Committee, US General Accounting Office
1990-Present	Member, Advisory Committee for the Hanford Thyroid Disease Study, Centers for Disease Control
1989-Present	Member, Editorial Board, Journal of Public Health Policy
1989-1990	Chair, US Department of Energy Secretarial Panel on the Evaluation of Epidemiologic Research Activities
1987-1988	Member, Presidential Commission on the Human Immunodeficiency Virus Epidemic
1987-1990	Member, AIDS Oversight Committee, Institute of Medicine
1983-1989	Board of Directors, Public Health Foundation

HONORS

1979	Distinguished Alumna, St. Olaf College, Minnesota
1983	Oregon Chapter of American Society for Public Administration Award II
1987	Civil Liberties Award, American Civil Liberties Union of Oregon
1988	Arthur T. McCormack Award for Public Health, Association of State and Territorial Health Officials
1989	Distinguished Scholar, American Nurses Foundation
1990	Fellow, American Academy of Nursing
1991	Sigma Theta Thau International, Mary Tolle Wright Award for Excellence in Leadership

MEMBERSHIPS

* American Public Health Association
* American Nurses Association
* Hastings Center
* North American Nursing Diagnosis Association
* Washington Public Health Association

CIVIC GROUPS

* City Club of Seattle
* Lutheran Family Services of Oregon and SW Washington, Board of Directors, 1979-1985
* Oregon Psychoanalytic Foundation, Board of Directors, 1983-1987
* Synod Council, Oregon Synod of Evangelical Lutheran Church in America 1987-1989

PUBLICATIONS

Deloughery, Grace W. and Gebbie, Kristine M., and Newman, Betty M. Consultation and Community Organization in Community Mental Health Nursing. The Williams and Wilkins Company, 1971.

Deloughery, Grace W., and Gebbie, Kristine M. Political Dynamics Impact on Nurses and Nursing. St. Louis: C.V. Mosby Company, 1976.

Schweer, Jean E. and Gebbie, Kristine M. Creative Teaching in Clinical Nursing. Third Edition, St. Louis: C.V. Mosby Company, 1976.

Gebbie, Kristine M. "Impact of Cutbacks: Alternative Futures in Public Health Nursing." Journal of Public Health Policy, Volume 7, Number 1, Spring, 1986.

Gebbie, Kristine. "How to Develop Health Policy," Alaska Medicine, January, February 1988.

Gebbie, Kristine. "AIDS and Government: Regulation of Sexual Behavior". UMKC Law Review, Winter 1989.

Gebbie, Kristine. "Legal Issues", Oregon State Bar Bulletin, February/March 1989.

Gebbie, Kristine. "The Presidential Commission: What did It Do?" American Journal of Public Health, July 1989.

Lang, Norma M., and Gebbie, Kristine. "Nursing Taxonomy: NANDA and ANA Joint Venture Toward ICD-10CM." Classification of

Nursing Diagnosis. J.B. Lippincott Company, 1989.

Gebbie, Kristine. "HIV -- Science, Politics, and Policy: What Have we Learned?" Journal of Clinical Apheresis, Volume 8, Number 3, 1993.

Gebbie, Kristine. "You, Me, or Us: Prevention and Health Promotion." American Journal of Preventive Medicine, Volume 9, Number 3, 1993.

Many articles in professional journals in the fields of nursing and public health (a list is available on request).

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

for confirm

March 10, 1994

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

Dear Ms. Gebbie:

We are delighted that you will speak at the 1994 APA Annual Convention! This is to confirm that we have scheduled your presentation for 3:00 - 4:50 PM on Monday, August 15. Also, just after the symposium, we would like to have a reception for you to meet APA members working on HIV/AIDS issues.

We will contact your office in the future to specify the exact meeting site in Los Angeles and rooms for the presentation and reception.

Sincerely,

Jacquelyn H. Gentry, PhD
Director, Office on AIDS

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500

Doesn't this conflict with end of Yoshizawa or the Hawaii meeting after? Could they move it back a day or so?

8/15

~~2-3~~ 3:00-9:50

This would be great if it were not in LA, but shall go ~~except~~ accept anyway?

AMERICAN PSYCHOLOGICAL ASSOCIATION

March 1, 1994

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

Dear Ms. Gebbie:

The APA would be honored for you to make a major presentation at the APA Annual Convention in Los Angeles in August 1994. The Convention dates are August 12-16, and, if it is possible on your schedule, we would like for you to speak in the late afternoon on Friday, August 12. The session will be sponsored by the APA Committee on Psychology and AIDS and it will be chaired by Dr. Steve Morin, a member of the committee. If that specific date is impossible, but you could come on another day of the convention, we may be able to work out a mutually acceptable time.

The APA Committee on Psychology and AIDS proposes that your speech be highlighted in a 2-hour symposium format titled AIDS, Mental Health, and Health Care Reform. Your presentation would be followed by comments from a reactor panel of AIDS experts in psychology, then audience questions and discussion would be encouraged.

The APA has been a longstanding and energetic leader in advocacy for behavioral science and mental health aspects of AIDS, and many of our members are involved in AIDS research and services. Each year our national convention includes many sessions on AIDS. In order for you to see the range of AIDS-related Convention programs, I am enclosing last summer's Psychology and AIDS Exchange newsletter that lists all the 1993 Convention programs on AIDS as well as a program from last year's Miniconvention on AIDS Mental Health Services. We would like very much for you to be part of the program this year.

750 First Street, NE
Washington, DC 20002-4242
(202) 336-6080
(202) 336-6069 Fax

Raymond D. Fowler, Ph.D.
Chief Executive Officer

Kristine M. Gebbie, RN March 1, 1994

Please let us know as soon as possible if you can speak at the Convention. If you have questions about this invitation or if you would like to discuss the proposed program format, please call Jacquelyn Gentry, Ph.D., Director of the APA Office on AIDS. You can reach Dr. Gentry at 202-336-6036; her fax number is 202-336-6040.

I hope that you will participate in the 1994 APA Convention!

Sincerely,

Raymond D. Fowler

Raymond D. Fowler, Ph.D.
Chief Executive Officer

cc: Dr. Jacquelyn Gentry

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Psychology & AIDS Exchange

AIDS Resource Network
Office on AIDS

AMERICAN PSYCHOLOGICAL ASSOCIATION

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The following notice is adapted from the March 25, 1993 statement by Richard A. Millstein, Acting Director, National Institute on Drug Abuse:

COMMUNITY ALERT

Injection drug use remains a very important risk factor for the transmission of HIV. The AIDS virus can be passed from one person to another when injection paraphernalia are shared. While the virus may be harbored in a variety of items used for drug injection, needles and syringes are of paramount concern. In February 1993, a Federally sponsored workshop at Johns Hopkins University reviewed research and current practices on the use of bleach to decontaminate drug injection equipment.

Several papers in the 1980s suggested that household bleach inactivated HIV *in vitro*. In those studies, the target was cell-free virus or virus in cell culture. Bleach soon became the standard for use in needle hygiene programs, and small bottles of bleach were distributed to injecting drug users (IDUs) by outreach workers throughtout the country.

However, more recent data have raised new questions about the efficacy of bleach cleaning; these new findings were summarized at the February meeting. One study found that bleach was more effective than most other readily available solutions, such as alcohol or hydrogen peroxide, but not as effective against HIV in blood as it was against HIV in a cell-free state or in cell culture (Flynn, et al., Sixth International Conference on AIDS, 1990, Abstract S.C.761;3:279). Another study examined the HIV seroconversion rates among a cohort of injecting drug users in Baltimore, MD, and compared those reporting use of disinfectants all the time versus those who denied ever using disinfectants to clean needles and syringes. No significant difference in HIV infection incidence between disinfectant users and nondisinfectant users was found (Vlahov, et al., Epidemiology, 1991;2:444-6).

Contoreggi, et al., NIDA, found that a 10 percent dilution of household bleach (0.525% sodium hypochlorite) was not effective in removing blood from syringes using a 6-second cleaning with bleach, followed by two 6-second rinses with water. Clotted blood was more difficult to clean than fresh blood (VIII International Conference on AIDS, 1992, Abstract PoC 4280;2:C291). Dr. Contoreggi also observed that bleach may initially enhance clot formation when mixed with blood, which may hinder blood removal and HIV inactivation (unpublished data). Still another study in Miami, FL, found that full-strength household bleach (5.25% sodium hypochlorite, e.g., brand name—Clorox) was an effective inactivator of pelleted HIV at exposures of 30 seconds or greater, whereas a 10 percent dilution of household bleach (0.525% sodium hypochlorite) was effective only after exposures of 2 hours (Shapshak, et al., JAIDS, 1993;6:218-9 [letter]). Gleghorn, et al., videotaped drug users conducting mock needle and syringe cleaning and found that more than 80 percent of 161 subjects used bleach for less than 30 seconds when cleaning syringes, although they reported cleaning for longer periods of time (unpublished data).

The sum of this research indicates that use of bleach is an imperfect approach to eradicate or inactivate HIV from injection equipment. We must continue to strengthen our efforts to help IDUs cease to use drugs. Those who do continue to inject drugs must be encouraged to never share injection equipment and be aware that the cleaning of needles and syringes between uses is an imperfect way to prevent HIV infection.

On the following page are recommendations to help drug users understand how to decrease their risk of HIV infection.

What's Inside . . .

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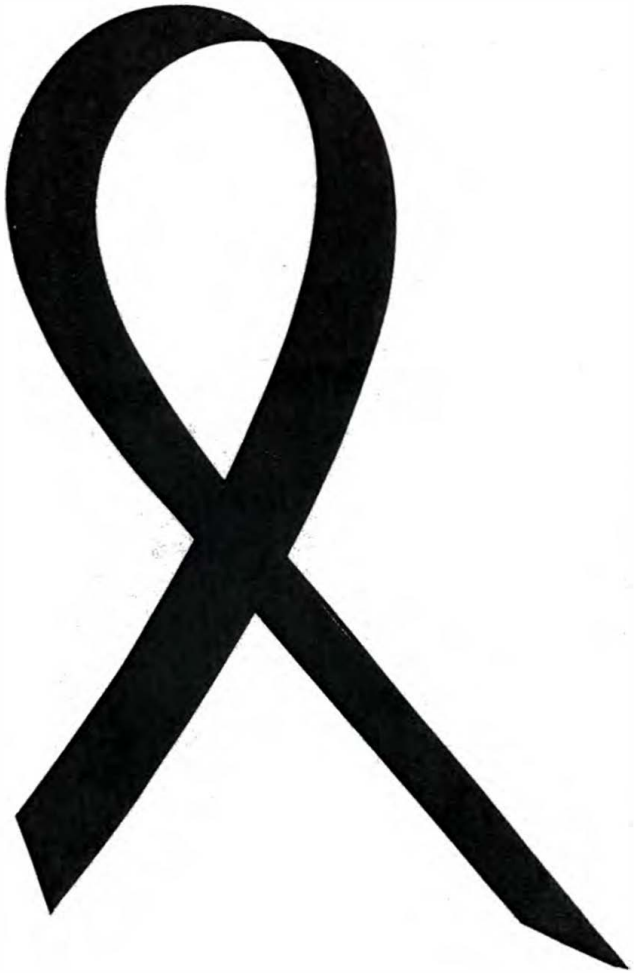

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AIDS MENTAL HEALTH SERVICES

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