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002. paper	re: Treatment (5 pages)	01/12/1994	b(6)

COLLECTION:
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National AIDS Policy Office
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RESTRICTION CODES

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In appreciation of your interest in the paper you reviewed, we are informing you of its outcome. Please remember that the contents of the paper remain confidential until its publication in this or another journal.

Journal of The American Medical Association
515 North State Street
Chicago, Illinois 60610
312 464-5000
312 464-5824 Fax

May 11, 1994

Dennis P. Andrulis, PHD, MPH
National Public Health and Hospital Institute
1212 New York Avenue, NW, Suite 800
Washington, DC 20005

RE: MS# OC4208, *U.S. HOSPITAL CARE FOR HIV-INFECTED...*

Dear Dennis:

As you know, we have completed our review of your manuscript, "U.S. Hospital care for HIV-infected persons and the role of public and private teaching hospitals: 1988-91." Comments from the peer reviewers are enclosed.

The editors would like to have the opportunity to review a revised version of the manuscript that responds to the comments/criticisms of the reviewers. The reviews were not uniformly favorable, and on rereview we will be looking carefully at how you have addressed the comments of the most critical reviewers. The statistical analysis requires further clarification and additional statistical review will be necessary. Open acknowledgement of the limitations of your data is expected.

We have discussed several possible additional analyses you could undertake and I would encourage you to do so. I believe these are a metro/non-metro analysis and to address some of the reviewer concerns about your financial data, a "ratio of costs: charges" analysis. As is evident in the reviewer comments, clarification of the financial data and justification of your decision to report charge rather than cost data will be necessary. Since there was some confusion about how the hospitals were "matched" or selected for the longitudinal analysis, you should review that section and be sure your description is clear. Finally, any additional information you can provide regarding the validity of the self-reported data will be helpful.

Please submit three copies of your revised manuscript, a diskette and a cover letter that details how you have addressed each point of reviewer critique. I cannot promise that the revised manuscript will be accepted for publication, and as mentioned earlier, I will be asking the statistical reviewer to review the revised version, which could necessitate additional revision.

I look forward to receiving your revised manuscript. Please do not hesitate to call me if you have any questions.

With best regards -

Thanks!
Helene

Helene M. Cole, MD
Contributing Editor, JAMA
312-464-2442

HMC:gls
Enclosure
bcc: Kristine Gebbie, RN, MSN

The Journal of the American Medical Association

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COMMENTS FOR EDITORIAL OFFICE

Manuscript Number: OC4208 Manuscript Classification: Original Contribution

Manuscript Title: U.S. Hospital Care for HIV-Infected Persons and the Role of Public...

Author(s): Dennis P. Andrulis, PHD, MPH et al

RECEIVED MAR 2 8 1994

JAMA Editor: Helene M. Cole, MD

Date Sent to Reviewer: March 16, 1994 PLEASE RETURN BY: April 6, 1994

RECOMMENDATION

- [x] Accept as is
- [ ] Accept if suitably revised
- [ ] Revise and reconsider
- [ ] Reject

QUALITY

- [x] Superior
- [ ] Good
- [ ] Fair
- [ ] Poor

PUBLICATION TIMING

- [x] Routine
- [ ] ASAP
- [ ] Fast track

PRIORITY

(Low) 1 2 3 (4) 5 (High)

REFER TO ANOTHER AMA JOURNAL?

- [ ] *Am J Dis Child*
- [ ] *Arch Dermatol*
- [ ] *Arch Fam Med*
- [ ] *Arch Gen Psychiatry*
- [ ] *Arch Intern Med*
- [ ] *Arch Neurol*
- [ ] *Arch Ophthalmol*
- [ ] *Arch Otolaryngol Head & Neck Surg*
- [ ] *Arch Pathol Lab Med*
- [ ] *Arch Surg*

VALUE	YES	NO	UNCERTAIN	N/A
Material original?	☒	☐	☐	☐
Data valid?	☒	☐	☐	☐
Conclusions reasonable?	☒	☐	☐	☐
Information important?	☒	☐	☐	☐
Writing clear?	☒	☐	☐	☐
General medical interest?	☒	☐	☐	☐
Tables/figures appropriate? If not, explain.	☒	☐	☐	☐
Editorial needed?	☒	☐	☐	☐
If yes, I volunteer to write such, or I suggest	☒	☐		

GENERAL COMMENTS FOR EDITOR

This is a well-written, succinct paper that provides important data concerning the impact of the HIV/AIDS epidemic on in-patient services and related economic effects during several important years of the epidemic. The data are of particular interest because of the convergence of health care reform discussions with further anticipated escalation of HIV/AIDS illness in the several years upcoming.

I have no specific criticisms, and thus have not supplied any "comments to authors". I do not think the timing of the publication is particularly critical, although it is of central importance to on-going debate, as noted above. What is important is that these kinds of data be widely available: hence my high rating.

The Journal of the American Medical Association

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COMMENTS FOR EDITORIAL OFFICE

Manuscript Number: OC4208 Manuscript Classification: Original Contribution

Manuscript Title: U.S. Hospital Care for HIV-Infected Persons and the Role of Public...

Author(s): Dennis P. Andrulis, PHD, MPH et al

RECEIVED APR - 1 1994

JAMA Editor: Helene M. Cole, MD

Date Sent to Reviewer: March 11, 1994 PLEASE RETURN BY: April 1, 1994

RECOMMENDATION

- ☐ Accept as is
- ☐ Accept if suitably revised
- ☐ Revise and reconsider
- ☐ Reject

QUALITY

- ☐ Superior
- ☒ Good
- ☐ Fair
- ☐ Poor

PUBLICATION TIMING

- ☐ Routine Somewhere between these!
- ☐ ASAP
- ☐ Fast track

PRIORITY (Low) 1 2 (3) 4 5 (High)

REFER TO ANOTHER AMA JOURNAL?

- ☐ *Am J Dis Child*
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Material original?	☒	☐	☐	☐
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Conclusions reasonable?	☒	☐	☐	☐
Information important?	☒	☐	☐	☐
Writing clear?	☒	☐	☐	☐
General medical interest?	☐	☐	☒	☐
Tables/figures appropriate? If not, explain.	☒	☐	☐	☐
Editorial needed?	☐	☐	☒	☐
If yes, I volunteer to write such, or I suggest Bruce Vladeck, HCFA Administrator	☒	☐		

GENERAL COMMENTS FOR EDITOR

generally good paper, and useful addition to the literature for those following the HIV epidemic & its impact on U.S. care system.

Needs some clarification/editing - see specific queries/comments next page. Where data do not allow clarification, the limitations should be more clearly spelled out.

GENERAL AND SPECIFIC COMMENTS OF REVIEWER TO AUTHOR

JAMA

Manuscript Number OC4208

Author(s) Dennis P. Andrulis, PHD, MPH et al

Manuscript Title U.S. Hospital Care for HIV-Infected Persons and the Role of Public...

Specific Comments

Refer to Page	para	
over	all	lack of data on characteristics of pts by region or over time limits interpretability ... regionally & over time shifts in demographics of HIV+ population (% substance abusing, % women, % infants/children) have been substantial & if available could facilitate real use of this work in program planning.
2	1	Be clear that "1931 hospitals surveyed" = unduplicated #
7	2	Is there any way to clarify whether the most affected areas within a region (Nyc in Northeast; Miami in South; San Francisco/LA in West) were adequately included?
8	1	Reporting on # of admits or days not very meaningful without info on size of institutions ... use of proportion more appropriate. Given generally reported variation in LOS by region, it would be nice to know if the variation in LOS for HIV was about the same as generally the case (it may reflect systemic issues or practice patterns) or differed (may reflect demographics of epidemic or differences in payment policies)
8/9	3/1	Should acknowledge regional data blurs variations in Medicaid policies (extent of coverage & reimbursement rate) which maybe significant.
10/11	3/1-2	Discussion might point out that findings are consistent with other reports on earlier diagnosis, shorter stays, interest in use of hospice/home care at end of life
10/11	all	Lack of regional data in longitudinal data limits

GENERAL AND SPECIFIC COMMENTS OF REVIEWER TO AUTHOR

JAMA

Manuscript Number 0C4208

Specific Comments

Refer to Page	para	
		analysis of LOS, admits/year, which may be varying in different ways given different demographics of epidemic regionally.
14	2	Use of charges rather than costs as basis for discussion of "losses" can be misleading, and some acknowledgment of this would be appropriate.

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Manuscript Title: U.S. Hospital Care for HIV-Infected Persons and the Role of Public...

Author(s): Dennis P. Andrulis, PHD, MPH et al — RECEIVED

JAMA Editor: Helene M. Cole, MD — APR - 5 1994

Date Sent to Reviewer: March 11, 1994 — **PLEASE RETURN BY**: April 1, 1994

RECOMMENDATION

- ☐ Accept as is
- ☒ Accept if suitably revised
- ☐ Revise and reconsider
- ☐ Reject

QUALITY

- ☒ Superior
- ☐ Good
- ☐ Fair
- ☐ Poor

PUBLICATION TIMING

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PRIORITY

(Low) 1 2 3 (4) 5 (High)

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VALUE	YES	NO	UNCERTAIN	N/A
Material original?	☒	☐	☐	☐
Data valid?	☐	☐	☒	☐
Conclusions reasonable?	☒	☐	☐	☐
Information important?	☒	☐	☐	☐
Writing clear?	☒	☐	☐	☐
General medical interest?	☒	☐	☐	☐
Tables/figures appropriate? If not, explain.	☒	☐	☐	☐
Editorial needed?	☐	☐	☐	☐
If yes, I volunteer to write such, or I suggest ____	☐	☐		

GENERAL COMMENTS FOR EDITOR

Comments To Editors on Manuscript Titled,
"U.S. Hospital Care for HIV-Infected Persons and
the Role of Public and Private Teaching Hospitals: 1988-1991"

This manuscript provides important information from a valuable data source -- the 1991 NPHHI HIV/AIDS Survey. The manuscript would be improved if it addressed issues relating to the feasibility of using hospital discharge abstracts to distinguish between HIV-infected persons who do and who do not have AIDS, and if the definition of loss (defined in the manuscript as charges less revenues) were changed. The manuscript would also be improved if the authors compared results from the 1991 survey with results from earlier studies. If these tasks are successfully undertaken (and I believe the authors can successfully address the aforementioned concerns), I would recommend that the manuscript be published.

Comments To Authors on Manuscript Titled,
"U.S. Hospital Care for HIV-Infected Persons and
the Role of Public and Private Teaching Hospitals: 1988-1991"

This manuscript presents the results from a large 1991 survey of hospitals about care provided to persons with HIV. This is the latest in a series of surveys sponsored by the National Association of Public Hospital's research arm, the National Public Health and Hospitals Institute (NPHHI). Three articles have been published in JAMA that present results from the 1985, 1987, and 1988 NPHHI surveys. These articles have provided important information about the characteristics of the care received by persons with HIV in the United States.

The most notable aspect of the 1991 survey is the large number of responding hospitals (773) and the extraordinary number of persons with AIDS (31,725) and persons with HIV without AIDS (1987 CDC defined AIDS -- 22,941) whose care is described by the survey (the 1988 survey included data from 323 hospitals about 16,213 PWAs and 11,077 persons with HIV without AIDS). Because this survey is so large (the authors estimate that this survey provides data on 55 percent of the HIV-related inpatient admissions for 1991) concerns about representativeness are limited. In addition, the broad array of participating hospital associations provides a sample of hospitals that mirrors the universe of all hospitals in some important characteristics (e.g. ownership). One minor point that the authors should acknowledge is that their count of patients is biased upward because they do

not collect personal identifiers on patients. Thus, a given patient who is hospitalized at two different hospitals during the same year is counted as two separate patients.

Another weakness of this survey (and preceding surveys sponsored by NPHHI) is uncertainty about the quality of the data in the survey. Although the authors instruct the responding hospitals to use available resources (medical records, discharge abstracts, bills) to complete the questionnaire, the overall quality of the data provided by the hospitals is debatable because a sample of the data are not verified using alternate sources. In addition, there are specific items in the survey which are almost certainly inaccurate. For example, the survey asks hospitals to distinguish between persons with HIV who do, and who do not, exhibit symptoms included in the 1987 CDC definition of AIDS using ICD-9 codes (see page 3 -- because the manuscript did not number the pages, I numbered the pages with the INTRODUCTION being page 1). Rosenblum and colleagues examined the accuracy of 6,087 hospital records from hospitals in seven states in distinguishing between infected persons with and without AIDS (Am J Public Health, 1993;83:1457-1459). The authors concluded that, "It was not possible to distinguish between HIV with and without AIDS from the diagnostic codes listed on computerized hospital and Medicaid records; review of medical charts was required to make this distinction" (p. 1459) (It is unlikely that medical chart reviews were conducted by the hospital personnel who filled

out this survey). Individuals with ICD9 codes 42-44 invariably are infected with HIV but those with ICD9 code 42 are not always PWAs. Thus, hospital abstracts are effective in identifying HIV-infected individuals but are not nearly as effective in ascertaining whether or not these individuals have progressed to AIDS.

Even if coders accurately recorded all ICD9 codes, it would not be possible to determine whether some persons with HIV have AIDS because the definition of AIDS in many instances relates to the severity and length of symptoms, and not simply the existence of symptoms. For example, for a person to have wasting syndrome as a defining condition of AIDS a person must experience a profound involuntary weight loss of greater than 10 percent of baseline body weight plus either chronic diarrhea (at least two loose stools per day for more than 30 days) or chronic weakness and documented fever (for more than 30 days, intermittent or constant) in the absence of a concurrent illness or condition other than HIV infection. Data on ICD9 codes do not provide this level of detail.

Another weakness of this manuscript is the method used by the authors to calculate hospital losses (Table 5 reports losses to hospitals associated with the treatment of persons with HIV). In their Discussion (page number 14), the authors state that, "Sustained and increasing losses are likely to cause some

institutions to rethink their ability to provided care to this population in light of their responsibilities to other hospital-based care needs within their communities". The authors define losses as charges less revenues (see Table 5). This is incorrect. The authors correctly defined losses in previous articles as costs less revenues (data on costs are not reported in this manuscript). Hospital revenues always are less than hospital charges, but this does not imply that losses are incurred.

As already noted, the authors estimated that the 90,000 HIV-related admissions captured in this survey represent 55 percent of the 165,000 HIV-related hospital discharges estimated using the U.S. National Hospital Discharge Survey (see page 15). Rosenblum and colleagues estimate that hospital records identify only 61 percent of persons with AIDS admitted to hospitals (Rosenblum et al., p. 1459). They reviewed medical records to identify persons with AIDS and found that an AIDS diagnosis was included on the discharge abstracts in only 61 percent of the cases. This implies that the NPHHI survey does not include data on 55 percent of the HIV-related hospitalizations.

In the Results section the authors present data about the characteristics of care (e.g., length of stay, number of stays, charges per day and per stay, charges per persons per year, and the number of days of care per person per year). This section

would be improved if it contrasted the findings presented here with those presented in earlier surveys. For examples: **(1)** the 1991 survey found that the average length of stay for PWAs was 13.1 days and for persons with HIV without AIDS was 9.9 days, whereas the 1988 survey found these figures to be 16.4 and 14.4, respectively (this is a meaningful drop); **(2)** the 1991 survey found that the average charge per day for a PWA was $1,297 and for a person with HIV without AIDS was $1,418, whereas the 1988 survey found these figures to be $979 and $819, respectively (evidently, there has been a dramatic increase in the charge per day for persons with HIV -- this finding is supported by data reported by Jon Eisenhandler, Empire Blue Cross and Blue Shield)); and **(3)** the 1991 survey also reported higher proportions of PWAs (7.5 percent) and persons with HIV without AIDS (6.1 percent) covered by Medicare than did the 1988 survey which found these figures to be 3.2 percent and 4.2 percent, respectively.

On page 3, the manuscript states that the survey collected data about outpatient visits and pediatric care. Yet, the manuscript does not present data on the use of outpatient services by persons with HIV or on the use of services by children with HIV. Both of these topics are important and should be addressed, if possible. The 1987 survey provided information on hospital outpatient services consumed by persons with HIV.

The Journal of the American Medical Association

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COMMENTS FOR EDITORIAL OFFICE

Manuscript Number: OC4208 — Manuscript Classification: Original Contribution

Manuscript Title: U.S. Hospital Care for HIV-Infected Persons and the Role of Public...

Author(s): Dennis P. Andrulis, PHD, MPH et al — RECEIVED APR 11 1994

JAMA Editor: Helene M. Cole, MD

Date Sent to Reviewer: March 9, 1994 — PLEASE RETURN BY: March 31, 1994

RECOMMENDATION

- ☐ Accept as is
- ☐ Accept if suitably revised
- ☒ Revise and reconsider
- ☐ Reject

QUALITY

- ☐ Superior
- ☐ Good
- ☒ Fair
- ☐ Poor

PUBLICATION TIMING

- ☒ Routine
- ☐ ASAP
- ☐ Fast track

PRIORITY

(Low) 1 2 3 (4) 5 (High)

REFER TO ANOTHER AMA JOURNAL?

- ☐ *Am J Dis Child*
- ☐ *Arch Dermatol*
- ☐ *Arch Fam Med*
- ☐ *Arch Gen Psychiatry*
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- ☐ *Arch Surg*

VALUE

	YES	NO	UNCERTAIN	N/A
Material original? probably	☒	☐	☒	☐
Data valid?	☒	☐	☒	☐
Conclusions reasonable?	☒	☐	☒	☐
Information important?	☒	☐	☐	☐
Writing clear?	☒	☒	☐	☐
General medical interest?	☒	☐	☐	☐
Tables/figures appropriate? If not, explain.	☐	☐	☐	☐
Editorial needed?	☐	☐	☒	☐
If yes, I volunteer to write such, or I suggest _____	☐	☐		

GENERAL COMMENTS FOR EDITOR

Comments To The Editor

Manuscript Number:	OC4208
Author:	Dennis P. Andrulis, PhD, MPH et al
Title:	U. S. Hospital Care for HIV-Infected Persons and the Role of Public...

The authors present important data, but the ANOVA model has not been described fully. Therefore, much of the statistical analysis requires clarification.

Comments To The Author

Manuscript Number:	OC4208
Author:	Dennis P. Andrulis, PhD, MPH et al
Title:	U. S. Hospital Care for HIV-Infected Persons and the Role of Public...

---

1. Did the authors ask about expected payer sources and actual payer sources?

2. Were nonresponding institutions compared to responding institutions other than for geographic area and public versus private status?

3. The ANOVA model should be described more fully.

4. Why were data in Table 3 analyzed using T-tests rather than ANOVA? How were comparisons across geographic regions performed?

5. No information is given on urban and rural status of hospitals and whether cities like New York and San Francisco were included.

6. No information is given on patient risk factors for HIV and AIDS.

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COMMENTS FOR EDITORIAL OFFICE

Manuscript Number: OC4208 Manuscript Classification: Original Contribution

Manuscript Title: U.S. Hospital Care for HIV-Infected Persons and the Role of Public...

Author(s): Dennis P. Andrulis, PHD, MPH et al

RECEIVED APR 18 1994

JAMA Editor: Helene M. Cole, MD

Date Sent to Reviewer: March 15, 1994 PLEASE RETURN BY: April 5, 1994

RECOMMENDATION

- ☐ Accept as is
- ☐ Accept if suitably revised
- ☐ Revise and reconsider
- ☒ Reject

QUALITY

- ☐ Superior
- ☐ Good
- ☐ Fair
- ☒ Poor

PUBLICATION TIMING

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PRIORITY

(Low) 1 2 3 4 5 (High)

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VALUE	YES	NO	UNCERTAIN	N/A
Material original?	☐	☐	☒	☐
Data valid?	☐	☒	☐	☐
Conclusions reasonable?	☐	☒	☐	☐
Information important?	☐	☐	☒	☐
Writing clear?	☐	☒	☐	☐
General medical interest?.	☐	☒	☐	☐
Tables/figures appropriate? If not, explain.	☐	☒	☐	☐
Editorial needed?	☐	☐	☐	☒
If yes, I volunteer to write such, or I suggest	☐	☐		

GENERAL COMMENTS FOR EDITOR

This survey once produced the first available data on AIDS in U.S. hospitals. With the passage of time it may have outlived its usefulness. It is not a probability Sample survey but a convenience sample based on membership in certain organizations. Response rates are low and the quality of data is suspect. The estimates of payer distribution are far off the mark because they come from a skewed sample weighted heavily by public hospitals

☐ I disclose below my conflict(s) of interest in reviewing this manuscript.

MS #OC4208 - U.S. Hospital Care for HIV-Infected Persons and the Role of Public and Private Teaching Hospitals: 1988-1991

Page 1, Paragraph 1

1. The first sentence is ungrammatical.

2. The opening argument that AIDS presents "profound challenges" to the health care system which used to be self-evident can no longer be taken for granted. For example, the annual increase in incidence of 3.5% cited here seems manageable. Even more recent data from CDC indicate that reported cases fell 2% from 1992 to 1993 using the pre-1993 surveillance definition[1]. Medical expenses of $69,100 from diagnosis to death sound less dramatic when you realize that the time interval from diagnosis to death is 10 to 20 years. The $15.2 billion figure for 1995 seems high given the recent slowing of growth in caseload.

Paragraph 2

Some recent data from Blue Cross/Blue Shield of Greater New York suggest that inpatient care no longer represents the largest proportion of AIDS costs.

This survey is not representative of U.S. hospitals. The sampling frame is not all hospitals but members of certain organizations that are heavily skewed toward large, urban, public teaching hospitals. This biases the estimates made from the data. In addition, the low response rate (56%) may introduce further biases; for example, respondents may have larger caseloads of AIDS than non-respondents. This would not show up in comparisons of such variables as ownership and region.

There is little information on how hospitals obtained the data they submitted to the survey or how reliably the hospitals complied with the definitions. It is not uncommon for many hospitals to have difficulty obtaining accurate counts of AIDS cases. Billing files often disagree with files kept by infection surveillance. More subtle questions like numbers of OHIV patients are even more problematic. Instructions to hospitals to "exclude patients who were HIV-positive, but admitted for reasons not related to their HIV condition" sounds extremely optimistic about the specificity of coding and the data processing capacity of most hospitals. In this regard it is interesting that 20 hospitals acknowledged being unable to distinguish AIDS from other HIV in their databases. Together these 20 hospitals accounted for 7% of all AIDS/HIV related admissions so some of them must have had very large AIDS caseloads, and still could not count AIDS and OHIV separately.

Data Analysis. This section refers to a "matched set" of hospitals. This terminology generally signifies a control group.

Apparently, there were 124 hospitals in the longitudinal study. This is a sample of about 6% of the total survey. Such an extremely small, non-random sample cannot be generalized.

Data apparently covered either calendar or fiscal year. How were these reconciled in trend analyses? Several hospitals provided six months of data, therefore annualized estimates were made by doubling. Was the doubling applied to all the characteristics (payor, charges, etc.)? How can doubling be justified when the authors report a growth rate of over 20% per year?

Statistical Analysis

This section is not well written. Some of the methods seem to assume that the individual admission was the unit of analysis when, in fact, the survey asked for summary data from each hospital. For ALOS and the other per-admission variables, how were standard errors estimated from summary data? The transformation of "financial cost data" (meaning charges?, losses?) to natural logarithms is unclear. The skewness of the distributions pertains to case level not hospital level data. But isn't the survey database a hospital level resource?

Results

There is a great deal of descriptive data given here, the usefulness or purpose of which is unclear (e.g., the proportion of ICU days for AIDS (3.6%) and OHIV patients (3.4%)). We learn that AIDS patients were 2.5 times as likely to die in the hospital as OHIV patients (which is not surprising, given that the definition of AIDS included many life threatening conditions). Nor is it surprising that hospitals in the Northeast (where there is a lot of AIDS) treated more AIDS patients than did hospitals in the Midwest (where there isn't).

Per-hospital averages are meaningless since the denominator is not well specified - it is literally the mean number of hospitalizations per hospital that had some AIDS cases and responded to this survey. Statements about private vs. public hospitals should not be presented since the vast majority of private hospitals do not belong to the surveyed organizations and those that do are not representative of private hospitals in general. Medicaid and self-pay (i.e., persons with very low income or no insurance) accounted for the majority (53.8%) of AIDS cases in these private hospitals. This suggests a very unusual sample of private hospitals that treat so many persons in poverty.

The data on payer source from this survey are not generalizable beyond the surveyed hospitals themselves. Medicaid is an important and growing source of payment for AIDS, but it is not and never has been the primary source nationally despite many misleading statements to the contrary. Medicaid is the primary payment source for AIDS among public hospitals which are overrepresented in this survey.

Charges per admission mean little especially without understanding how the charges were derived. Few payers pay charges any more, least of all Medicaid. The figures presented as "losses" are also unclear. How were these calculated (reimbursement minus charges?).

Discussion

Some of the conclusions may not be warranted. For example:

1) The conclusion that utilization by AIDS/HIV patients is large and increasing - even among the hospitals that responded for three years in a row, AIDS/OHIV accounted for only 2.3% of those hospitals' actual bed days.

2) The conclusion that public sources are dominant. Again, this is exaggerated because of the biased sample which is skewed toward hospitals that primarily serve the poor.

1. CDC. Update: Impact of the Expanded AIDS Surveillance Case Definition for Adolescents and Adults on Case Reporting - United States, 1993. JAMA. 271:976-978. 1994.

THE WHITE HOUSE

WASHINGTON

May 18, 1994

H. Denman Scott MD, MPH, FACP
Senior Vice President
Health and Public Policy
American College of Physicians
6th Street at Race
Independence Mall West
Philadelphia, PA 19106

Dear Dr. Scott:

It is my pleasure to invite you to join Mark Smith, M.D. of the Kaiser Family Foundation, Harvey J. Makadon, M.D., of the Harvard AIDS Institute, Thomas J. Coates, Ph.D., of the Center for AIDS Prevention Studies at the University of California at San Francisco, and me for an important meeting on *HIV Prevention, Looking Back, Looking Ahead*, to be held at my office on June 30, 1994, from 8:30 A.M. to 5:00 P.M.

This project, which has been recently funded by the Kaiser Family Foundation, is taking a comprehensive look at HIV prevention efforts. One immediate goal will be to develop strategies to incorporate HIV prevention into primary care practice. To accomplish this, project staff will develop guidelines, educational strategies and policy initiatives on how to expand clinical practice to include HIV prevention. These strategies must be based on a better understanding of how clinical efforts in this area work and how they can become more effective.

The meeting to be held on June 30 will give representatives of national health professional organizations an opportunity to share ideas on how to structure the strategies in this area. As National AIDS Policy Coordinator and a clinician, it is my belief that the issue of HIV/AIDS prevention must be addressed in the primary care setting as part of a multi-faceted effort to stop the spread of HIV.

The incorporation of HIV/AIDS prevention must be as much a part of primary care clinical efforts as are strategies to eliminate smoking and alcohol use. The complexities of behaviors that put people at risk for HIV/AIDS may cause a reluctance on the part of some clinicians to deal with this issue. We hope to be able to address this and other concerns in this area during the meeting.

I hope that you will be able to join this group at my office, 750 17th Street, N.W.,

Washington, D.C., 20002 on June 30th. If you have any questions concerning this meeting, please contact Harvey J. Makadon, M.D. at (617) 735-3996, or Carlos Vélez, J.D. of my office at (202) 690-6248.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Mrs. Mary Shaffer
3548 Churehill Lane
Philadelphia, PA 19114

Dear Mrs. Shaffer:

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

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

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

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Kathy Davis, RN
Terry Gibson, RRT
Gretchen Ross, RN
3052 Adrgrove Road #70
Nicholasville, KY 40356

Dear Ms. Davis, Ms, Gibson, Ms. Ross:

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Pam Mitchell
12465 N. Holly Road
Holly, MI 48442

Dear Ms. Mitchell:

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Pamela S. Kolment
550 N.E. Lima Vias
Jensen Beach, FL 34957

Dear Ms. Kolment:

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Lisa J. Kemp
Route 2, Box 349-B
Ronda, NC 28670

Dear Ms. Kemp:

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

MEMORANDUM FOR GEORGE STEPHANOPOULOS
SENIOR ADVISOR TO THE PRESIDENT FOR
POLICY AND STRATEGY

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

SUBJECT Candlelight Memorial on May 22, 1994

On Sunday, May 22, 1994 National Minority AIDS Council (NMAC) will be hosting the 11th Annual AIDS Candlelight Memorial and Mobilization event in Lafayette Park at 6:30pm. The Honorary Co-Chairs of this year's event are Mayor Kelly and D.C. Council Chair, Dave Clark.

Kristine Gebbie is scheduled to be in Michigan at that time and we are trying to re-arrange her schedule to get her back here for the event. We need to have some representation of the Administration at this event. NMAC has requested that I ask you to participate. In the past it has been very powerful and moving event.

The event involves a candlelight service (the White House will also light candles in their windows with the participants), and then a march to the Capitol where there will be speakers and a gospel choir.

Although we would love to have you say a few words on behalf of the Administration, you do not have to speak at this event.

Thanks for your consideration, I hope you can make it. I have attached a letter of invite from NMAC to Coordinator Gebbie for your review. Please call me at 202/632-1090 with any questions.

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Christine Arnott, RN, BSCN, CCRN
23239 Fullerton Avenue
Port Charlotte, FL 33980

Dear Ms. Arnott:

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

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Lisa M. Clinton, RN, CCRN
3350 NW 24th Terrace
Baca Raton, FL 33431

Dear Ms. Clinton:

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Kimberly A. Queenie
5507 Red Coach Road
Dayton, Ohio 45429

Dear Ms. Queenie:

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

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Carol Longford, RN
2847 W. Lower Springlow Road
Franklin, OH 45005

Dear Ms. Longford:

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

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

G. Chambers, RN, BSN
230 Bogie Lake Road
White Lake, MI 48383-2700

Dear Ms. Chambers:

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

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Jennifer Batt, BSN, MBA, RN
7960 NW 50th Street #108
Lauderhill, FL 33351

Dear Ms. Batt:

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Mrs. Lohrie G. MacDonald
519 Sabin Road
Spencer, New York 14883

Dear Mrs. MacDonald:

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

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Stephanie Kushnier
28 Mabaline Road
Old Bridge, NJ 08857

Dear Ms. Kushnier:

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

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Arvella B. Vowell
Aurora Apartment #409
509 Howard Street
San Antonio, TX 78212

Dear Ms. Vowell:

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Benita Dunworth
3624 Claybourne Road
Kettering, OH 45429

Dear Ms. Dunworth:

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Linda Chemulier, Education Director
Buregard Memorial Hospital
600 S. Pine Street
DeRidder, LA 70634

Dear Ms. Chemulier:

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

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Sincerely,

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National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Mary Ansehuetz, RN
121 East Oak Street
Lake Mills, WI 53551

Dear Ms. Ansehuetz:

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Sharon D. Cowdrey, RN
1620 Belvo Rd. 8479697
Miamisburg, OH 45342

Dear Ms. Cowdrey:

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

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

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

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Ms. Billi Goldberg
2261 Market St., #436
San Francisco, California 94114

Dear Ms. Goldberg:

This is to respond to the materials on programmed cell death (PCD) you sent to me by facsimile on March 25, 1994.

Thank you for taking the time to inform me of this finding. Your comment on Meyaard et al. article on PCD is in line with that a greater effort is needed in basic research before a clear mechanism of HIV pathogenesis is elucidated.

As the National AIDS Policy Coordinator, I strongly support biomedical research which would lead to the understanding of HIV pathogenesis and to a treatment for AIDS.

Sincerely,

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

Billi Goldberg

FAX COVER SHEET

Fri Mar 25 1994 12:40 am

To: Ms. Kristine Gebbie
Fax #: 1-202-690-7560

Fax #: 1-415-826-4928
Voice #: 1-415-826-3597

Fax: 2 pages and a cover page.

Note: It appears that PCD isn't what's causing the problem. More and more, it looks like anergy (no costimulatory signal between CD80 on APCs and CD28 on CD4s and CD8s).

Paul Tarsy
draft copy

It appears that the Meyaar et al. undercuts the concept of programmed cell death (PCD) as a cause of disease progression and supports the anergy hypothesis.

Very interesting article in the 3/28/94 Newsweek titled "Antibiotics--the end of miracle drugs?" Stuart Levy, Jay Levy's twin brother is featured in the article.

"The Billion Dollar Molecule" by Barry Werth has just been published by Simon and Schuster. It is a fascinating look at the inside of the biotech industry and does mention some of the machinations behind the protease inhibitors. Clear and concise, it explains how the driving force behind drug development is, big surprise, Money!

==========

Meyaard L, Otto SA, Keet IPM, Roos MTL, Miedema F. Programmed death of T cells in human immunodeficiency virus infection. No correlation with progression to disease. J Clin Invest 1994; 93:982-988.

Abstract: Programmed death of T cells has been proposed as one of the mechanisms by which HIV affects immune functions in stages of infection where the number of infected cells is low. Indeed, in HIV-infected individuals both CD4+ and CD8+ T cells are primed for programmed cell death, which can be enhanced by polyclonal stimulation. Here, we investigated programmed death of T cells in all stages of HIV infection, included acute infection. In individuals with primary infection the number of T cells dying due to apoptosis was much higher than in the asymptomatic phase of infection and paralleled increased numbers of CD8+ cells. In asymptomatic HIV-infected individuals, cells were dying in increased percentages compared with noninfected controls, although at much lower numbers than during acute infection. Death of T cells was not quantitatively correlated with CD4+ T cell numbers of appearance of more cytopathic syncytium-inducing HIV variants. Analysis of the phenotype of cells undergoing apoptosis revealed that cell death was not confined to a specific T cell subset nor correlated with expression of certain T cell activation markers. Our results imply that the extent of programmed cell death of T cells in HIV infection does not correlate with progression to disease.

Page 987-988: Recently, antigen-presenting cell (APC) function, regulating either proliferation and cytokine production or cell death of the responding T cell, was proposed as a mechanism to shape a given immune response. We have previously argued the APC dysfunction as a result of HIV infection may cause T cells dysfunction, which is also based on observation in HIV-infected chimpanzees. Chimpanzees can become persistently infected with HIV without development of clinical symptoms. T cells of HIV-infected chimpanzees have a normal response to stimulation in vitro and the proportion of T cells dying due to PCD in infected animals does not exceed that in noninfected animals. Interestingly, HIV does not infect chimpanzee monocytes and only T cell tropic variants are isolated from infected animals. The absence of infected APC in chimpanzees might be the explanation for the fact that enhanced PCD of T cells does not occur.

Our data suggest that PCD in acute HIV infection is a reflection of immune activation leading to high turnover of cells, as is observed in acute virus infections in general. High numbers of apoptotic cells in the early stage of infection are followed by moderately increased numbers of cells dying during the asymptomatic phase. In asymptomatic

HIV infection, PCD reflects a continuous activation leading to priming for death and deletion of responding T cells. Although CD4+ cells do not make up the majority of cells that are dying, incessant turnover of CD4+ cells by PCD may contribute to CD4+ cell depletion, especially when renewal of the CD4+ T cell compartment is eventually affected by HIV.

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Stephen J. Millar, Ph.D.
531 Hawthorn Place
Missouri City, Texas 77459

Dear Dr. Millar:

This is to respond to your April 17, 1994 letter.

Thank you very much for writing and sharing with me your thought on current HIV/AIDS research. It deserves a serious attention.

As described in your letter, HIV is a difficult agent to target drugs to due to its high mutation rate. This is one of the reasons why not only HIV is a target for research but also is the host macromolecular and immunological machinery. As you know, one of the responsibilities of the newly created Office of AIDS Research is to set the direction for HIV/AIDS research at the NIH, which is an on-going process.

As the National AIDS Policy Coordinator, I strongly support research strategies on HIV/AIDS which are supported by a sound scientific basis. You can be assured that until a drug or a vaccine is developed to control HIV/AIDS, I will always advocate for approaches which are novel and scientifically based.

Sincerely,

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

Kristine Gebbie
AIDS Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC.

531 Hawthorn Place
Missouri City
TX 77459

Tel: (713) 499-0772

Paul
draft
reply

April 17, 1994

Dear Ms. Gebbie:

I note that part of the Clinton administration's "action agenda" for confronting the AIDS epidemic lists goals including eliminating the obstacles to developing an effective vaccine. While you may be able to cut much of the administrative and bureaucratic red tape and streamline clinical trials and FDA evaluation protocols, that is NOT where the major obstacle to producing AIDS drugs and vaccines lies. Before you can test a drug or vaccine, you first must have developed it! That is where the major stumbling block is, the inability of the scientific establishment to produce effective AIDS therapeutics.

Why is this? Strategies that have previously proved successful in developing effective anti-viral drugs and vaccines used the specific virus as a template. As a logical starting point for HIV, this rationale led to the AZT, ddI and ddC class of drugs, protease inhibitors, and test vaccines based on whole virus, parts of the virus and specific viral components. None of these have proved to be effective over the long term because of the high mutation rate of the virus.

Logic and common sense would dictate that HIV as template is NOT an appropriate strategy or the best way to go. What is needed are new therapeutics that function despite the HIV mutation rate. It requires turning the basic questions around and addressing the problem from a different perspective. It requires the development of innovative strategies. RIGHT?

WELL, THIS IS WHERE THE STUMBLING BLOCK IS. The scientific establishment, whether it wants to admit it or not, has basically predetermined that drug or vaccine development will be predicated on the use of HIV as the template. Period!! Any suggestion of using a different strategy is classified in terms such as "not meeting with current objectives" and generally ignored. This creates a Catch 22 situation.

- Drugs and vaccines can only be developed using HIV as template
- Drugs and vaccines using HIV as template have proved ineffectual because of the high mutation rate of the virus.
- Therefore, develop new therapeutics that function despite this mutation rate.
- But new drugs and vaccines can only be developed using HIV as template.

The only way this dilemma will be resolved is when someone in authority really shakes up the establishment. Until then, this entrenched "virus as template" philosophy, this close minded attitude will prevail. We will expend lots of resources, generate masses of data, use the latest and most expensive technologies available. All very impressive which can then be used to convince us how well we are doing!! But the bottom line, we will still end up with NO SOLUTION and a continuing litany of excuses.

You want to remove some of the obstacles to drug and vaccine development for HIV/AIDS? Remove some of the road blocks created by the entrenched mind set currently prevailing within the scientific establishment. You maintain the *status quo*, the cycle new drugs and vaccines proving ineffectual because of the HIV mutation rate will just continue.

Sincerely,

Stephen J. Millar

Stephen J. Millar, PhD.

THE WHITE HOUSE

WASHINGTON

May 20, 1994

MEMORANDUM FOR HEATHER BECKEL
EXECUTIVE ASSISTANT TO THE SENIOR ADVISOR

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

SUBJECT Candlelight vigil on May 22, 1994

There will be a candle light vigil in observance of the International AIDS Candlelight Memorial and Mobilization on Sunday in Lafayette Park. Following the candle lighting ceremony there will be a march to the Capitol. The vigil begins at 6:30 in Lafayette Park, but if George can attend they would like him there at 6:15, if he does not want to march to the Capitol he can leave at 7:10pm. If you wish to stay for the march, it will leave Lafayette Park at 7:15.

The actual lighting of the candle will take place at 7:00 pm. There will be speeches by Paul Kawata, the Executive Director of the National Minority AIDS Council and Mike Shriver, Executive Director of Mobilization Against AIDS who will also introduce George. George will be expected to speak for about 3-5 minutes, before the candle lighting. I would be happy to brief George on his remarks at his convenience.

The organizers expect 1,000-1,500 at Lafayette Park and 3,000-5,000 at the Capitol. There will be a stage set up in the North-East corner of Lafayette Park and there will be a stage also at the reflecting pool of the Capitol. Mayor Sharon Pratt Kelly and Congresswoman Eleanor Holmes Norton are expected to attend. WUSA, FOX, the Washington Post, the Washington Times and the Washington Blade will all be covering the event.

If you have any more questions, please give me a call at 202/632-1090.

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Richard T. Long, Ph.D.
Clinical and Forensic Psychologist
Long Psychology Consultant
Administration
6409 Zinn Drive
Oakland, California 94611

Dear Dr. Long:

This is to respond to your April 28, 1994 letter regarding Doxil.

Thank you for taking the time to write and to inform me of the potential benefit of Doxil for treating Kaposi's Sarcoma.

As you know, ensuring the safety and efficacy of therapeutics and treatment is the responsibility of the Food and Drug Administration. Dr. Paul Tran of my staff has already contacted the FDA to obtain more information on the fast-track application of Doxil. You may call him at (202) 690-5560 for a further discussion.

As the National AIDS Policy Coordinator, I strongly advocate expeditious approval of therapeutics which have been shown to be safe and effective.

Sincerely,

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

LONG PSYCHOLOGY CONSULTANTS
A Professional Corporation
(415) 931-6262

Paul
draft
reply

April 28, 1994

Dear Ms. Kristine Gebbie:

Enclosed is a letter I sent to Ms. Jean McKay at the FDA.

Don Northfelt, M.D., the principal investigator at UCSF, agrees with the letter. Doxil (Dox-SL) is the best drug available for the treatment of KS.

Any help to get it fast tracked would be appreciated.

Thanks,

Richard T. Long, Ph.D.

2477 WASHINGTON STREET, SAN FRANCISCO, CA 94115
220 MONTGOMERY ST., STE. 875, SAN FRANCISCO, CA 94104
BILLING: 1301 WALDEN ROAD, WALNUT CREEK, CA 94596
X ADMINISTRATION: 6409 ZINN DRIVE, OAKLAND, CA 94611

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Jean H. Mckay; re: Drug Stuck in Trials (2 pages)	04/15/1994	b(6)

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

FOLDER TITLE:
May Chron Files 1994 [5]

2018-0756-F
jp4821

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. paper	re: Treatment (5 pages)	01/12/1994	b(6)

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

FOLDER TITLE:
May Chron Files 1994 [5]

2018-0756-F
jp4821

RESTRICTION CODES

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

EXPERIMENTAL SUBJECT'S
BILL OF RIGHTS

The rights below are the rights of every person who is asked to be in a research study. As an experimental subject I have the following rights:

1) To be told what the study is trying to find out,
2) To be told what will happen to me and whether any of the procedures, drugs, or devices is different from what would be used in standard practice,
3) To be told about the frequent and/or important risks, side effects, or discomforts of the things that will happen to me for research purposes,
4) To be told if I can expect any benefit from participating, and, if so, what the benefit might be,
5) To be told of the other choices I have and how they may be better or worse than being in the study,
6) To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study,
7) To be told what sort of medical treatment is available if any complications arise,
8) To refuse to participate at all or to change my mind about participation after the study is started. This decision will not affect my right to receive the care I would receive if I were not in the study,
9) To receive a copy of the signed and dated consent form,
10) To be free of pressure when considering whether I wish to agree to be in the study.

If I have other questions I should ask the researcher or the research assistant. In addition, I may contact the Committee on Human Research, which is concerned with protection of volunteers in research projects. I may reach the committee office by calling: (415) 476-1814 from 8:00 AM to 5:00 PM, Monday to Friday, or by writing to the Committee on Human Research, Box 0962, University of California, San Francisco, CA 94143.

Call 476-1814 for information on translations.

12\91

AIDS TREATMENT NEWS

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San Francisco, CA 94141
415/ 255-0588
Internet: aidsnews@igc.apc.org

Contents

National Task Force Meets April 14-15

The National Task Force on AIDS Drug Development will hold its first meeting on April 14 and 15, at the Sheraton National Hotel in Arlington, Virginia. The meeting is open to the public, and there will be time for public testimony. Those wishing to speak should notify the contact person (below) in advance, by April 7 if possible. Perhaps more importantly, information can also be submitted in writing.

The National Task Force "identifies any barriers and provides creative options for the rapid development and evaluation of treatments for HIV infections and its sequelae. It also advises on issues related to such barriers and provides options for the elimination of these barriers."

The contact person for this meeting is Jean H. McKay, Office of AIDS and Special Health Issues (HF-12), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, phone 301/443-0104, fax 301/443-4555.

Comment

This task force, meeting occasionally for two days in an auditorium, cannot automatically fix the problems of AIDS research — any more than the election of a sympathetic U.S. president could automatically do so. What the National Task Force can do is to enable those who are working in the laboratories and clinics to explain their practical problems and their suggestions — and hopefully get results. But principal investigators, research nurses, lab assistants, etc. will need to approach the task force and tell what they know. Often this is difficult, because of the politics of funding, or of the workplace; perhaps we need an organization called Speak Up to encourage people to give the task force the depth of information it needs. You can write to the National Task Force on AIDS Drug Development, c/o Jean McKay at the address above, at any time, before or after the upcoming meeting, and your information will be forwarded to the members.

Incidentally, *AIDS Treatment News* is always interested in such information; we read everything you send. You can write or call us at any time, anonymously if you want.

More on LTR Inhibitors: No Drug Resistance to a Tat Inhibitor

by Charles Davidson

The rapid development of drug resistance by HIV continues to be a major obstacle in finding better treatments. Resistance to AZT and similar drugs is well known; resistance to protease inhibitors, a new class of experimental drugs, is now also being found. A number of different strategies may help to deal with the problem, however.

This article looks at what can be learned from one drug (Ro 24-7429, the Hoffmann-La Roche Tat inhibitor) to which HIV developed no resistance at all, in two years of laboratory studies which attempted to create such resistance.[1] We will also examine the class of drugs to which Ro 24-7429 belongs — the LTR inhibitors. A look at how LTR inhibitors work suggests that they will need to be used in well-designed combinations in order to work most effectively.

[Editor's note: Ro 24-7429 was tested alone, and rejected by Hoffmann-La Roche for further development, after it failed to reduce the level of p24 antigen in people in a small clinical trial;

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Ms. Virginia Noll
5937 Kunesh Road
Pulaski, Wisconsin 54612

Dear Ms. Noll:

Thank you for taking the time to write and share your invention with me.

It is the inventors like yourself whose inventions - from medicine to HIV preventive means - have helped in the fight against HIV.

As you know, my office is always open to meet with the public concerned with the HIV/AIDS pandemic. You may call Dr. Paul Tran of my staff at (202) 690-5560 to further discuss the development of Microbarriers products with him.

As the National AIDS Policy Coordinator, I strongly support biomedical research which would lead to the treatment for AIDS, and development of preventive products which would stop the HIV epidemics.

Sincerely,

Kristine Gebbie

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

MICROBARRIERS

Pzul - draft rept

RECEIVED
APR 18 1994

Kristine Gebbie; RNMN
National Aids Policy Coordinator
Executive Office of the President
750 17 th Street N. W.
Suite 1060
Washington DC. 20503

The Honorable Kristine Gebbie:

Microbarriers is a small, unique research and development company that has developed a barrier product used to prevent infection from the transmission of blood -borne pathogens and other infectious bodily fluids. The invention is patent-pending but will be approved and published by the patent office in June of 1994. (Most claims have been approved, but with the need for final modification on a small number of the claims.)

Attorneys of Record: Birch, Stewart, Kolasch and Birch -- Marc Weiner attorney 703-205-8000
Attorney who prepared the 1st application Foley and Lardner Milwaukee WI
Attorney who responded to the United Stated Patent office is Marc Weiner
Microbarriers and the Birch, Stewart, Kolasch and Birch rewrote the patent and submitted it to the U.S. and for International consideration -- phone number: 703-205-8000

Microbarriers:	5937 Kunesh Rd, Pulaski, WI 54162	Phone 414-822-3210
Owner:	Virginia Noll	
In House Associates		
Charles Noll	V. President	
Robin Williams:	Forensic Scientist, Safety Engineering	
Dr. Fodden:	Pathologist	
University Associates:		
Dr. Curtis Brandt:	Virologist	
Dr. Doug Cameron:	Chemical Engineering	
Contact Person:	Virginia Noll:	Microbarriers 414-822-3210

Microbarriers has studies currently being conducted at the University of Wisconsin, Madison by Dr. Curtis Brandt, a virologist with the Department Ophthalmology and Visual Sciences. The product has been tested and has proven effective as a barrier product. Microbarriers has also worked with the Department of Chemical Engineering at the University of Wisconsin, Madison to assist us in the production of the product.
Attorneys have contacted the FDA to determine the placement of our product. An informal meeting with Kevin Bodice of the drug labeling and compliance department took place in June of 1994. No date noted in attorney correspondence. The FDA felt that our product was a new drug and as such would have to proceed through the NDA route.
I have tried to contact Mr. Budich for months now and have not received a reply. I have questions to ask about the requirements and such, but the compliance department says that we must file a NDA first. I have current needs for estimating the cost and other relevant concerns. We have funding needs and do not have enough information to proceed. As you know funding is critical for projects to get to the market place, and as a small company we do not have the monetary requirements necessary at this time to proceed with the trials that are needed.
The Medical College of Wisconsin was contacted to consult on the clinical trials. We have not come to any arrangement due to lack of confidential disclosure problems. The biostatistician, Dr. Timothy McAuliffle, has sat down with Microbarriers to determine at what phase we would be entering into a NDA. The felt that the phase II would probably be reasonable.

5937 Kunesh Road Pulaski WI. 54612, Phone 414-822-3210 Fax 414-822-3210

MICROBARRIERS

PRODUCT

As we have heard you speak of the crisis that our population must deal with, prevention has been addressed may times. Our product is PREVENTION: *for the Health care worker, police officers, EMT, Lab technician, nurses, doctors, who in their daily lives come in contact with blood-borne pathogens infectious bodily fluids.*

Our invention is a composition that both protects the skin with a protective barrier that inhibits infection from entering the body through the skin and kills the infectious organisms/viruses before entering the body.

Avoiding others who are perceived to be infectious is a new crisis in medical care. Unfounded FEAR is out there where or not we like it, and education on the subject is disregarded in the face of FEAR.

Our product is a barrier that would be utilized to make the environment safer for these health care workers. The latex gloves have had numerous problems with the increase of allergic rashes that makes the workers not want to wear them. Nicks in gloves are all too common.

More information is on our barrier is available. Dr. Curtis Brandt is very willing to explain the product and it's methodology and efficacy.

Any help from your office would be appreciated to move this product from the R&D level to the marketplace.

Sincerely:

Virginia Noll

Virginia Noll

5937 Kunesh Road Pulaski WI. 54612, Phone 414-822-3210 Fax 414-822-3210

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Mr. Michael Montani
65 East Bayview Rd.
Dennis, MA 02638

Dear Mr. Montani:

This is to respond to your April 6, 1994 letter and the materials on "Ozone".

Thank you for taking the time to inform me of the use of Ozone for AIDS treatment. As you know, ensuring the safety and efficacy of therapeutics and treatment is the responsibility of the Food and Drug Administration.

As the National AIDS Policy Coordinator, I strongly support the use of therapeutics and treatment which have been shown to be safe and effective.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Mr. Frank T. Salonica
President and C.E.O.
Omega Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

Dear Mr. Salonica:

Thank you for taking the time to write and share your invention with me.

It is the inventors like yourself whose inventions - from medicine to patient-care supplies - have helped to ease the pain of people living with AIDS.

As you know, my office is always open to meet with the public concerned with the HIV/AIDS pandemic. You may call Dr. Paul Tran of my staff at (202) 690-5560 to further discuss your invention with him.

As the National AIDS Policy Coordinator, I strongly support biomedical research leading to the treatment for AIDS, and inventions made to help ease the pain of people living with AIDS.

Sincerely,

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

cc: Hon. Douglas Applegate

Omega Ω Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

we already had flies up from him or the Congressman's office is drafting that reply

15 April 1994

Ms. Kristine Gebbie
AIDS Zarr
Executive Office of the
President
750-17th St., N.W.
Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

I have been referred to you by the Hon. Douglas Applegate, Congressman for the 18th Congressional District through his Chief-of-Staff, Jim Hart, so I am writing to you concerning two new health care inventions that are so innovative in design and function that they will service a variety of bed-ridden patients, in particular, those with advanced stages of AIDS.

At a time when we realize that a cure or immunization for AIDS may be a decade or more away, we have placed an emphasis on the comfort and safety of caring for bed-ridden patients. We have designed a bed with a self-contained waste elimination system. We have also developed an inflatable bedpan that makes all others obsolete.

Using the enclosed literature, you will be able to see the ease of maneuvering a patient to facilitate toilet needs that may be frequent during various stages of AIDS. You will also notice the safety feature of having the disposable receiver that reduces the change of contamination by body fluids. The quadrest bed also provides a system of movement that will combat the occurrence of bed sores and reduce the number of patient attendants needed for moving a patient.

Next, I will briefly describe our inflatable bedpan. The bedpan is flat in its deflated position. This can be placed under the patient and inflated after the patient is positioned, depending on the specific condition of the patient. After the patient relives himself, the waste receptacle is removed, the pan is deflated and the patient is returned to his original position.

These inventions have been costly and will require even more investment to become realities, but these two items will definitely reduce the cost of health care because it reduces

Omega Ω Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

the process of patient waste elimination of bed-ridden patients from a team effect to a one person task. And because we can't provide a cure and immunization for AIDS, we must look to offer as much comfort and safety to both the patient and care provider as we can and our bed does this.

We would like the opportunity to meet with you to discuss the possibility of a mutually beneficial means of promoting these two items. It's definitely a needed boost to patient care and health care savings, but it's also an expensive endeavor to get off the ground. Just possibly we could approach some objectives that would benefit your program, the health care cost dilemma, a multitude of AIDS patients and Omega as well.

Thank you for your time and I hope to hear from you soon. If you find that you are agreeable to a meeting, we will be happy to do so at your convenience and choice of location.

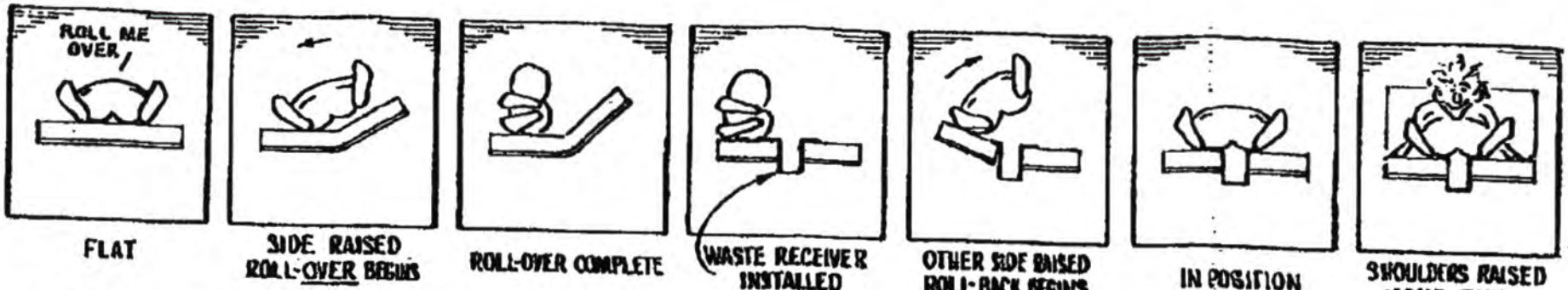
Sincerely,

OMEGA METHODS, INC.

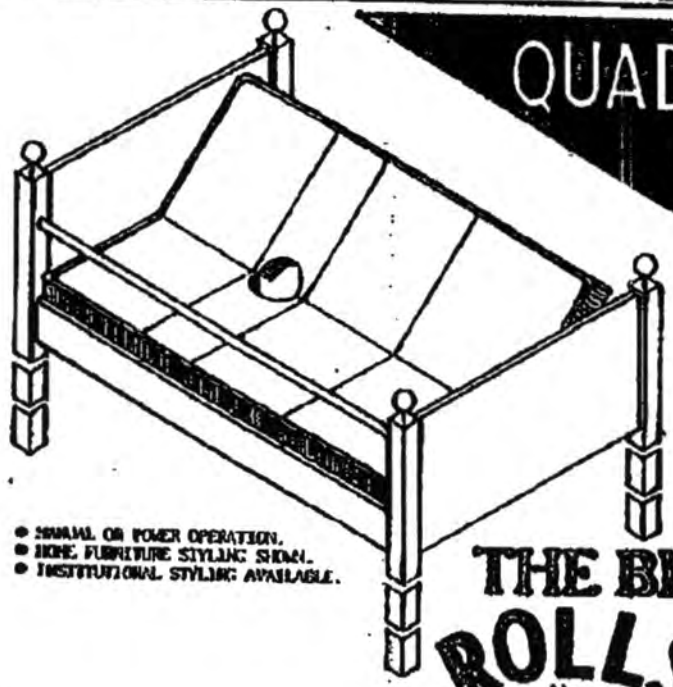
Frank T. Salonica
President and C.E.O.

Enclosure

cc: Hon. Douglas Applegate



SEQUENCE OF MOVES FOR ROLL-OVER MANEUVER



QUADREST BED

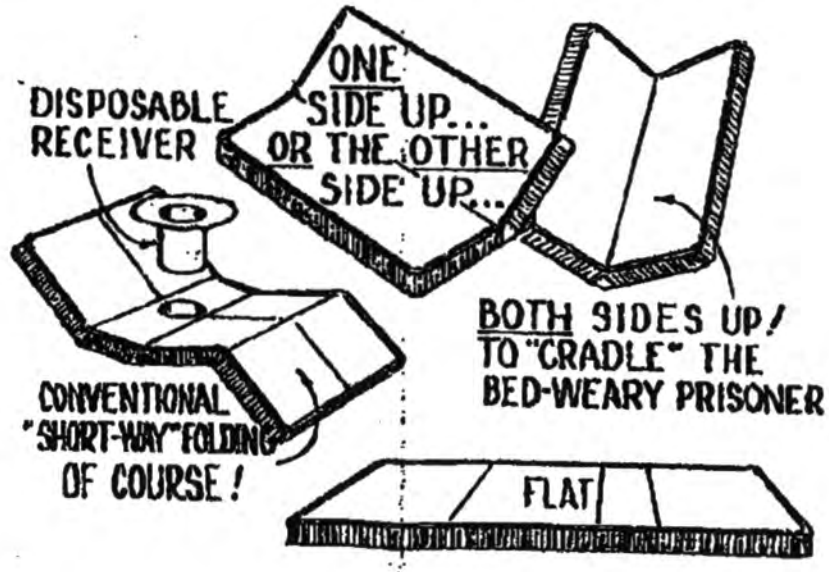
- MANUAL OR POWER OPERATION.
- HOME FURNITURE STYLING SHOWN.
- INSTITUTIONAL STYLING AVAILABLE.

THE BED THAT ROLLS the PATIENT OVER

FOLDS THE LONG-WAY

PATENT PENDING

ANY OLD BED CAN FOLD THE SHORT-WAY



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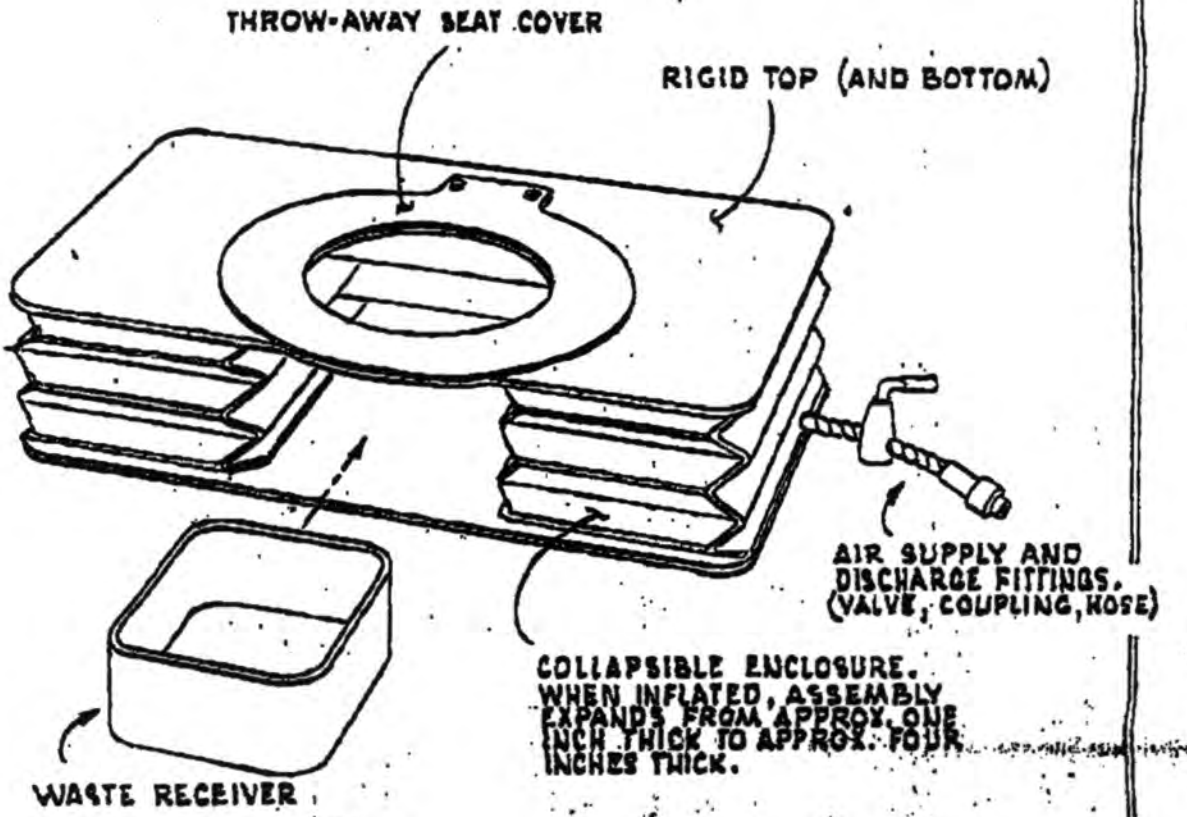
Omega Ω Methods, Inc.
11581 State Route 39
Wellsville, Ohio 43968

Telephone:
~~330-224-5[illegible]~~
216-532-2356

PRELIMINARY DRAWING



BED-PATIENT AID

INVENTOR:
FRANK SALONICA, WELLSVILLE, OHIO

DETAILED BY:
JOHN SPRINGER & ASSOCIATES

FEB. 11, 1983

Office of the National AIDS Policy Coordinator

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

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

Deliver To: Paul Tran

Sent From: Kristine

Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 690-7560 Date: 5-18-94

Message:

See Attachment

FROM : WPBARKERINCHC PHONE NO. : 2165324280 May. 12 1994 10:07PM P01

Omega Ω Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

INC.

SEND TO:- KRISTINE GRADIE + FAX- 202-632-1096

COVER SHEET: NO. PAGES: 7 FAX:216-532-4280 2956
TELEPHONE 216-532-[redacted]

Please look over, If interested please call Me. re "INVALID BED"

FRANK SALOMICA

Omega Ω Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

the process of patient waste elimination of bed-ridden patients from a team effect to a one person task. And because we can't provide a cure and immunization for AIDS, we must look to offer as much comfort and safety to both the patient and care provider as we can and our bed does this.

We would like the opportunity to meet with you to discuss the possibility of a mutually beneficial means of promoting these two items. It's definitely a needed boost to patient care and health care savings, but it's also an expensive endeavor to get off the ground. Just possibly we could approach some objectives that would benefit your program, the health care cost dilemma, a multitude of AIDS patients and Omega as well.

Thank you for your time and I hope to hear from you soon. If you find that you are agreeable to a meeting, we will be happy to do so at your convenience and choice of location.

Sincerely,

OMEGA METHODS, INC.

Frank T. Salonica
President and C.E.O.

Enclosure

cc: Hon. Douglas Applegate

HARPMAN & HARPMAN
PATENT ATTORNEYS
400 CITY CENTRE ONE
YOUNGSTOWN, OHIO 44503
(216) 747-1484

CHARLES A. HARPMAN
[illegible]
WERSTEN B. HARPMAN
[illegible]

PATENTS
TRADEMARKS
COPYRIGHTS
FAX (216) 747-3618

May 8, 1990

Frank T. Salonica
41581 Route 39
Wellsville, Ohio 43968
216-532-2356

RE: Application for Canadian Patent Corresponding to U.S. Allowed Patent Application Serial No. 06/062,922, Patient Lift Device

Dear Mr. Salonica:

We have now completed and enclose herewith two copies of the above referred to Canadian patent application. The copy in the blue folder is yours to retain for your records. Please look over the copy marked Patent Office and if you approve, sign it where indicated and return same to us for forwarding to Canada and filing.

Our records show that this application was charged for at $2,600.00 which includes the first examination government filing fee, you now have a retainer paid of $1,100.00 leaving a balance now due of $1,500.00 and we enclose herewith a statement reflecting that amount.

As soon as we receive the signed application along with your check for the balance, we will forward same to the Canadian Patent Office and be reporting to you on the filing in due course.

Our records also note that we are presently holding the payment of the U.S. patent issue fee until we get confirmation of the filing in Canada, we will then pay the fee and your U.S. case will issue approximately 90 days from that date of payment.

You can now mark your product as patented in the United States and foreign patents pending or some letters or words to that affect.

If you have any questions, please contact my office.

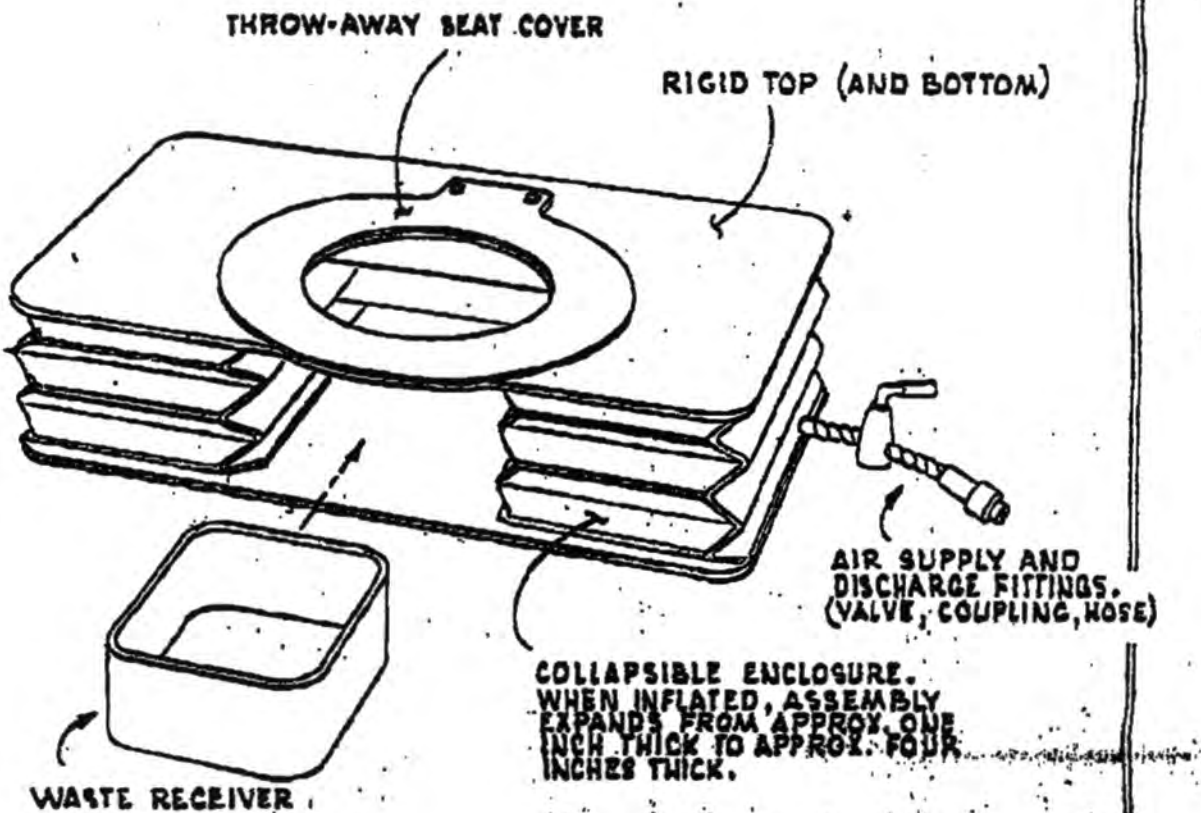
Yours very truly,

HARPMAN & HARPMAN

R.C. Harpman

RCH/fp
Enc.

PRELIMINARY DRAWING



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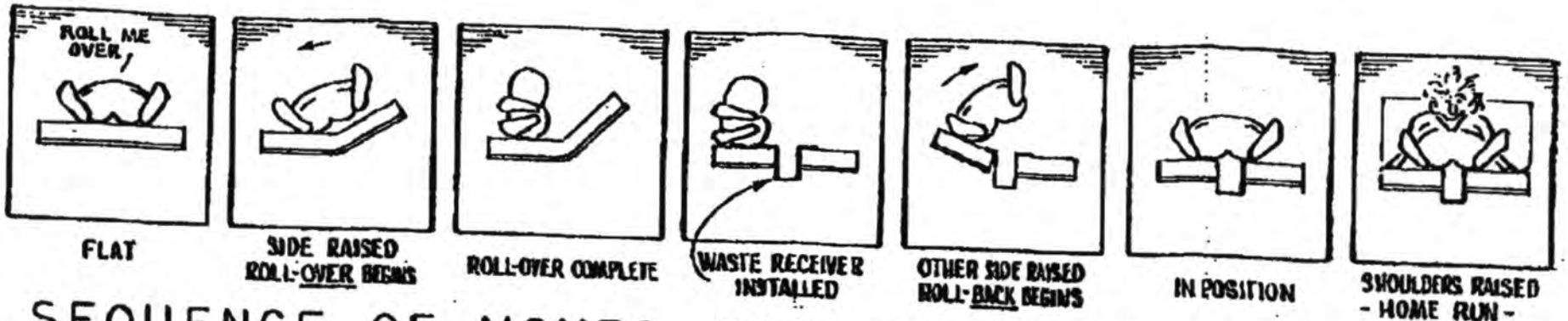

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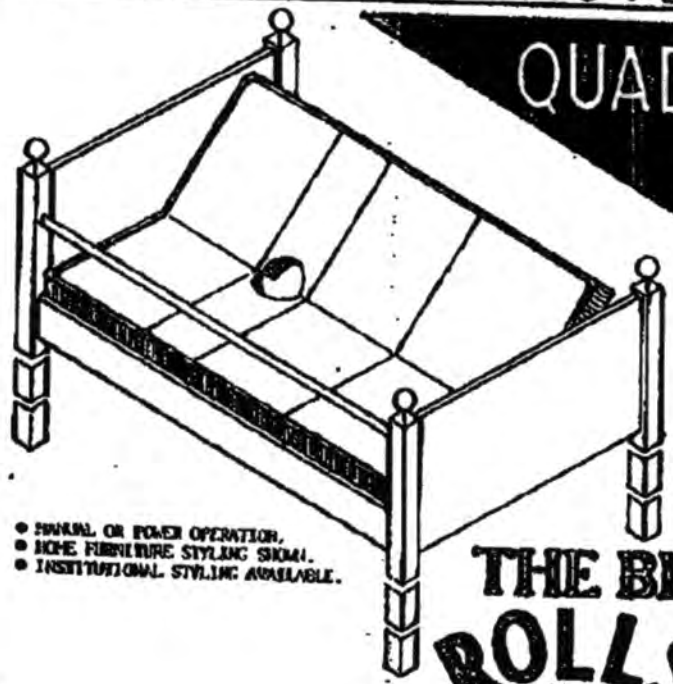

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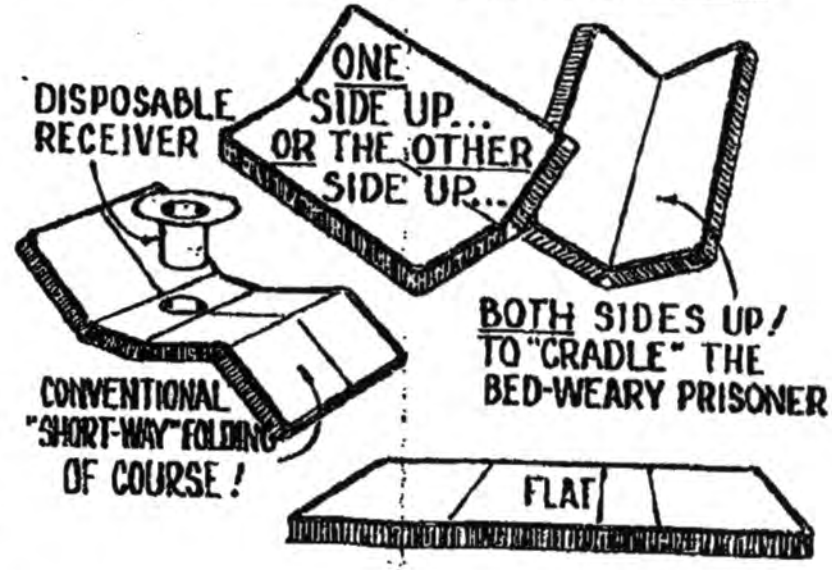

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Omega Q Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

Telephone:
216-532-2356

HARPMAN & HARPMAN
PATENT ATTORNEYS · 400 CITY CENTRE ONE
YOUNGSTOWN, OHIO 44503
(216) 747-1484
FAX: (216) 747-3518

CHARLES A. HARPMAN
1876-1963
WEBSTER B. HARPMAN
RICHARD C. HARPMAN
AGENT

PATENTS
TRADEMARKS

NAPLES, FLORIDA
339 DEERWOOD CIRCLE
NAPLES, FLORIDA 33962
(813) 732-0136
FAX: (813) 732-0714

January 6, 1994

Frank Salonica
41581 Route 39
Wellsville, Ohio 43968

RE: PATENT APPLICATION ON INVALID BED

Dear Frank:

We enclose herewith the official filing receipt issued by the Patent and Trademark Office in the matter of the above entitled application for patent.

The application was officially filed on December 2, 1993 and has been given Serial No. [redacted]

The application will be considered in its order and we will be advised of the examiner's findings at such time. The issuance of the official filing receipt gives this invention "patent pending" status and establishes legal title which may be sold or licensed.

The Patent Office sometimes in error sends examination reports directly to the applicant. If you receive such a report or action, please immediately send it to us so we can respond and avoid abandonment.

We would like to take this opportunity to thank you for allowing us to serve you in this matter and to assure you that we will do everything possible to bring it to a successful conclusion.

Yours very truly,

HARPMAN & HARPMAN

R.C. Harpman

RCH/FP
Enc.

HARPMAN & HARPMAN
PATENT ATTORNEYS
400 CITY CENTRE ONE
YOUNGSTOWN, OHIO 44503
(216) 747-1484

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RCH/fp
Enc.

R.C. Harpman

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239 DEERWOOD CIRCLE
NAPLES, FLORIDA 33963
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HARPMAN & HARPMAN

R.C. Harpman

RCH/FP
Enc.

Omega Ω Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

INC.

SEND TO:- KRISTINE GROSSIE * FAX- 202-632-1096

COVER SHEET: NO. PAGES: 7

FAX:216-532-4280
TELEPHONE 216-532-[redacted] 2256

Please look over, If interested please call Me. re "INVALID BED"

FRANK SALOMICA

THE WHITE HOUSE

WASHINGTON

May 20, 1994

Mr. Frank T. Salonica
President and C.E.O.
Omega Methods, Inc.
41581 State Route 39
Wellsville, Ohio 43968

Dear Mr. Salonica:

Thank you for taking the time to write and share your invention with me.

It is the inventors like yourself whose inventions - from medicine to patient-care supplies - have helped to ease the pain of people living with AIDS.

As you know, my office is always open to meet with the public concerned with the HIV/AIDS pandemic. You may call Dr. Paul Tran of my staff at (202) 690-5560 to further discuss your invention with him.

As the National AIDS Policy Coordinator, I strongly support biomedical research leading to the treatment for AIDS, and inventions made to help ease the pain of people living with AIDS.

Sincerely,

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

cc: Hon. Douglas Applegate

MAY 23 1994

THE WHITE HOUSE

Dear Stephen—

Thank you for taking time to write, and thank you for speaking up about your diagnosis. I do listen to Mothers Voices - they're a great group!

My best wishes to you in your continuing fight —

Hillary Rodham

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

From: Stephen R. Triplett
1435 Sunrise Dr. #603
St. Peter, MN 56082

Dear Kristine M. Gebbie,

I was in the audience, as you spoke in Minneapolis, MN, today, May 5, 1994, and I was impressed with what you said. I am a person living with AIDS, now for almost 6 years. Actually I was HIV+ for five and a half years, before I got the AIDS diagnosis last year in August.

In my own small way I have been fairly open to speak in my community. I was interviewed by Ch. 12 News, as well as running interviews on three radio stations, in my area and in the past seven months I've represented the Minnesota AIDS Project at twenty different speaking engagements in my area also. I am volunteering for the various positions I find myself in, and there has been benefit to how I've chosen to live with this disease. Thank you for your hard work. Please listen to Mother's Voices!

Hope for the Cure,

Stephen R. Triplett
(507) 931-2091

THE WHITE HOUSE

WASHINGTON

May 23, 1994

Mr. Ron Spingarn
3420 16th Street, N.W.
Apartment #410
Washington, D.C. 20010

Dear Mr. Spingarn:

Thank you for meeting with me recently. I believe your idea has merit and I hope we can incorporate it into ONAP's mission.

I will keep in touch and let you know how things develop. If I can ever be of service, don't hesitate to call me at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

MAY 23 1994

Dear Max -

I'm glad you came to breakfast with me. I've given your pictures to the President. We both hope you stay well for a long time —

Kirsten Gelis

THE WHITE HOUSE

WASHINGTON

May 23, 1994

Mr. Stephen M. Hummel
The Washington Free Clinic
P.O. Box 43202
Washington, D.C. 20010

Dear Mr. Hummel:

I enjoyed our recent meeting and I am interested in the AIDS project you are currently working on. Please keep me informed of your progress.

Please don't hesitate to contact me if I can be of assistance. I can be reached at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

May 24, 1994

MEMORANDUM FOR DAN BURKHARDT, DIRECTOR
PRESIDENTIAL GIFTS OFFICE

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

SUBJECT GIFT FOR THE PRESIDENT AND FIRST LADY

Please find enclosed two copies of Dr. Abraham Verghese's My Own Country.
The text is a gift from the author and its editor, Eric Steel, of Simon & Schuster.

SIMON & SCHUSTER

Simon & Schuster Consumer Group
1230 Avenue of the Americas
New York, NY 10020
212-698-7360
Fax: 212-698-7035

Trade Division

April 22, 1994

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th Street, NW
Washington, D.C. 20503

Dear Ms. Gebbie,

Dr. Verghese and I both thank you for your kind note. I have enclosed the finished book of MY OWN COUNTRY, for your library.

I am also sending additional copies, and perhaps you would be so kind as to pass them along to the President and Mrs. Clinton, as I know they are deeply committed to the issues of health care in America, and to finding a cure for the epidemic we know as AIDS.

With enduring support for all of your efforts,

Eric Steel
Editor

THE WHITE HOUSE

WASHINGTON

May 25, 1994

Mr. Joe Lovett
Lovett Productions
19 Van Dorn
New York, N.Y. 10013

Dear Mr. Lovett: Joe,

I thoroughly enjoyed working with you in the production "In a New Light." Although we haven't fully completed the our work, I am confident that it will be a success and continue for many years to come.

It was a true pleasure to work with a professional who knows so much about AIDS. Please let me know if there is ever an opportunity for us to work together in the future.

I look forward to seeing the show. Good luck and always keep the faith and the hope.

With every best wish,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

May 25, 1994

Ms. Roxanne Yamaguchi
Assistnat Director
UCLA Health Sciences Communication
3119 Ueberroth Building
405 Hilgard Avenue
Los Angeles, California 90024-1708

Dear Ms. Yamaguchi:

I recently recieved your accomplishments letter and I want to thank you for providing me with the information. It is always helpful for us to know as much information as possible with events of this sort.

Please don't hesitate to contact me if I can be of service in the future. I can be reached at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

Thanks for heads up
Fwd letter

UCLA FAX

HEALTH SCIENCES COMMUNICATIONS
405 Hilgard Avenue
3119 Ueberroth Building
Los Angeles, CA 90024-1708
Fax: (310) 206-5639

TO: John Garrola Fax (202) 632-1076

DEPARTMENT/MEDIA: Office of National AIDS Policy

RE:

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

DATE: May 16, '94

FROM: Roxanne Yamaguchi

PHONE: (310) 206-1960

C O M M E N T S :

UNIVERSITY OF CALIFORNIA, LOS ANGELES UCLA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

OFFICE OF HEALTH SCIENCES COMMUNICATIONS
3119 UBERROTH BUILDING
405 HILGARD AVENUE
LOS ANGELES, CALIFORNIA 90024-1708
(310) 206-1960

May 16, 1994

Mr. John Gurrola
Office of National AIDS Policy
Executive Office of the President
FAX 202/632-1096

Dear Mr. Gurrola:

In anticipation of President Clinton's participation at UCLA's 75th Anniversary Convocation on Friday, May 20 as the keynote speaker, the UCLA AIDS Institute would like to alert you to the following anniversary and accomplishments:

- May 20 marks the second anniversary of the opening of the UCLA AIDS Institute.

- In March, the UCLA AIDS Institute was one of 11 recipients of the National Institute of Allergy and Infectious Diseases Center for AIDS Research awards. This continuation grant will help support the basic science needs of the Institute and provide funding for the UCLA Clinical AIDS Research and Education Center (CARE) that conducts evaluation, treatment and clinical drug trials for adults and children infected with HIV.

- This spring, *U.S. News & World Report* ranked UCLA as one of the nation's top five research-oriented medical schools for AIDS research.

- In its October 1993 issue, the publication *The Scientist*, ranked UCLA third among universities for AIDS-related research paper citations.

I hope this information will be useful to you and President Clinton. Should you need any further assistance, please don't hesitate to contact me at 310-206-1058. Thank you.

Cordially,

Roxanne Yamaguchi

Roxanne Yamaguchi
Assistant Director
Health Sciences Communications

THE WHITE HOUSE

WASHINGTON

May 27, 1994

Patricia A. O'Brien
9 Tournament Drive
Leonardo, NJ 07737

Dear Ms. O'Brien:

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

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

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

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

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

Sincerely,

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

Dear Ms. Gebbie,

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

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

I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline healthcare workers, the 2.4 million registered nurses in the United States.

Sincerely, Patricia A Brien

Patricia A Brien
Name
9 Tournament Dr
Address
Leonardo NJ 07737
City State Zip

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

THE WHITE HOUSE

WASHINGTON

May 27, 1994

Mariette J. Alfano, MS, RN
2121 Tunlaw Road, NW
Washington, DC 20007

Dear Ms. Alfano:

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

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

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

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

Sincerely,

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

5/16/94

Dear Ms. Gebbie,

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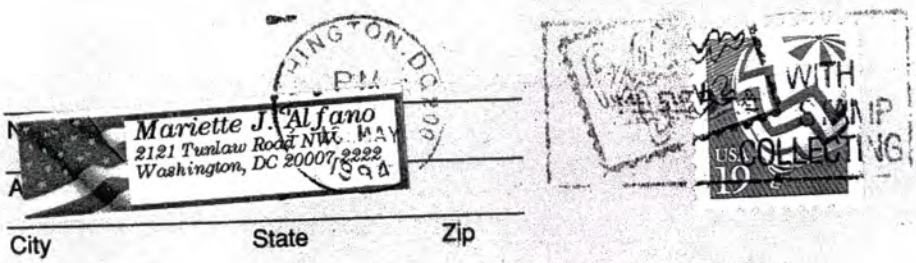
Sincerely,

Mariette J Alfano MS, RN



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

THE WHITE HOUSE

WASHINGTON

May 27, 1994

Angela Rutan
14060 Osage Drive
Marysville, OH 43040-9789

Dear Ms. Rutan:

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

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

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

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

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

Sincerely,

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

Dear Ms. Gebbie,

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

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

I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline healthcare workers, the 2.4 million registered nurses in the United States.

Sincerely,

Angela Rutan RN, BSN, OCN

Name

Addres

City

ANGELA RUTAN
14060 OSAGE DR
MARYSVILLE OH 43040-9789

COLUMBUS, OH
10 MAY
DS-6035

Zip

29 USA

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

THE WHITE HOUSE

WASHINGTON

File

May 27, 1994

MEMORANDUM TO SUSAN BROPHY, Deputy Assistant to the President for Leg Affairs

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

SUBJECT: H.R. 4370 Rep. Nadler's AIDS Cure Act

Attached please find a copy of our office's statement in regards to the above reference bill which was just introduced. We have not yet received a copy for "official" comment. This is a revised version, with only slight changes from one introduced last year.

We have asked Dr. Bill Paul, Director of the NIH Office of AIDS Research for his comments and I have attached them as well.

We can expect that Rep. Nadler will write to the President in order to ask him to support the Bill. Rep. Nadler has been somewhat critical of the President in speeches back in his district in New York City and the "business as usual attitude" of the current research system at NIH.

If you would like any further information, or would like to discuss our approach to responding to the legislation, please contact me directly at (202) 632-1090 or my direct line 632-1215.

I look forward to hearing from you.

cc: Kristine Gebbie, RN, MN
Marc Geenwood - OSTP

THE WHITE HOUSE

Office of National AIDS Policy

STATEMENT BY **KRISTINE GEBBIE, NATIONAL AIDS POLICY COORDINATOR May 11, 1994**

COMMENTS ON CONGRESSMAN NADLER'S AIDS CURE BILL

I can't comment on Mr. Nadler's bill at this time as I haven't seen the new version just introduced, but we have discussed the earlier version with the Representative. We have invited Mr. Nadler to send us the new bill, and we will comment on the specifics of the bill then if asked.

Over the last several months, I have sought to bring some definition to what many people call the "Manhattan Project" for AIDS. Everyone seems to mean something different when they talk about this, but I believe we cannot shy away from evaluating all the different interpretations in circulation. During the campaign, the President promised a "Manhattan Project for AIDS" and we take this very seriously.

From the Administration viewpoint, I am coming to see that, given the state of the science of HIV and the modern communications technologies available to scientists today, we must begin to regard the entire Federal and private AIDS research enterprise in the United States as a "Manhattan Project" for AIDS research. Then, we have to go about the business of making this huge enterprise work to its maximum potential.

I believe that this is the approach that will bring us effective treatments and vaccines most quickly, and the Clinton Administration has taken several significant steps on this path, including:

- the revitalized NIH Office of AIDS Research with its centralized planning and budgeting authorities, now under the leadership of Dr. William Paul;
- a 21% increase to the NIH AIDS research budget this year;
- The National Task Force on AIDS Drug Development, which is working now to identify and remove obstacles to the discovery of effective therapies for HIV/AIDS.

We need to turn the **whole** national research effort into a truly efficient, working "Manhattan Project" to find safe and effective treatments and vaccines for HIV/AIDS.

We need to improve what we have by enhancing communication, coordination, and collaboration in the public and private sectors, in the U.S. and abroad, in a way that fosters new ideas and ensures that we don't miss the truly important discoveries.

Guiding research priorities while encouraging innovation is an ongoing process that has to continue and has to be accelerated. We have to constantly evaluate where the research is going and what we may be missing, and we have to carefully consider any new ideas that may help create and maintain an environment more conducive to good, productive science.

In addition, I think that one of the most important things we can do is to make sure that the money we spend is well spent and managed efficiently. This process of evaluation is well underway at the NIH, and we are working to broaden this to research programs throughout the Federal government and in the private sector.

Though to many people the horizon still looks pretty bleak for new effective therapies and vaccines, I am optimistic that all the renewed energy of the last year, and new efforts still to come, will reap some truly great rewards down the road.

We will continue to work with members of Congress, all agencies of the Administration, the community and private industry to explore new ways to get this job done faster.

30-30-30

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

MAY 26 1994

NOTE TO TERRY BESWICK

FROM: Deputy Director
Office of AIDS Research
National Institutes of Health

SUBJECT: Representative Nadler's Bill

Dr. Paul asked me to respond to your note to him dated May 24, in which you asked him to review Kristine Gebbie's statement on the "AIDS Cure Act". At the request of Senator Metzenbaum's staff, we have already reviewed the proposed bill and stated verbally our lack of enthusiasm for such legislation.

I believe our comments to you about your recent draft proposal for an independent body to review and make recommendations on HIV/AIDS research as well as the attached question and answer in the appropriation hearings relative to the idea of a Manhattan Project will serve to provide you with OAR comments on Ms. Gebbie's statement that you sent for review.

We don't reject the idea of targeted problem solving but do agree that using the phrase "Manhattan Project", implies a strategy that will not work in biomedical research.

Please keep us advised on the progress of ONAP's public statement about these popular phrases.

Jack Whitescarver, Ph.D.

Attachment:

AIDS RESEARCH

Mr. Smith: There have been reports of congressional interest in funding a Manhattan Project-style effort for AIDS research. What do you think of this proposal?

Dr. Varmus: Virtually every Institute, Center and Division of the NIH conducts and supports HIV/AIDS research, coordinated by the newly-strengthened Office of AIDS Research. With the enactment of the NIH Revitalization Act of 1993, the Office of AIDS Research has the responsibility to develop an annual trans-NIH AIDS research plan, based on the current scientific opportunities and priorities. This research plan is developed by scientific experts at the NIH, HIV and non-HIV expert researchers outside the NIH, as well as community representatives, reflecting the best considered approach to HIV research. Thus, the NIH AIDS research program could be compared in many ways to a Manhattan Project approach to biomedical research.

However, whereas the physical scientists in the Manhattan Project had the basic scientific information necessary to build an atomic bomb, the biomedical and behavioral scientists still lack sufficient basic scientific knowledge to prevent HIV transmission or to cure AIDS.

Another interpretation of a Manhattan Project-style effort is a highly focused endeavor to comprehensively obtain more information in a particular area of science. The NIH AIDS planning process and the work of the OAR Coordinating Committees are designed to delineate specific scientific questions which are an impediment to scientific advancement. Thus, the OAR, with its Discretionary Fund and its use of experts from across the NIH and the country, can identify scientific impediments and initiate focused research initiatives to answer specific questions.

Mr. Smith: Does the Office of AIDS Research plan to substantially revise the current AIDS plan in 1994?

Dr. Varmus: As mandated by the NIH Reauthorization Act of 1993, the NIH Plan for HIV-Related Research will be updated annually. The Office of AIDS Research has recently completed its planning process for FY 1996 which will serve as the framework for the FY 1996 NIH AIDS budget submission. This planning process will serve as a model for the future to seek advice and input from experts from the intramural and extramural NIH community, outside experts in AIDS and related fields, and community representatives.

The planning process for FY 1996 began with the establishment of the five OAR Coordinating Committees in each of the areas of emphasis of HIV-related Research: Natural History and Epidemiology, Etiology and Pathogenesis, Therapeutics, Vaccines, and Behavioral Research. These committees comprise representatives from the NIH institutes with the largest research investment in that area. The Coordinating Committees reviewed the FY 1995 NIH Plan for HIV-Related Research, updating and revising the plan to reflect current scientific opportunities and priorities. That document was then reviewed by the

Directors and AIDS Coordinators of each of the NIH Institutes, Centers and Divisions.

A large workshop of 150 experts was then convened, including the members of the Coordinating Committees, as well as researchers and scientists from academia, industry, and government and community representatives. Five concurrent workshops for each of the areas of emphasis worked over three days to refine, revise, and reach consensus on the objectives, strategies, and priorities for NIH research in FY 1996 within each area.

Finally, a small group of eminent scientists was convened to review the plan, and to determine the overall major scientific priorities for the NIH. The Deputy Director of NIH and I also participated in this meeting. Thus, the FY 1996 NIH Plan for HIV-Related Research represents a consensus not only of scientists and the leadership of NIH, but experts and scientists around the country, and representatives of the community. The plan reflects serious deliberation and discussion of experts, both in light of scientific opportunities and disappointments, as well as financial constraints.

THE FUTURE OF RESEARCH TRAINING AT NIH

Mr. Smith: We understand that the National Academy of Sciences will soon release a report on future research training needs. Can you give us some idea of what the report will say?

Dr. Varmus: The executive summary of the tenth National Academy of Sciences (NAS) report on National Needs for Biomedical and Behavioral Research was released on April 19. The Committee on Research Personnel Needs remains very supportive of the National Research Service Awards (NRSA) and states that

"...although the NRSA program may be relatively small as regards total numbers of trainees (less than 15 percent of the total number of graduate students training in the biomedical and behavioral sciences are supported by NRSA funds in any year), it is enormously powerful in its ability to change research emphases and to attract the highest quality individuals to research careers."

The Committee makes the following recommendations:

Raise the real value of stipends to more competitive levels: approximately $12,000 per year for predoctoral awardees and approximately $25,000 for postdoctoral awardees with less than 2 years of research experience. Maintain the real value of these stipends through annual increases of 3 percent per year.

Maintain the annual number of predoctoral awards in the basic biomedical sciences at 1993 levels, or approximately 5,175 awards, and the number of postdoctoral awards at 3,835.

Increase the annual number of NRSA awards for research training in the behavioral sciences from 1,069 to 1,450 between 1993 and 1996.

ONAP UPDATE

A Publication of the White House Office of National AIDS Policy

Premiere Issue | Office of National AIDS Policy | Summer 1994

FROM THE COORDINATOR . . .

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CONTENTS

To Kristine Gebbie,
WELCOME TO
SAN ANTONIO !!!

Center for Health
Policy Studies;
University of Texas Health
Science Center Houston
School of Public
Health; San Antonio

MAY 3 1 1994

THE WHITE HOUSE

Dear Karen & Debbie —

It was a pleasure meeting you in San Antonio. And thank you for the great fruit basket in my room — a very tasty welcome. I look forward to seeing you again — Hillary

THE WHITE HOUSE

WASHINGTON

May 31, 1994

Mr. Greg Wingard
2617-NW-64th
Apartment #1
Seattle, WA 781-1643

Dear Mr. Wingard:

I had an opportunity to speak with Mr. Patric last week, about my previous work in Washington State, and actions with regard to the Dawn Mining Company. This letter is intended to capture the points which I covered with him. My understanding is that his questions and yours are about why the Department of Health is considering yet another Dawn Mining Company proposal, and one which is inconsistent with the letter I signed in 1991.

At the present, I do not have any files or documents regarding the Dawn Mining Company, so that all comments are made from memory, and I may be using slightly different terminology that was used at the time. In 1991, in response to a proposal from Dawn Mining, and after extensive review by both the agency and a technical/community panel, I issued a letter indicating that the approach suggested by Dawn Mining for closure of the mill site was not acceptable, and that preferred closure method would be to use "clean fill" for the process. The company was directed to return to the agency with plans for closure. Discussions proceeded, with issues related to the mill site often intersecting discussions related to the nearby mine site, which is under a different regulatory structure, but also needs action.

It is my understanding that the company has come back to the agency with another plan, using other than "clean fill", but different from the plan which I turned down in 1991. Were I still at the agency, I believe I would have directed staff to give the new company proposal a fair evaluation, and to do so in conjunction with the community. This is a complicated issue, there may be other information now available, the plans for the mine site closure may be further along, and there may be any number of other reasons why a different approach looks useable in 1994.

In my conversation with Mr. Patric, I referred him to Eric Slagle, Assistant Secretary for Environmental Health, under whose direction this program falls. Mr. Slagle has been with the agency throughout this regulatory process.

I hope that this information is helpful to you. Thank you for your good wishes for my new efforts as well.

Sincerely,

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

cc: Cathie Currie
Will Patric
Eric Slagle

Kristine M. Gebbie, Coordinator
National Aids Policy
Executive Office of the President
750 - 17th Street NW Suite 1060
Washington, D. C. 20503

April 16, 1994

Dear Ms. Gebbie:

This letter is being written to you in response to a conversation I had with Will Patric, of the Mineral Policy Center. In that conversation, Mr. Patric stated there was some confusion over a letter that you had written as part of the Dawn Mining Company (DMC) Environmental Impact Statement (EIS) in 1991. Since my phone call with Mr. Patrick, I have reviewed both the letter he sent you and the 1991, DMC-EIS, including your cover letter.

I must admit that I am confused by your former agency' s (Department of Health) position on your letter. The letter is clearly a Record of Decision, laying out the legal basis for the final determinations made, documenting the factual basis of DOH decisions and demonstrating compliance with the State Environmental Policy Act. The letter also documents the decision, that the DMC closure plan was inadequate and required the company submit a new closure plan with the clean fill alternative as the focus. The letter clearly states that the closure decisions were automatically made as a result of the 1991, FEIS. Why there is any confusion about what this letter represents is unknown.

It would be very much appreciated if you could shed any light of what is going on here. In particular, what if any actions were taken by you or at your direction on this matter between the time you issued your letter of November 12, 1991, and when you left the DOH.

I would also like to take a moment to congratulate you on your new position. The importance of AIDS as a social and public health issue is hard to overstate. One matter I am concerned about is the reemergence of tuberculosis as a major public health threat. The incidence of TB has increased in King County, and the new Multi Drug Resistant TB strain is a

virtual death sentence to anyone with AIDS. It appears that implementing basic precautions for isolation and protection for emergency responders and hospital staff is going very slowly here. Further, follow up by hospitals of exposures to potentially positive TB patients is hit or miss, leaving medical staff and emergency responders frequently in the dark about their exposure.

Good luck in your new position, and thank you for consideration of the DMC matter. As I am sure you are aware, the manner in which the clean up of this site is handled will have major impacts on the people of Washington (the other one).

Sincerely,

Greg Wingard

Greg Wingard
2617-NW-64th Apt.#1
Seattle, WA 98107
(206) 781-1643

cc: Cathie Currie, Exec. Director
Washington Wilderness Coalition

Will Patric, NW Representative
Mineral Policy Center

MAY 27 1994

MINERAL POLICY CENTER

• P. O. BOX 369 • BOZEMAN • MONTANA • 59771 • 406-585-9009 •

Eric Slagle - fyi
I talked to him & reenforced openness to rethinking solutions

4 April 1994

Kristine M. Gebbie
National Aids Policy Coordinator
Executive Office of the President
750 17th Street NW Suite 1060
Washington, D.C. 20503

Dear Kristine:

I spoke with Steve Lee, your Executive Assistant, on 1 April. He asked that I outline my reasons for wishing to get in touch with you by letter, so you might most efficiently followup on my concerns. As I'm sure you are extremely busy and focused on very different issues, I will keep this inquiry brief.

I am the northwest field representative for the Mineral Policy Center, a Washington D.C. based environmental organization dealing with mining issues. In response to requests for help from concerned citizens in the Spokane area, I've been looking into developments involving the Dawn uranium mine near Ford Washington.

On 12 November 1991 you signed a letter, as Secretary of the Washington Department of Health, that is bound to the beginning of the 1991 "Closure of the Dawn Mining Company Uranium Millsite" final EIS. A copy of that letter is enclosed. As you'll recall, it embodied a "decision to use clean fill" for reclamation of the mill site based on 7 rationales. "Having selected the clean fill alternative", it listed additional "closure decisions" automatically made. It determined that Dawn's closure plan was inadequate and required Dawn "to resubmit its closure plan in accordance with findings stated in the Final EIS for millsite closure."

I have heard agency people refer to this letter by you as "a decision notice" and as "just a cover letter". I have been told that the letter "is not part of the EIS" and also, as that one is rather easy to refute, that "it was not supposed to be part of the EIS." It has also been characterized as a "suggestion". Can you shed some light as to the nature and intent of your letter?

The reason this matter is of concern, Kristine, is that the state is currently considering a proposal by Dawn (Newmont Mining Corp. is the majority owner) quite

the opposite of the direction of your letter. That proposal is perhaps best summarized by the notice from the industry publication "Pay Dirt" from December 1993 (enclosed and highlighted) which says "Washington state officials say they may be ready to cut a deal with Dawn Mining Company to allow the uranium firm to import ... uranium mill tailings."

This proposal appears to be directly contrary to your 1991 "decision" and what has been consistent policy by the state for more than a decade. When asked how the matter has evolved from what seemed a clear 1991 "directive" to the state now entertaining a proposal to import low level radioactive waste for the "reclamation" needs of the Dawn site, nobody has been able to provide an explanation. It seems, at minimum, there is a serious gap in public process. The state is currently handling this new proposal as a "supplement" to the 1991 EIS without meaningful public notice or scoping ...

Incidentally, my initial read on all this is that cost for full reclamation of the mill site may range from $14 to $20 million. Dawn is suggesting that, after it has covered those expenses with revenue generated from the imported waste, additional revenue could go toward addressing cleanup of the actual mine site (the Midnite mine on the Spokane Reservation). Anything beyond Dawn's good faith relative to a connection between waste revenues generated at the mill site and the reclamation of the mine site remains unclear to date. Agency people tell me, however, that Dawn (and Newmont) could stand to make several hundred million dollars through this "reclamation" venture (conceivably more from "reclamation" then was ever made from mining in the first place).

Obviously Kristine any insight you can offer about the intent of your 1991 letter specifically and the Dawn issue generally would be of great interest. Thank you very much for taking time to consider this inquiry. I would very much look forward to hearing from you.

Sincerely,

William Patric

THE WHITE HOUSE

WASHINGTON

May 31, 1994

Ralph Hale, MD
Executive Director, Obstericians & Gynecology
American College of Obstetrics
409 12th Street, SW
Washington, DC 20024-2188

Dear Dr. Hale:

It is my pleasure to invite you to join Mark Smith, M.D. of the Kaiser Family Foundation, Harvey J. Makadon, M.D., of the Harvard AIDS Institute, Thomas J. Coates, Ph.D., of the Center for AIDS Prevention Studies at the University of California at San Francisco, and me for an important meeting on *HIV Prevention, Looking Back, Looking Ahead*, to be held at my office on June 30, 1994, from 8:30 A.M. to 5:00 P.M.

This project, which has been recently funded by the Kaiser Family Foundation, is taking a comprehensive look at HIV prevention efforts. One immediate goal will be to develop strategies to incorporate HIV prevention into primary care practice. To accomplish this, project staff will develop guidelines, educational strategies and policy initiatives on how to expand clinical practice to include HIV prevention. These strategies must be based on a better understanding of how clinical efforts in this area work and how they can become more effective.

The meeting to be held on June 30 will give representatives of national health professional organizations an opportunity to share ideas on how to structure the strategies in this area. As National AIDS Policy Coordinator and a clinician, it is my belief that the issue of HIV/AIDS prevention must be addressed in the primary care setting as part of a multi-faceted effort to stop the spread of HIV.

The incorporation of HIV/AIDS prevention must be as much a part of primary care clinical efforts as are strategies to eliminate smoking and alcohol use. The complexities of behaviors that put people at risk for HIV/AIDS may cause a reluctance on the part of some clinicians to deal with this issue. We hope to be able to address this and other concerns in this area during the meeting.

I hope that you will be able to join this group at my office, 750 17th Street, N.W.,

Washington, D.C., 20002 on June 30th. If you have any questions concerning this meeting, please contact Harvey J. Makadon, M.D. at (617) 735-3996, or Carlos Vélez, J.D. of my office at (202) 690-6248.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 31, 1994

Albert Wu, MD, MPH
Assistant Professor of Medicine & Health Policy
Dept. of Health Policy & Management
John Hopkins University
624 N. Broadway
Baltimore, MD 21205

Dear Dr. Wu:

It is my pleasure to invite you to join Mark Smith, M.D. of the Kaiser Family Foundation, Harvey J. Makadon, M.D., of the Harvard AIDS Institute, Thomas J. Coates, Ph.D., of the Center for AIDS Prevention Studies at the University of California at San Francisco, and me for an important meeting on *HIV Prevention, Looking Back, Looking Ahead*, to be held at my office on June 30, 1994, from 8:30 A.M. to 5:00 P.M.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

May 31, 1994

Joe M. Sanders, Jr., MD
Executive Director
American Academy of Pediatrics
141 NW Point Boulevard
Elk Grove Village, IL 60009-0927

Dear Dr. Sanders:

It is my pleasure to invite you to join Mark Smith, M.D. of the Kaiser Family Foundation, Harvey J. Makadon, M.D., of the Harvard AIDS Institute, Thomas J. Coates, Ph.D., of the Center for AIDS Prevention Studies at the University of California at San Francisco, and me for an important meeting on *HIV Prevention, Looking Back, Looking Ahead*, to be held at my office on June 30, 1994, from 8:30 A.M. to 5:00 P.M.

This project, which has been recently funded by the Kaiser Family Foundation, is taking a comprehensive look at HIV prevention efforts. One immediate goal will be to develop strategies to incorporate HIV prevention into primary care practice. To accomplish this, project staff will develop guidelines, educational strategies and policy initiatives on how to expand clinical practice to include HIV prevention. These strategies must be based on a better understanding of how clinical efforts in this area work and how they can become more effective.

The meeting to be held on June 30 will give representatives of national health professional organizations an opportunity to share ideas on how to structure the strategies in this area. As National AIDS Policy Coordinator and a clinician, it is my belief that the issue of HIV/AIDS prevention must be addressed in the primary care setting as part of a multi-faceted effort to stop the spread of HIV.

The incorporation of HIV/AIDS prevention must be as much a part of primary care clinical efforts as are strategies to eliminate smoking and alcohol use. The complexities of behaviors that put people at risk for HIV/AIDS may cause a reluctance on the part of some clinicians to deal with this issue. We hope to be able to address this and other concerns in this area during the meeting.

I hope that you will be able to join this group at my office, 750 17th Street, N.W.,

Washington, D.C., 20002 on June 30th. If you have any questions concerning this meeting, please contact Harvey J. Makadon, M.D. at (617) 735-3996, or Carlos Vélez, J.D. of my office at (202) 690-6248.

Sincerely,

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

VIDEO MESSAGE FOR UNIVERSITY OF SOUTHERN MAINE
MAY 31, 1994

Talking Points for
Kristine M. Gebbie
National AIDS Policy Coordinator

- **There has been a 37 percent increase in diagnosed AIDS cases in rural areas (population less than 500,000) compared to a 5 percent increase in metropolitan areas.**

- **In Maine, two thousand people are HIV positive and this number does not include the many people who have traveled to Massachusetts or New Hampshire for anonymous testing.**

- **In many areas, there is still fear and bigotry, surrounding HIV infection and AIDS.**

- **HIV/AIDS education is virtually non-existent and desperately needed in smaller communities.**

- **If there is to be any hope of reducing the rate of HIV infection, services outside of metropolitan areas need to be dramatically expanded.**

- **The lack of access to primary health care services in many areas is shocking and results in the loss of early detection and treatment.**

- **Health care in rural areas has reached a state of financial crisis, President Clinton's Health Security Act will help support local HIV/AIDS services in these areas as well as in big cities.**

- **Effective HIV/AIDS education and prevention programs are needed for all Americans, those in rural and urban areas alike. HIV/AIDS education and outreach services in all communities need to be expanded and designed to provide clear and direct messages to their respective communities.**

May 31, 1994

VIDEO TAPING SCHEDULED
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Paul Gurrola
DATE/TIME OF EVENT:	May 31, 1994 at 3:30 p.m.
LOCATION:	HHS Room 107G
ORGANIZATION:	University of Southern Maine
CONTACT:	Ellen Farnsworth, 207/780-5953
PURPOSE:	Video message for University of Southern Maine's HIV/AIDS Conference, "HIV/AIDS - From 'THEY' to 'WE': Sharing Responsibility to Educate, Prevent, Support, and Understand."
OTHER PARTICIPANTS:	None
MEDIA COVERAGE:	Local Maine Newspapers and Television Stations
REMARKS REQUIRED:	Talking points are attached
BACKGROUND:	This is the first HIV/AIDS program in Maine bringing together the community with government agencies, insurance companies, businesses, and health care professionals to address HIV/AIDS issues. Maine is a rural state in the early stages of the epidemic. People at the University of Southern Maine are hoping this conference will change attitudes.

UNIVERSITY OF SOUTHERN MAINE

Office of Public Service

68 High Street
Portland, Maine 04101
(207) 780-5920
FAX (207) 780-5925

FAX COVER SHEET

(207) 780-5925

3 PAGES TO FOLLOW

****

TO: 202-632-1096 FAX # 5/27/94 DATE

NATIONAL AIDS PANEL ORGANIZATION

JEFF PERKINS ATTENTION

****

FROM: ELLEN FARNSWORTH NAME

Cont. Ed. Health Prof. DEPARTMENT 207-780-5953 PHONE #

****

MESSAGES: Copy of brochure material enclosed.

FIRST HIV/AIDS general continued program with community, general public, government agencies, insurance, business, health care professionals to address issues of HIV in Maine.

2000 are HIV positive (counts only those tested in State of Maine not people who have gone to N.H. or Mass for anonymous testing). WE are a rural state in early phase of the epidemic. WE are trying to change attitudes + our theme is from THEY TO WE. WE are all in this together —

If there are any difficulties with this transmission, please call the Office of Public Service at (207) 780-5920.

Thank-you.

Call me if you have any questions. Thank you for your help.

HIV/AIDS - FROM "THEY" TO "WE":
Sharing the Responsibility to Educate, Prevent, Support, and Understand

The Departments of Community Programs and Continuing Education for Health Professions at the University of Southern Maine, are co-sponsoring a new conference which will, for the first time, bring together the general public and health, business, and education professionals from throughout the State of Maine.

Why this conference?

HIV/AIDS is a very serious and steadily growing disease affecting and afflicting millions worldwide. Through the end of 1993, 480 Maine residents had been diagnosed with AIDS; another 2,000 are believed to have HIV. No longer confined to the individual its impact can be felt at home, in our schools, in the workplace, and in our communities: economically, socially, and politically.

In the 1986 Surgeon General's Report on *Acquired Immune Deficiency Syndrome*, former Surgeon General C. Everett Koop states "AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures."

This conference will provide opportunities to talk with, learn from, and share with each other in a non-clinical, non-threatening atmosphere.

Of Special Note:

The Maine AIDS Memorial Quilt panels will be on display throughout the day. A Resource Room will be available for individuals and organizations for display of information/materials.

Planning Team

- Cathy Kidman, The AIDS Project
- Trish Macomber, American Red Cross
- Sandy Putnam, AIDS Consultation Service
- Stephen Schuit, The Greenshoe Group
- Gloria Sigler, Acupuncture Health Care
- Ralph Zieff, Ph.D., Psychologist

University of Southern Maine

AGENDA

7:45 - 8:15 a.m.
Registration and refreshments

8:15 - 8:30 a.m.
Welcome

8:30 - 9:45 a.m.
General Session 1
The Faces of HIV/AIDS

10:00 a.m.- 12:15 p.m.
Concurrent Workshops 1
(includes break)

- OR -

10:00 - 11:00 a.m.
Concurrent Workshops 2

11:00 a.m. - 11:15 a.m.
Break and Browse Resource Room

- AND -

11:15 a.m. - 12:15 p.m.
Concurrent Workshops 3

12:15 - 1:45 p.m.
Lunch

1:45 - 2:45 p.m.
Concurrent Workshops 4

2:45 - 3:00 p.m.
Break

3:00 - 3:45 p.m.
General Session 2
Waynflete Drama Ensemble

3:45 - 4:00 p.m.
Wrap-up and Evaluations

With Special Assistance from:

- Ham Robbins, N.E. AIDS ETC - Maine
- Peaches Bass, Maine AIDS Alliance
- Dawne Rekas, Maine Office on AIDS
- Carol Hauser, family member

USM Conference Coordinators

- Mary Ann Rost and Ellen Farnsworth, Department of Continuing Education for Health Professions
- Nancy Viehmann and Lee S. Townsend, Department of Community Programs

Special Presentations

8:30 - 9:45 a.m. * General Session 1
Panel - The Faces of HIV/AIDS

An informative, interactive discussion, this insightful and personal session with members of the community who are living with HIV/AIDS will provide a keener understanding of what it is like to live and work with HIV/AIDS.
Facilitator: Paul Ross, Worldwide Manager, HIV/AIDS Programs, Digital Equipment Corporation.

3:00 - 3:45 p.m. * General Session 2
Students for Safer Sexuality: Using Interactive Drama in HIV/AIDS Education

A group of juniors and seniors from Waynflete School in Portland will dramatize their ideas on HIV/AIDS risk reduction, communication and refusal skills, and peer pressure.
Facilitator: Pam Wright, Students for Safer Sexuality, Waynflete School, Portland, ME

Location · Parking · Lodging

The Sonesta Hotel is located at 157 High Street in downtown Portland. Free parking is available at the Gateway garage. Overnight accommodations at the Sonesta are available at a discounted rate. Call 800-777-6246, and mention you are attending this conference.

CONFERENCE SPONSORS

We gratefully acknowledge the generous support of:

Major Corporate Sponsor
Blue Cross and Blue Shield of Maine

Sponsors
Aetna Life & Casualty/Office of Consumer Issues
American Red Cross
Digital Equipment Corporation
Direct Mail of Maine
Maine Bureau of Health
Maine Community AIDS Partnership
Maine Medical Center
Mercy Hospital

In-kind Sponsors
Maine AIDS Alliance
Businesses for Social Responsibility

Concurrent Workshops 1
10:00 a.m. - 12:15 p.m.

▸ 1. Panel - Local & State Governments' Response to HIV/AIDS
Intended for: public policy makers and the general public
Focus: this lively, thought-provoking session will bring together representatives of local and state government agencies and the general public to "build bridges" so they can work together to find solutions to the dilemmas of HIV/AIDS.
Facilitator: Pam Plumb, Consultant, Pamela Plumb Associates, Portland, ME

▸ 2. Attitudes, Neurotransmitters, and H.O.P.E. Groups
Intended for: general audience
Focus: to discuss how fear, hope, and love as attitudes directly impact the physical, mental, and emotional health of persons living with HIV/AIDS and those who care for them.
Presenter: Kenneth Hamilton, MD, South Paris, ME

▸ 3. Overview of HIV Antibody Test Counseling
Intended for: health professionals and the general public
Focus: an overview of Maine's legal requirements for pre- and post-test counseling, consent, and disclosure; the CDC's recommendations for comprehensive risk reduction counseling; and Maine's anonymous test-site system and related resources.
Presenter: Dawne Rekas, Director, Maine Bureau of Health, STD/HIV Program, Augusta, ME

Concurrent Workshops 2
10:00 - 11:00 a.m.

▸ 4. Legal and Ethical Issues of HIV/AIDS
Intended for: health professionals and the general public
Focus: to provide practical information and an understanding of what may constitute discrimination under both federal and state law; issues of mandatory testing and disclosure; and recent case law as to what constitutes reasonable accommodation of an employee with HIV/AIDS.
Presenter: Claudia Raessler, JD, RN, Raessler & Galgay, PA, Portland, ME

▸ 5. HIV/AIDS 101
Intended for: health professionals and the general public
Focus: risk assessment, testing and counseling, prevention, methods of transmission, epidemiology, and the spectrum of illness and treatment issues.
Presenter: Sandy Putnam, RN, MSN, FNP, AIDS Consultation Service, Maine Medical Center, Portland, ME

▸ 6. Incarcerated Individuals: The Myths, Attitudes, and Regulations
Intended for: general audience
Focus: a better understanding of "prison thinking," clarification of current thinking, and modifications that would improve the health status and treatment for inmates with HIV/AIDS.
Presenters: John A. S. Rogers and Louise Hill, Maine Department of Corrections, Office of Advocacy, Portland, ME

▸ 7. Care for the Caregiver: The Spiritual Quadrant
Intended for: caregivers of persons with HIV/AIDS
Focus: to develop and experience ways of stimulating the inner nurturing spiritual caregiver and extend to ourselves the compassion and comfort we offer others.
Presenter: Jacob Watson, MA, Watson Counseling, Portland, ME

▸ 8. Panel - Health Insurance and HIV/AIDS
Intended for: general audience
Focus: the impact of HIV/AIDS on the health insurance industry and panelists' perspectives on how the industry is preparing today to address the needs of the community relative to HIV/AIDS.
Facilitator: Greta Cocco, President, First Benefits, Inc., Manchester, NH. Panelists: Michael J. Cowell, vice president and corporate affairs actuary, UNUM Life Insurance Co. of America; and James V. DiVirgilio, chief planning officer, Blue Cross and Blue Shield of Maine

▸ 9. Businesses and HIV/AIDS
Intended for: general audience
Focus: roles and responsibilities of the business community in responding to the HIV/AIDS crisis; what lessons they have learned, how they got started, and what they're doing today. Also included will be what kind of workplace education is taking place and what policies/procedures have been developed to support this essential work.
Facilitator: Stephen Schult, Partner, The Greenshoe Group and board member Maine Businesses for Social Responsibility. Panelists: Albert Nickerson, small business owner, "I Love Flowers; Paul Ross, Worldwide Manager, HIV/AIDS Programs, Digital Equipment Corp.; Susan Olsen, Manager, Medical Division, UNUM Life Insurance Co.of America; Debra Poore, Chief Human Resource officer, Blue Cross and Blue Shield of Maine; Linda Carew, Employee Relations Representative, L.L. Bean, Inc.

▸ 10. Overcoming Obstacles in the Planning of HIV/AIDS Education Programs in the Public Schools
Intended for: educators and the general public
Focus: insights into planning, obtaining community support, raising money, creating follow-up activities, and maneuvering through political and community issues involved.
Presenter: Linda Hammontree, Health Educator, Kennebunk High School, Kennebunk, ME

Concurrent Workshops 3
11:15 - 12:15 p.m.

▸ 11. Panel - The Family: Loving, Supporting and Grieving
Intended for: general audience
Focus: a discussion of panelists' experiences of living with, loving, and supporting a family member with HIV/AIDS; how they have endured the ups and downs; and how some have coped with and grieved the death of a loved one.
Facilitator: Jane O'Rourke, LMSW. AIDS Consultation Service, Maine Medical Center, Portland, ME

▸ 12. Panel - Listening to Gay, Lesbian, and Bisexual Youth: How Homophobia Affects HIV/AIDS Education for All Youth
Intended for: general audience
Focus: members of OUTRIGHT/Portland will share their experiences about growing up gay in Maine, the need to address the issue of homophobia in order to create a safe environment for all youth to receive effective HIV/AIDS education.
Facilitators: James Light, OUTRIGHT Advisor; Jayson Hunt, OUTRIGHT member. Panelists: youth from OUTRIGHT/Portland

▸ 13. Opportunistic Infections and Current Therapies
Intended for: health professionals and the general public
Focus: a discussion of how opportunistic infections related to HIV/AIDS present and current therapies used to battle those infections.
Presenter: Owen Pickus, DO, Portland, ME

▸ 14. Panel - Alternative Therapies and HIV/AIDS
Intended for: health professionals, and the general public
Focus: a discussion of the value of

alternative treatments/therapies as a supplementary course of action for those with HIV/AIDS. Panelists will share their method(s) of alternative therapy relative to persons with HIV/AIDS.
Facilitator: Greta Cocco, President, First Benefits, Inc., Manchester, NH Panelists: John Gallagher, Chiropractor; Barbara Joseph, Registered Polarity Practitioner; Elaine McGillicuddy, Certified Iyengar (Hatha) Yoga teacher; Anurag Shantam, Certified Alchemical Hypnotherapist; and Gloria Sigler, Licensed Acupuncturist

▸ 15. Names Project: The History and Making of the Panels *(double session)*
Intended for: general audience
Focus: through a combination of slides and actual panels from the AIDS Memorial Quilt, this will be a time of storytelling and sharing of how we have loved and let go. Participants will have a chance to observe *a work in progress* and an opportunity to begin work on a panel of their own.
Facilitator: Debb Freedman, Names Project Maine, Portland, ME

▸ 16. Women and HIV/AIDS
Intended for: health professionals and the general public
Focus: risk assessment, testing and counseling, condoms for women, pregnancy and transmission concerns, how the virus presents in women, and the spectrum of illness and treatment issues will be discussed. Empowerment, self-esteem, and wellness will be stressed.
Presenter: Sandy Putnam, RN, MSN, FNP, Aids Consultation Service, Maine Medical Center, Portland, ME

▸ 17. Business Responds to HIV/AIDS
Intended for: members of the business community and the general public
Focus: essential information and suggestions for any business person or individual interested/concerned about businesses' response to HIV/AIDS. More than 50% of the nation's work force is in the age group 25-44, where more than 76% of HIV/AIDS cases occur and nearly 10% of small businesses have faced HIV/AIDS among their employees. American businesses have a unique opportunity to further HIV/AIDS prevention efforts in the workplace and the community.
Please Note: The CDC's "Business Responds to AIDS Manager Kits" for implementing successful AIDS prevention programs will be available for $25.00.
Presenter: Pomeroy Sinnock, Ph.D., Assistant Chief, National Partnerships Branch, CDC National AIDS Information and Education Program, Atlanta, GA

Concurrent Workshops 4
1:45 - 2:45 p.m.

▸ 18. What It's Like Doing HIV/AIDS Education on the Street
Intended for: general audience
Focus: learn about one of the most unique educational programs developed to help prevent the continued spread of HIV/AIDS in Maine. The street HIV/AIDS education program in Portland and Lewiston has been operational for five years and reaches a clientele usually overlooked by most healthcare agencies - the street people.
Presenter: Willy Willette, The AIDS Project, Portland, ME

▸ 19. Practical and Emotional Issues of Intimacy and Relationships
Intended for: general audience
Focus: a greater understanding of and sensitivity to the complexity and depth of caring for, loving, helping, and working with individuals with HIV/AIDS. The potential for beauty and growth in such relationships will be discussed.
Presenters: Ralph Zieff, Ph.D., P.A., clinical psychologist, Portland, ME and Paul Harris, Portland, ME

▸ 20. Why ACT-UP?
Intended for: general audience
Focus: a discussion of the facts behind the existence of the activist group ACT-UP Portland. Learn the history of the organization and their role in the HIV/AIDS community.
Presenter: Richard Fried, ACT-UP Portland, Portland, ME

▸ 21. Panel - HIV/AIDS Education in the Public Schools - What Works?
Intended for: educators, and general public
Focus: explore how to develop and implement an HIV/AIDS curricula as part of a comprehensive health curriculum, hear about one school/community's response to the HIV/AIDS epidemic, discover how to deal with political and community concerns, and learn a team approach to providing education and awareness to both the school and community.
Presenters: Jackie Tsellikis, School Nurse and HIV/AIDS Team Coordinator, Old Orchard Beach School Dept.; Jay Bartner, Superintendent of Schools, Old Orchard Beach, ME; and Brian Kendall, HIV/AIDS Educator, Old Orchard Beach, ME

▸ 22. Naturopathic Healthcare and HIV/AIDS
Intended for: health professionals and the general public
Focus: gain practical knowledge with scientific rationale about the latest research on natural therapies for HIV/AIDS, why a naturopathic approach works to improve the functioning of the immune system, and how a program can be individualized based on symptoms and lab findings.
Presenter: John Straus, ND, Naturopathic Healthcare, Portland, ME

▸ 23. HIV/AIDS 101
REPEAT of Workshop #5
Presenter: Sandy Putnam

▸ 24. Grieving Your Losses
Intended for: general audience
Focus: explore the process of grieving and the many aspects of losses specific to HIV/AIDS including long-term survivors and chronic grief.
Presenters: Cindy Bouman, AIDS Response of the Seacoast, Portsmouth, New Hampshire and Tom Antonik, People with AIDS Coalition, Portland, ME

Registration Information

Conference registration fee: $75.00; a limited number of partial scholarships will be available. For information call Community Programs at (207)780-5900.

You may register: by PHONE: (207)780-5951 or FAX: (207)780-5925 using VISA, MasterCard, or purchase order; or by MAIL to: Department of Continuing Education for Health Professions, 68 High Street, Portland, ME 04101. Please make checks payable to USM; or in PERSON at our office at 68 High Street, Portland.

Cancellation Policy:

Cancellations received after May 27 will be subject to a $20.00 processing fee. No cancellations will be accepted or refunds granted after June 3. Substitutions may be made at anytime.

CEUs:

0.6 CEUs will be available. Approval for CEUS is pending from Maine State Nurses Assoc., the Commission on Dietetic Registration, the Board of Commissioners of Pharmacy, and the USM Professional Development Center. CEUs are approved for social workers.