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Series/Staff Member: Kristine Gebbie
Subseries:

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June Chron Files 1994 [2]

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THE WHITE HOUSE

WASHINGTON

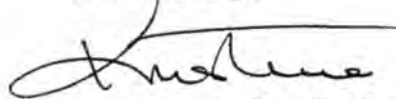
June 6, 1994

Mr. Norman Fleishman
629 Tolbert Street
Wadsworth, Ohio 44281

Dear Norman:

Thank you for the copy of your February 26 letter to the editor of The Oregonian. I do think Portland might be a place where it can all come together to really help teens. I'll be watching! Please stay in touch.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine", with a long horizontal flourish extending to the right.

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

Dear Kristine Gebbie, 3.2

You were great at
OES!

Can Portland be a
model? We'll see!

Best wishes,

Norman Friedman

I'm going back Mar 25

Dear Norman —

Thank you for the copy of
your Feb 26 letter to the editor
of The Oregonian. I do think Portland
might be a place where it can all
come together to really help
teens — I'll be watching!
Please stay in touch.
Sincerely,

MICROSECOND

February 26, 1994

To the Editor
The Oregonian
1320 S.W. Broadway
Portland, Oregon 97201



MAR - 8 1994

Dear Editor:

I wish to add a footnote to Jonathan Nicholas' comments on the ten days I spent in Portland looking for a "miracle," a city with the will to stop the spread of HIV/AIDS among its teenagers.

What I found, in talks with state and local health officials, with Planned Parenthood and with religious, business and educational leaders, is that Portland has set a standard of excellence and for good reason is considered to have the nation's best program.

Good enough so that no more teenagers will get the virus?

No -- that would be a miracle!

Could that happen in Portland?

Most of the people I spoke with felt it could, felt that **each new case** is a tragedy, that this city could adopt the attitude: this is "our," not "their" problem.

But the next case could be happening right now.

Why? Look at it this way: forget that HIV is about **sex** at all. Did any of us get through adolescence without mistakes? How else did we **learn anything**? Teenagers barrel right through "mistakes," who cares? **Fix it later!** (Somehow!) Being "invincible" goes with the territory!

But now the world comes up with HIV/AIDS and it's "**one strike and you're out!**"

"AIDS," said Surgeon General (under Bush) Antonia Novella, M.D., "is a disease that is increasingly heterosexual, young and female."

As an adolescent - with just the "normal" sexuality popping out, with your average quota of ignorance, longings, anxieties, fears, shame, guilt - living in a sex-bonkers society - wouldn't you need some **help to live mistake-free?**

How much help? A whole city's!

Page Two - Feb. 25, 1994 - Fleishman

By the way, I'm not getting on a soapbox for condoms, or for abstinence, or anything else as THE answer: EVERYTHING is THE answer, from fuller communication between parent and child, ever more dynamic church and school programs, to effective peer education to media support to ideas not yet born -- whatever it takes to outwit the virus. It is, after all, fully preventable.

It was a pleasure to be here.

Sincerely,

Norman Fleishman
269 Tolbert St.
Wadsworth OH 44281

(216) 336-3352

P.S. Who knows, maybe the city's teenagers are ready to make it happen!

cc: Kristine Gebbie
Hillary Rodham Clinton

luch.



BEER ADS FUEL FOR THE DRUG BONFIRE

*Television has been a positive force for changing the world.
So, why does it continue to glamorize addiction?*

Norman and Diana Fleishman

W

e were both raised on radio; television didn't attract our interest until it had been around for about twenty-five years. We were so busy being parents and humanists that our only exposure was an occasional blue flash through someone's living room window.

With two children in tow and another on the way, we moved from a fellowship with the New York Society for Ethical Culture to one with the Ethical Society of St. Louis, where Norman became the assistant leader. When our relatives offered us an extra television set they had won, we said sure. We picked it up from the United Parcel Service depot, hauled it home, and left it unplugged inside the door. The next morning, our upstairs neighbor was pounding furiously on our door, yelling, "Kennedy's been shot! Kennedy's been shot! Turn on your TV!" And we did. We didn't move for three days straight. We were part of an audience of millions. It changed our lives forever.

Over the years, television has made some powerful statements. Some of the strongest—and most controversial—have been on shows by Norman Lear. In 1972, Lear's series

"Maude" featured a two-part episode on abortion which was the most provocative and controversial television presentation on the subject for quite some time. In view of our experience with Planned Parenthood (Norman has established vasectomy and abortion clinics in several areas of the country), we had discussions with Lear and other writer-producers which resulted in a poignant, hilarious episode of "All in the Family" in which Michael (the "meathead" son-in-law played by Rob Reiner) was the recipient, *almost on camera*, of a vasectomy. Millions of viewers shared laughter and tears over this intimate, hush-hush subject with the characters they had come to know and love. Traditionally, the issue of vasectomy has been disturbing and even shocking and repulsive to many. Lear established it as a fact of life. In acknowledgement of Lear's pioneering accomplishment—the merging of social controversy with series television—we put together an "Evening with Norman Lear."

Thus began a program of "social seminars"—educational gatherings, usually held in the homes of writers and producers and sponsored under various nonprofit auspices, to raise the social consciousness of those who create prime-time tele-

vision. For approximately eighty evenings, over a period of fifteen years, outstanding speakers have addressed industry audiences on pertinent issues and concerns. On one memorable evening, eight hundred industry people listened as Margaret Mead told them: "You hold the world in your hands; you, the storytellers, are the most powerful force on earth!" Over the first six years, the main issues addressed were women's rights, family planning, sex education, overpopulation, and ecology. The next six years saw the focus turn to the arms race and the threat of intentional or accidental nuclear war. Since then the focus has changed again to the search for ways to stem the internal deterioration of life and support enthusiasm for healing.

Day by day—ever since our initiation to television in November 1963—we have witnessed television's growing power to penetrate and move. The word *entertainment*—from the Latin roots *entre* and *teneré*, "to hold in wholeness"—has been given new meaning.

As the 1990s arrive, national and international problems multiply and deepen. War and the threat of global catastrophe remain. Starvation, pollution, climatic changes, crime, and deficiencies on every front (especially in education) still plague us. And we see the list of problems growing every night as we watch the news.

But in spite of the gloom and doom,

When asked once what was the one thing he would change in the world, Robert Green Ingersoll said, "Instead of sickness, I'd make good health catching."

we have also witnessed some healthy developments: for example, the reversal in public attitudes toward cigarette smoking. And the curious thing is that this change of attitude came about at the same time that drug use was on the rise. Many cite the U.S. surgeon general's report as the turning point. Gradually, more incriminating data was released, including the effects of secondary smoke. No doubt all of this together had an impact upon public knowledge and attitudes.

But would this transformation have taken place if television had continued its brilliant, ubiquitous seduction, with all those slick and sexy smoking ads? We doubt it! The come-hither aroma—thank goodness—has been vacuumed from our homes for over a decade now, about the time that smoking began its downward slide.

We cannot afford to underestimate the potency of ecstatic faces, hot music, luscious bodies—all put together by motivational geniuses who use daily tests, retests, and market analyses to

take dead aim at target television audiences. Why else are thirty-second spots worth billions of dollars to corporate advertisers if they don't influence human behavior?

Reflecting on the 1988 presidential election, is it any wonder that political consultants now feed the lion's share of campaign funding into thirty-second bites?

Cigarette advertisements were eventually banished by federal legislation but not before anti-smoking lobbies successfully battled for equal time. The tobacco corporations agreed not to oppose the legislation and withdrew en masse from television. You would too if you had to go up against Yul Brynner saying, "When you see this, I will be dead of lung cancer from smoking."

Now if we could just do the same with beer and wine advertisements!

Today's heroes are selected at the climax of breathtaking championship contests and given such exalted titles as "Coors Player of the Game." The commercial time-outs are really time-ins for mini-documentaries that win, hands down, the Oscar for Best Favorable Depiction of Drugs. The message of these commercials is: without this fuel—beer, wine, or whatever—you won't score, you won't have friends, you won't impress the boss, you won't get to first base anywhere! The truth is that many of the musicians and athletes

CONTINUED ON PAGE 38

Norman Fleishman is a Hollywood lobbyist for humanistic programming in entertainment. He has taught ethics and speech in several universities and has worked for various organizations, including the Ethical Society of St. Louis, Planned Parenthood, and the American Humanist Association.

Diana Fleishman worked for ten years with John Houseman and now works with writer-director James Bridges. Formerly, she was associate director of Play Mountain Place, the oldest "free" school in America.



Beer Ads and TV

CONTINUED FROM PAGE 19

whom young people are encouraged to admire have died or have been irreparably damaged by alcohol and other drugs.

In 1986, there were 46,056 highway deaths, and half were alcohol related. Surveys now indicate that the usual age of those taking their first drink is twelve and that alcohol is the drug of choice among American youth. It accounts for about 97,500 deaths annually, and most experts in the field estimate that over \$200 billion will have been spent this year to repair the damage caused by alcohol. Anyone who doubts the destructive influence of such advertising should read *Myths, Men, and Beer: An Analysis of Beer Commercials on Broadcast Television* (available from AAA Foundation for Traffic Safety, 2990 Telestar Court, Suite 1200, Falls Church, VA 22042).

We don't advocate a return to Prohibition. But consider this: on the average, children watch *five hours of television commercials every week*, so that, by the time they are eighteen, they will have seen 100,000 beer commercials. Consider also that alcoholism has become epidemic, particularly among teenagers and young adults, and that auto accidents are the biggest killers of these very age groups. With that in mind, it's time to be alarmed!

How do we begin the healing wave?

We recently saw a television report about an alcohol education program in Monterey, California. At a high school "sober graduation" rally, the students were listening to a woman who was gentle, firm, and loving. "A few seconds can turn a life into a nightmare," she told them, and then the camera revealed her face: a smear of scar tissue, the result of one ride with an intoxicated driver. A drama of a different stripe.

Appointing a "designated driver" is

quickly becoming an accepted practice—as it already is in Sweden, where there are virtually no alcohol-related accidents. Hollywood's writers and directors have, on paper, pledged themselves to encourage this concept. The tide is now shifting in the right direction.

Until the early 1900s, only a few people at a time could be reached with a single message. Today, thanks to modern communication networks and technology, millions can be reached simultaneously—enabling us as a nation to mourn the tragic death of a young leader or to fuel the flames of a pandemic force that is threatening to engulf us.

Mass addiction to destructive substances has become one of the biggest problems this country faces. And using the cigarette revolution as a model, it's the problem most amenable to dramatic change.

Don't underestimate the power of social pressure. Friends who have smoked for over thirty years have quit because they were the last persons in their offices who smoked. Now we have an opportunity to transform the social acceptance of drinking and to arrest the onset of addiction at younger and younger ages. But this can only be accomplished if the billion-dollar infusions of brilliantly crafted entertainment glamorizing alcohol are stopped. Adolescents have enough to handle in life without being wooed and led down destructive paths by their idols. If such siren ads for addiction cannot be eliminated, we must at least demand equal time!

When asked once what was the *one* thing he would change in the world, Robert Green Ingersoll replied, "Instead of sickness, I'd make good health catching." That facet of humanism called *possibilism* reminds us that the health wave we're riding is contagious and that we have the tools to help it spread and ultimately rescue a very sick planet. If this sounds grandiose, remember that we should not fall into the trap of doing nothing because we can only do a little. If we take one step at a time, and do it together, we will accomplish a lot. At least we can begin by stopping the *encouragement* of disease. Next comes the nurturing of health. It's going to take healthy adults to save this world. ■

FLEISHMAN
269 TOLBERT
WADSWORTH,
OH 44281

ONDEF



KRISTINE GEBBIE
OFFICE OF AIDS POLICY COORDINATION
750 17TH ST NW
1060
WASHINGTON, D.C. 20500

THE WHITE HOUSE

WASHINGTON

June 6, 1994

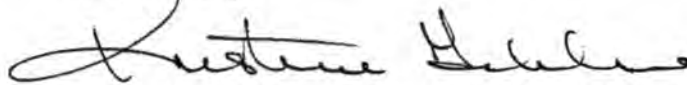
Ms. Carol W. Cox
1908 Hogeboom Avenue
Eau Claire, Wisconsin 54701

Dear Ms. Cox:

This office was created to promote a sound HIV/AIDS policy based on good science. I do not "promote" any practices which lead to infection, nor do I support sado-masochism.

Thank you for taking the time to write.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Kristine Gebbie', with a stylized, flowing script.

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

Dear Mr. Cox

This office was created
to promote a sound
HIV/AIDS policy, based on
good science. I do not
"promote" any ~~practices~~
which lead to infection, nor do I
support any sado-masochism.
Thank you for taking time to write. Sincerely,



MAY 18 1994
RECEIVED

1908 Hogeboom Ave.
Eau Claire, WI 54701

May 9, 1994

Kristine Gebbie
Office of National AIDS Policy
750 17th St. N.W. #1060
Washington, D.C. 20503

Dear Ms. Gebbie:

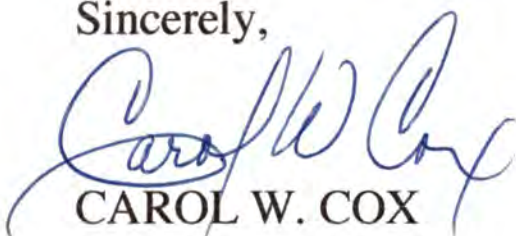
I have been hearing much about your promotion of the homosexual lifestyle as just another alternative that all should accept. In addition, the government is spending many of my tax dollars to promote these ideas.

How can you and the government justify such a thing. The homosexual lifestyle is unhealthy. Homosexuals are 41 times more likely to get syphilis, 10 times more likely to get Hepatitis B, and 5 times more likely to have other sexually transmitted diseases than heterosexuals. In addition 15-30% of gays are HIV positive compared to 1% of the heterosexual population (and this in light of the fact that homosexuals constitute only 2-2.5% of the population). This is something you and the Clinton Administration want to promote (and with my tax dollars yet!).

AIDS kills those who become infected. Government officials should NOT be supporting a sexual lifestyle and practices which lead to AIDS infection and death. Nor should Government officials lend credibility to sado-masochistic sex. These things are antisocial and deviant behavior.

Again, on what basis can you and the Clinton Administration possibly base your promotion of this lifestyle as one that is acceptable??

Sincerely,



CAROL W. COX

THE WHITE HOUSE

WASHINGTON

June 6, 1994

Mahlon D. Johnson, M.D., Ph.D.
Associate Professor of Pathology
Division of Neuropathology
Vanderbilt University School of Medicine
Vanderbilt University Medical Center
C-3321 Medical Center North
Nashville, Tennessee 37232-2561

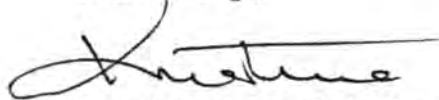
Dear Mahlon:

It was good to hear from you! I'm glad you got your paper out. I'll look forward to reading it. Did you ever do any writing about your nursing care?

The Presidential Advisory Council is being formed, and your name is in the pool of possible appointees.

I will let my staff know of your interest and possible availability to participate in activities here. Best wishes to you. I hope to see you soon.

Sincerely,



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

Lopressor[®] 50-mg scored tablets;
metoprolol tartrate 100-mg scored tablets;
ampuls: 5 mg/5 ml

Dear Mahlon -

It was good to hear from you! and glad you got your paper out. I look forward to reading it. Did you ever do any writing about your nursing care? —

Geigy BASEL

© 1991, CIBA-GEIGY Corporation. Printed in U.S.A. (11/91) 536-13021-A

Lopressor[®] 50-mg scored tablets;
metoprolol tartrate 100-mg scored tablets;
ampuls: 5 mg/5 ml

The Presidential Advisory Council is being formed, and your name is in the pool of possible appointees.

I will let my staff know of your interest & possible willingness to participate in activities here.

Geigy BASEL

© 1991, CIBA-GEIGY Corporation. Printed in U.S.A. (11/91) 536-13021-A

Best wishes to you - I hope to see you soon

 Vanderbilt University Medical Center

Vanderbilt University School of Medicine
Department of Pathology

C-3321 Medical Center North
Nashville, TN 37232-2561
(615) 322 2102
Fax (615) 343-7023

May 2, 1994

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

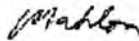
Dear Kristine:

Last year you mentioned the possibility of serving on the Presidential Committee or others. Has the membership of these committees been determined?

At long last, we have submitted our paper correlating clinical, neuropathologic and positron-emission tomography (PET) findings in patients with focal brain lesions. With luck, we will expand this to a multicenter ACTGE study. Nonetheless, such studies seem impotent in the face of my declining CD4 counts despite AZT therapy.

Please let me know if I can help the cause. I have recently been promoted to Associate Professor with tenure which may bestow some enhanced flexibility in my scheduling here. I look forward to hearing from you.

Sincerely,



Mahlon D. Johnson, M.D., Ph.D.
Associate Professor of Pathology
Division of Neuropathology

MDJ/lee

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THE WHITE HOUSE

WASHINGTON

June 6, 1994

Ms. Jennifer Naeve
3909 87th Street
Columbus, Nebraska 68601

Dear Ms. Naeve:

Thank you for writing. I will continue to support HIV prevention programs which are based on good science about the epidemic. Those programs do not support sado-masochism or drug abuse.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine Gebbie".

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

Lopressor[®]
metoprolol tartrate

50-mg scored tablets;
100-mg scored tablets;
ampuls: 5 mg/5 ml

standard
all voices
base policy in science

Geigy **BASEL**

© 1991, CIBA-GEIGY Corporation. Printed in U.S.A. (11/91) 536-13021-A

Drug use and sadomasochism are still considered antisocial and deviant behaviors. Most deaths from AIDS still result from homosexual sex and IV drug use. These behaviors should be condemned, not given approval by government officials. The TRUTH being known, how can you justify your actions

MAY 17 1994



Jennifer Naeve

Naeve
3909 87 ST
Columbus NE
68601



Kristine Gebbie
Office of National AIDS Policy
750 17 ST NW # 1060
Washington DC
20503

THE WHITE HOUSE
WASHINGTON

June 6, 1994

Mr. Reggie L. Davenport
3776 Dethy Road
Floyds Knobs, Indiana 47119

Dear Mr. Davenport:

This office was created to promote a sound HIV/AIDS policy based on good science. I do not "promote" any practices which lead to infection.

Thank you for taking the time to write.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine M. Gebbie". The signature is fluid and cursive, with a large initial 'K' and a distinct 'G'.

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

RECEIVED

3776 Dethy Rd.
Floyds Knobs, In. 47119
4-27-94

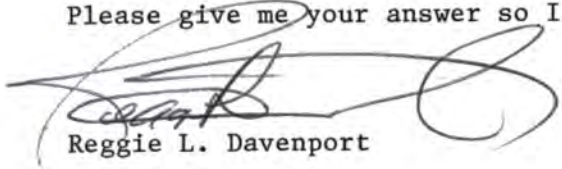
MAY - 3 1994

Dear Ms. Gebbie,

I would like to know how you can continuously promote the homosexual lifestyle when all indicators point to the fact that the sex acts involved in homosexual relations are super Unhealthy and end up costing the participants their very lives. How can you, as the AIDS czar participate in this inhuman promotion of death???

Do you have anyway of justifying giving out books to teens promoting such activities as "fisting" or "golden showers"??

Please give me your answer so I may share it with others.



Reggie L. Davenport

THE WHITE HOUSE

WASHINGTON

June 6, 1994

Mr. Carl Shannon
Apartment 312-A
3239 South Parker Road
Aurora, Colorado 80014

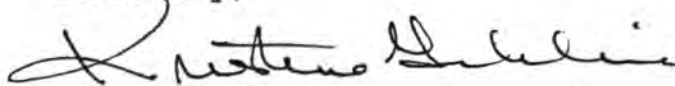
Dear Carl:

I'm sorry that your experience in Denver has been so negative. Regrettably, in many parts of the country people have a long way to go in understanding and responding to the epidemic. My responsibilities include helping that change happen.

I'm expecting to make a trip to Denver in the fall, and can learn something of the city first hand. In the meanwhile, you have my best wishes and encouragement.

Thank you again for writing.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine Gebbie". The signature is fluid and cursive, with a large initial "K" and a stylized "G".

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

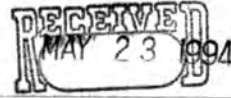
Dear Carl

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include ~~helping to~~ helping that
change happen.

I'm expecting a trip to Denver
in the fall and can learn
something of the city first
hand. In the meanwhile,
you have my best wishes and
encouragement.

Thank you ~~again~~ for
writing. Sincerely,

I'll send this note —
Dear Christine, —uncomposed.



Just to have been
in the Denver area for
just on week, after have
been in S.F. for eight
days. I hate the mentality
hear.

I only lived in S.F. I think
in 79. I had never really
heard of AIDS back then.
just before! What a
mind Blower. to see
the city Again. A ~~sto~~
sleepy City that had to
change... and the CITY
will survive...

Back in Denver I hate
it hear. The people are
unfreindly in general, and
being just HIV+ and not
having AIDS. I feel like
a fool! LOST IN DENVER.

HELP US!!! — Carl.

THE WHITE HOUSE
WASHINGTON

June 6, 1994

Ms. Johanna Gendelman
2822 22nd Street
San Francisco, CA 94110

Dear Ms. Gendelman:

Thank you for your letter about the "AIDS Cure Act" (formerly the "McClintock Project").

I am unable to comment on Representative Jerry Nadler's bill at this time as I have not seen the new version just introduced, but I have discussed the earlier version with Representative Nadler. I have invited Representative Nadler to send me the new bill, and I 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 I take this very seriously.

From the administration's 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. The Clinton administration has taken several significant steps on this path, including:

- o The revitalized NIH Office of AIDS Research with its centralized planning and budgeting authorities, now under the leadership of Dr. William Paul;
- o A 21% increase to the NIH AIDS research budget this year;
- o 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.

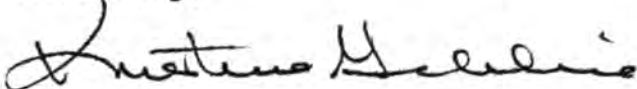
We need to improve what we have by enhancing communication, coordination, and collaboration in the public and private sectors, in the U.S. and abroad, in a way that fosters new ideas and ensures that we do not miss the truly important discoveries.

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 whether new ideas may help create and maintain an environment more conducive to good, productive science, or unintentionally hurt the cause of AIDS research.

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 for people with HIV and AIDS.

I 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.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine M. Gebbie". The signature is fluid and cursive, with the first name being the most prominent.

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

RECEIVED
MAR 1 1994

February 7, 1994

Terry draft
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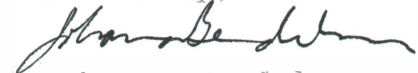
Johanna Gendelman
2822 22nd Street
San Francisco, CA 94110

Dear Ms. Gebbie :

Hi! I'm writing to ask you to support H.R. 3310, the McClintock AIDS Cure Act. A step like this is desperately needed to make a cure for AIDS a reality. As a manager of a halfway house for addicts in recovery with AIDS I have seen the personal and even more relavant to you, the immense financial toll of this disease. We need an organized, legislated approach to this illness NOW!

So, please consider being a sponsor or definitely supporting H.R. 3310. It's a cause well worth your time.

Sincerely;



Johanna Gendelman

Paul / Terry / Andrew
This standard reply needs to be
made available to OAR, Phil Lee,
Petsy, Donchue, & WH Congressional
office, so they know what we're
saying —

THE WHITE HOUSE

WASHINGTON

June 6, 1994

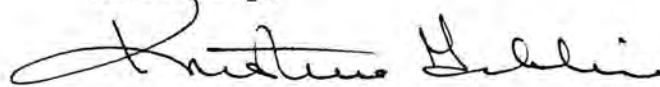
Mr. Joseph Voytas
26122 East Base Line
Highland, California 92346

Dear Mr. Voytas:

Thank you for taking the time to write.

This office will continue to advocate for good HIV and AIDS policy, based on the best available science.

Sincerely,



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

*Dear Mr. Voytas
Thank you for taking
time to write.
This office will
continue to advocate for
~~good~~ good HIV and AIDS
policy, based on the best
available science.*

Sincerely —

RECEIVED
MAY 18 1994

Kristine Gebbie:

Can't you see the steady increase in pregnancies and yet you people encourage sex, even with C's!

Why the encouragement for homosexuals in their shocking sex perversions?

Now they are demanding a free hand in our society, to contaminate our people!

President Clinton made a grievous mistake in appointing you people.

You are not qualified to govern!

For the good of our nation,

Please resign!

P. S.

I RESPECT HOMOSEXUALS
AS INDIVIDUALS IN
THEIR RIGHT TO LIVE IN PEACE.

Concerned,

Joseph L. Voytak

THE WHITE HOUSE
WASHINGTON

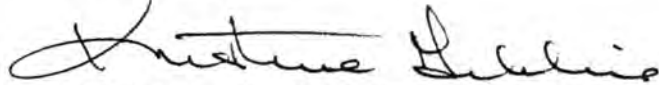
June 6, 1994

Ms. Francis Lis
Post Office Box 12622
Reading, Pennsylvania 19612-2622

Dear Ms. Lis:

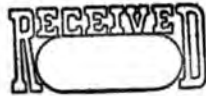
Thank you for writing. I will continue to support HIV prevention programs which are based in good science about the epidemic. Those programs do not support sado-masochism, pedophilia or drug abuse.

Sincerely,



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

Dear —
Thank you for writing. I
~~concur~~ you that I will
continue to support HIV prevention
programs which are based in
good science about the epidemic.
Those programs do not support
sado masochism, ~~the~~ pedophilia or
drug abuse. — Sincerely,



APR 20 1994

Dear Kristine Gebbie,

Could you please respond as to why you support homosexuality, drug use and sadomasochism? Such deviant behavior is abnormal to most Americans. People are not born homosexuals (medical research (egg & children-twins)). Homosexuals do not procreate, neither are they to be married. The A.S.D. group is from male homosexual relationships - its origin. Also pedophilia cannot be separated from homosexuality because in essence it too is an attack against our children. Also N.A.M.B.P.A. which is part of homosexuality and was mistakenly approved by the United Nations follows in line with all the above. To promote homosexuality one must be either a homosexual, a bi-sexual or a cruel human being who cares not for the many homosexuals that are trying to



come out of the homosexual life.

Sincerely Yours
Franklin

MARRIAGE MADE AND FEMALE OUR SEXUALITY FROM GOD AND FOR FAMILY

Homo-sapiens from the start
Evolution definitely had no part
In the image of God so came the art
From our Lord's very own heart

First was Adam a man He so created
Later came Eve, a woman, to Adam so the world could continue
to be procreated
God's special creation of male and female has not changed
And God's first institution was the family the way He arranged

The man to provide, protect and be a priest thereof
The woman to care, nurture and help fulfill the family's love
To be in love with one another
And to love their children as father and mother

Husband-wife married as one
As Jesus and the church shall so be done
Marriage and the sexual realm to be
Man and woman united through holy matrimony

What is unnatural and very sad
Is when Heather has two moms or has two dads
Let it so be known that all children do belong
Under God's close protection so let no one do an immoral wrong

An abnormal way to live life's role
The image of both parents is not whole
Two beings bringing forth an unnatural view
God's procreation process cannot come true

The seasons of life's year so have their traits to carry
And only a man and a woman can so Biblically marry
The role of life came not from us
But was given from God with His procreated trust

Hand in hand what shall our children see
One of a Biblical marriage or one that leaves no posterity?
Yes, we are different in our roles and were wonderfully
made that way
Thy Creator we must now so obey

Be not confused seek God's word
Let not the Bible go unheard
God so loves us all very much
He chose our gender and from birth shall stay as such

He gave us the joy of children to care and to love
Angelic beings from above
A blessing is a family so Godly ordained
With mom and children in daddy's name

Abstinence is for all who have not taken the sacredness of
marriage vows
Sex in marriage between husband and wife God only does allow
Our sexuality God has given in a sacred role
Husband and wife, male and female become as one spiritually whole

Let us love our offspring as blessed ones
Precious daughters and wonderful sons
Ever thankful for we are all loved by our Creator
The living of life's role is a story in God's theatre

We pray for all to know of their lives to live
A God of love who does forgive
A family of Godly love that we share with each other
Mother, father, sister and brother

Generations and generations that have come and gone
All in God's special time they do belong
Let us seek God and learn of Jesus' love
And be a part of the institution of family in the Bible that
we read thereof

Francis Luis

ENCLOSURE

CONDEMNATIONS IN AMERICA

Abominations to our Father
Sins of many without an ignorance to bother
Condemnations made by the saints
Acts of evil that makes the mind of righteousness faint
Astrology to the stars so is followed
A sin of this nation making faith that much more hollow
Many politicians so are wrong
Others follow blindly along
Acts of a sexual gay
Few are ones who truly pray
Outcome based education in our children's heads
Love of God so seems to be going dead
Other acts sinfully so
The Ten Commandments they intentionally seem not to know
Hostility runs all around
Evil so seems to surround
Children are so abused
Many innocent victims are confused
Moderation has been extinct
Anxiety and depression rise at a wink
As the saints of God repeatedly ~~warn~~ warn
American leaders so do scorn
These acts of abomination
Continue forth even though they are known acts under biblical^{ly} condemnation
Man as so prophesized
Shall worship himself as being wise
Living in a force of Satan's hold
Yet through Christ in their heart they could righteously mold
Spiritual awakenings will they come alive?
Without Christ in this nation we shall not survive
Keep the faith of Christ the Son
Let this nation not continue in sin for no man knows when He shall come

With LOVE in Christ Jesus


Francis Luis

TIME, WHERE IS IT?

Is time running short?

Only the Father can exhort
Take heed for mortality lies
For many truths may be to realize

~~Idealism so seems barbaric in motion~~
Instinct seems to take over emotions

The thoughts may so scare
What does Satan so next dare?

Man seems that this life is all

Thou twenty-third psalm will say the call

The hardest may be yet to come

To his Creator, obscenity will be man's tongue

Anxiety will so speed

Many innocent ones will so bleed

Man's own self image will so show

His knowledge will be nothing to know

If ordeals or failures so seem

Maybe your reality is not another's idealistic dream

Hope, faith, and charity

Being we hope always for Christainity

For the infinite wisdom of our Father so

Makes all man's wisdom foolishness and a forever to never know

I know not of

May Christ have mercy and fill many with love

The altar of Christ we must so kneel

Even when mental or ~~physical~~ physical pain is there to feel

Christians hold not to our nation

All in wait for Christ's revelation

In our creation all may be blessed

All sinners must confess

If we fear not that of our God

Maybe our morals are of an evil's odd

Fear yes that of

With Christ we are always loved

" LAUGH NOT LOUD "

Laughter of loud to cruelty

May God have mercy on all of thee

Speaking of God's ~~Ten~~ Ten Commandments so as none

Only can Christians be saved through the Son

An image in man's own mirror

~~Only~~ Only his words he does so hear

The laughter may soon subside

The calm waves maybe a destructive tide

All creation so is His

The end will come with no quiz

Our ignorance to prophecies

Ours is to do as Christians for the Father will in time release each of

His mysteries

If we can so sustain

May our faith grow even upon Satan's afflicted pain

Laugh not so loud

Be humble and meek fellow not a false prophet's crowd

The sorrows and the joys

More of the first may ~~employ~~ employ

Remember thy saviour so ~~danger~~ grow

The laughter may subside and ~~grow~~ grow

Strangers may so appear

Ones of family, relatives or others so near

Trust so in Christ alone

He will guide to heaven's home

Francis P. C.

JESUS LOVES YOU, *Kristine Gabbie*

Jesus loves you very much
He created you, so upon your heart He could touch
Ask dear Jesus into your heart
And He shall never depart

Accept Jesus as your Lord and Saviour today
All you need to do is kneel and say
"Dear Jesus come into my heart and wash all my sins
Have your Holy Spirit come within"

"Dwell in me and become my personal Lord
And eternal glory in heaven shall be my reward"
Yes, *Kristine* you are washed, you are saved
By Jesus' death on the cross all your sins have been paid

Speak with Jesus as you pray
He hears your every word that you say
Jesus is always with you to protect and care
He is with you everywhere

As a loving father He will guide and teach
In your spirit is His speech
Read your Bible and know God's Word
Then His voice can be easily heard

Keep this poem and as you grow in Him
Your joy in life will never be dim
Happiness and sadness will come and go
But the joy of Jesus you shall always know

He too is my Lord and good friend
One whom I speak to time and again
Yes Jesus loves you very much indeed
Kristine you are a child of His to grow in His love seed

Francis Luis

Francis Lis
Post Office Box 12022
Reading, Pennsylvania 19612-2622



AIDS CZAR
Kristine Gabbie
Office of National Aids Policy
750 17th Street
Northwest
#1060
Washington, District of Columbia 20503

THE WHITE HOUSE
WASHINGTON

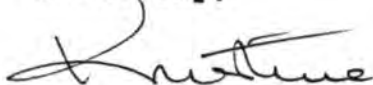
June 6, 1994

Ms. Helen Kitchen
Director of African Studies
Co-Chair of the CSIS Working Group
on Global HIV/AIDS
Center for Strategic and International
Studies
Suite 400
1800 K Street, N.W.
Washington, D.C. 20006

Dear Ms. Kitchen:

Thank you for the invitation to attend the next meeting of the CSIS Working Group on Global HIV/AIDS on June 15, 1994 from 12:30 p.m. to 2:00 p.m.. Although my schedule does not permit me to participate, Nancy Hazleton, Office of National AIDS Policy staff member for global issues, will be able to attend in my place. I look forward to hearing her report on the meeting. If I can assist in some other way, please let me know.

Sincerely,



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



RECEIVED
MAY 18 1994

Center for Strategic & International Studies
Washington, DC

May 17, 1994

Kristine Gebbie
National AIDS Policy Coordinator
200 Independence Avenue, SW
Room 788G, HHH Building
Washington, D.C. 20201

Nancy Hazelton
or
Kristine

medium to high
priority -
what is the
schedule?

Dear Ms. Gebbie:

I am writing this letter to invite you to join us here at CSIS on June 15, for the next meeting of the Advisory Committee of the CSIS Working Group on Global HIV/AIDS. The meeting will be an informal lunch (from 12:30 to 2:00 p.m.) and the agenda will be to discuss strategies for delivering the Working Group's forthcoming final report, and its compelling rationale for concern about AIDS, to appropriate political leaders and other constituencies.

The report builds on the discussions of the seven Working Group meetings, one of which we were very pleased that you were able to attend, in September 1993. Specifically, this report will summarize the economic, social, and political costs associated with the global HIV/AIDS pandemic, as well as the connections between discrimination and human rights abuses and the spread of disease. A preliminary draft of the executive summary is enclosed.

We hope very much that you will be able to join us for this exchange. The Advisory Committee members are especially interested in discussing initiatives that might be coordinated with your office and ways that we could assist in meeting the goals of your Action Agenda. If it is not possible for you to attend, we would welcome the participation of a member of your staff on your behalf.

Sincerely,

Helen Kitchen
Director of African Studies
and Co-chair of the CSIS Working Group
on Global HIV/AIDS

LTR saying
that Nancy
Hazelton
will attend in our
stead



Center for Strategic & International Studies
Washington, DC

CSIS Working Group on Global HIV/AIDS
Advisory Committee Meeting
June 15, 1994

List of invited participants:

Congressman Jim McDermott Co-chair of CSIS Working Group on Global HIV/AIDS,

Alvin Friedman-Kien, M.D., Professor of Dermatology & Microbiology, NYU Medical Center

Helene Gayle, M.D., M.P.H., Agency AIDS Coordinator, Office of Health, Bureau for R&D, Agency for International Development

Jim Graham, Executive Director, Whitman-Walker Clinic

Allen "Tex" Harris, President, American Foreign Service Association

Susan Holck, Chief, Planning and Policy Coordination, GPA, WHO

Sharon Hemond, Ph.D., Bureau of Oceans, International Environment, & Scientific Affairs; Department of State

Helen Kitchen, CSIS Director of African Studies and Co-chair of CSIS Working Group on Global HIV/AIDS

Marjorie Muecke, RN, PhD, Program Officer, Reproductive Health and Population, The Ford Foundation

Michael Seltzer, Executive Director, Funders Concerned about AIDS

Marjorie Souder, Director, AIDS Program, Division of Education, Project Hope

James Smith, Executive Director, The Howard Gilman Foundation

B.J. Stiles, President, National Leadership Coalition on AIDS

David Wendt, CSIS Director of Social and Economic Development Program

Fernando Zacarias, M.D., Senior Regional Advisor for AIDS & STDs, Pan American Health Organization



Center for Strategic & International Studies
Washington, DC

"GLOBAL HIV/AIDS: A STRATEGY FOR U.S. LEADERSHIP"

Kimberly A. Hamilton

Forthcoming in August 1994

EXECUTIVE SUMMARY

This is a draft of the executive summary for the final report for Center for Strategic and International Studies (CSIS) Working Group on Global HIV/AIDS.

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About the Project

The CSIS Working Group on Global HIV/AIDS was conceived in 1991 to counter the lack of creative and serious thinking in the foreign policy community about the anticipated impact of the global HIV/AIDS pandemic on issues related to global stability and U.S. interests abroad. Designed to provide intellectual guidance for policy makers responsible for safeguarding the economic and political interests of the United States, the project grew from the premise that AIDS and the virus that causes it, HIV, was outstripping the capacity of the global health community and demanded a broader response. This was doubly so as the virus began to penetrate and compromise the political and economic well-being of those countries and regions around the globe with whom the United States has maintained historical ties or is forging new ones.

The project was also created in the belief that only a unique intersection of organizations, individuals, and visions would make the findings meaningful and realistic. Over the past two years, CSIS has fostered this unusual project with the support of more than fifty various international and domestic organizations. Through a series of working group meetings on various topics relating to the spread of and response to HIV/AIDS, CSIS has tapped the thinking of some of the most engaged individuals in the field. Most important, such a cross-section of the policy, economic development, health, foundation, medical, and pharmaceutical worlds has created a wide-ranging web of common interest in seeing the recommendations contained herein come to fruition.

That the project has maintained, indeed gained, momentum and the commitment of its participants is a testimony to the leadership provided by the project co-chairs, Congressman Jim McDermott (D-WA) and CSIS Director of African Studies Helen Kitchen. It also represents the boundless energy of the members of the Advisory Committee who, from the beginning, were committed to the spirit and the potential of the project. These members include Alvin Friedman-Kien, Helene Gayle, Jim Graham, F. Allen "Tex" Harris, Michael Seltzer, James Allen Smith, Marjorie Souder, B.J. Stiles, and Fernando Zacarias. Within CSIS, former Associate Director for International Economic and Social Development Kimberly Hamilton directed the project until her departure in July 1993 at which point the reigns were handed to the Director for International Economic and Social Development David Wendt and Coordinator for International Economic and Social Development Carolyn Ducker. Gratitude also goes to all of the members of the Working Group who gave so freely of their time and their wisdom for this important project.

Finally, the CSIS Working Group on Global HIV/AIDS owes its existence to the generous support of The Howard Gilman Foundation, the Pharmaceutical Manufacturers Association, and Bristol-Myers-Squibb. The collaboration with The Howard Gilman Foundation has been a particularly rich and beneficial intellectual partnership, owing in large part to Howard Gilman's commitment to AIDS-related philanthropy, James Allen Smith's active engagement from the genesis of the project, and the memorable opportunity to deepen our mutual understanding of the meaning of the HIV/AIDS virus in the twentieth century and beyond through the White Oak Plantation meetings.

Executive Summary

Well over a decade after the discovery of the acquired immunodeficiency syndrome (AIDS), the pandemic shows no signs of relenting. As of mid-1993, the World Health Organization estimated over 2.5 million cumulative AIDS cases worldwide. Over 14 million people have been infected with the human immunodeficiency virus (HIV), the viral agent that eventually leads to AIDS. Africa alone has seen more than eight million people infected with HIV and the numbers are rapidly increasing in parts of Asia. In fact, by the year 2000, between 30 to 40 million men, women, and children will have been infected. This is a conservative estimate; others place the high-end numbers of infections as high as 110 million. 90 percent of the HIV infections will have occurred in the developing world. The numbers are staggering not only because of the loss of so many productive lives, but because they represent only a fraction of the anticipated future infections given the absence of any near-term, viable cure.

How should the United States marshal and allocate its resources in such a world when it is clear that the AIDS pandemic could quickly absorb more financial capital than we could optimally expect to provide? What are the most effective policies that will see enduring responses in the fight against AIDS in terms of prevention, care, research, and protection of the infected and those at risk? And, by what means can we demonstrate our commitment to stemming the pandemic's flow at home and abroad. These are the questions that have underpinned the CSIS Working Group on Global HIV/AIDS. They are also the focus of the recommendations contained in this panel report which attempts to provide guidelines for encouraging continued U.S. engagement in the prevention and management of the spread of HIV/AIDS, the care and treatment of those afflicted by the disease globally, and the education necessary at all levels--from the local community to the highest levels of government--about the costs of inaction.

With a concern for the likely impact of AIDS on U.S. national interests and, similarly, for the increasing effect of global apathy about the costs of AIDS, CSIS convened a series of working group meetings on seven issues of particular salience:

1. The Political, Economic and Security Dimensions of AIDS
2. Discrimination, Stigmatization, and HIV/AIDS
3. Private Sector Response for HIV/AIDS Initiatives
4. The Role of the Nongovernmental Community
5. Resource Allocation for HIV/AIDS Initiatives: Sources and Priorities
6. The Role of the Scientific Community
7. The Role of the United States in the Global AIDS Effort

The following recommendations, stemming from these meetings and from consultations with the Advisory Committee and others, do not reflect the singular agenda of any one organization involved in the project. Rather, they are the result of a two-year collaborative process that sought to combine expert experience and opinion drawn from a range of organizations and individuals. This report reflects that unity.

The working group was unanimous in its key finding: The United States has a vital stake in slowing and eventually halting the spread of HIV/AIDS in the world. This stake stretches beyond humanitarian and health concerns. AIDS, for example, is likely to exact a heavier economic toll than other diseases. A study by DRI/McGraw-Hill (1993, 30) places the cumulative economic costs of AIDS \$350 billion by 2000 in an optimistic scenario. The worst case costs soar to \$500 billion. These figures includes the direct costs of medical treatment and the indirect costs of lost output due to decreased productivity from those who are sick, those who have died, and those who care for the sick. According to the DRI study, these indirect

costs are usually three to five times higher than the direct costs. Coupled with the growing incidence of HIV infection within the world's military populations, the deaths that AIDS is inflicting on the globe's most vulnerable populations including women and children, and the very real potential for economic reversals and social disintegration in part attributable to the reach of the pandemic, HIV/AIDS has outpaced our imagination and overburdened the capacity of any anticipated global or domestic response mechanisms. Indeed, the continued growth of global AIDS and its insinuation into areas of traditional foreign economic and political concern has already begun to reshape our conceptions of security and to force a reevaluation of U.S. leadership in a world already radically altered by AIDS.

Recommendation 1: HIV/AIDS must be addressed as an issue of global stability.

This is the cornerstone of the CSIS study. The continued spread of AIDS and HIV that directly affect U.S. security interests around the world. Through the critical effects of AIDS on the health, human resources, and well-being of societies--it has become a significant threat to economic development and political and economic stability. AIDS and HIV will and should force us to reevaluate what we mean by strategic security. Indeed, AIDS has quickly become one of the new root causes of global instability, linked to increasingly mobile populations, growing pockets of economic and social vulnerability in parts of the developing and industrialized world, and economic globalization. In order to respond to this threat, we must broaden our responses beyond the public health field to address AIDS as both an issue of economic development and one of political and economic stability.

The evidence compelling an expanded policy focus on HIV/AIDS is overwhelming. It relates to the nature of the virus itself as well as to the destruction it provokes at the level of the family, the community, the economy, and the nation. Although skeptics argue that there are more deaths annually due to malaria, diarrhea, tuberculosis, and cancer, HIV/AIDS is uncommon and especially grim for several reasons. First, there is no known cure for the disease and, short of an unanticipated scientific breakthrough, there is no cure on the horizon. Second, HIV is transmitted primarily through sexual intercourse making prevention efforts difficult. Because of the nature of transmission, AIDS generally strikes young adults in their 20s, 30s, and 40s, cutting a swath of mortality through a generation of economically and politically productive adults. It is the world's youth that will both drive the pandemic in the future and fall prey to it. Finally, AIDS can take up to 10 years to develop. This means that the AIDS-related deaths we are witnessing now resulted from HIV infections contracted up to a decade ago. Thus, we can only predict with unknown certainty what the numbers of AIDS-related deaths are likely to be in the next century following from infections today. Given the numbers of known infections, the effect is likely to be devastating.

It is clear, especially in parts of Africa where AIDS has hit the hardest, that the pandemic has altered the structure and economic viability of the family unit. AIDS reduces the number of labor force participants in a household, lowers household income, and alters patterns of consumption and savings. Since approximately 7 out of 10 children born to HIV-infected mothers will not be infected with the virus, AIDS will also leave as many as 10 million children orphaned by the end of the decade, a number that is expected to increase into the year 2000. The future and care of these children is of increasing concern to national leaders and child advocates alike. It is possible, however, that recent accomplishments in limiting perinatal transmission through maternal treatment with AZT may be able to decrease the numbers of cases. Nonetheless, such costly treatments may not be available nor affordable in many settings in the developing world.

Besides the deaths, absenteeism and reduced productivity affecting the workplace because

of AIDS, businesses and other cooperative arrangements will be faced with increased training and recruitment costs as well as greater medical and insurance expenditures for benefits and funerals. At the sectoral level, those industries that depend on migratory labor are likely to feel acutely the affect of AIDS on their workforce. Such adverse impact in the agriculture, transportation, and mining sectors can, in turn, have a deleterious effect on foreign exchange earnings, food supplies, and internal market development. In an era that has witnessed new and hopeful regional trade arrangements, some U.S. trading partners and export markets will be burdened by AIDS-related tolls.

At the national level, as witnessed in the United States and elsewhere, AIDS education and prevention is a politically-sensitive topic. Unfortunately, few governments have taken the strong stand necessary to make AIDS a mainstream topic of concern, unshrouded by stigma and accusation. Delayed and weak responses will only retard progress on key policy issues, including resource allocation, international cooperation for vaccine and drug trials, and a variety of measures to assuage the setbacks to economic development. Beyond this, AIDS has also infected the very public servants and governmental leaders who are responsible for maintaining political and civil order. This is especially true for members of the world's military forces. Not only will this contribute to a loss of trained and seasoned military personnel, but it will also limit the pool of qualified applicants for military service, weaken national defense, and make international cooperative military training and peacekeeping efforts problematic.

Recommendation 2: The first line of defense in preventing the further spread of HIV/AIDS is protection against discrimination, violence, and human rights abuses associated with HIV/AIDS globally.

After more than a decade of dealing with HIV/AIDS, stigmatization and discrimination still remain the foremost barriers to effective strategies against the epidemic. Globally, persons with AIDS have been interrogated, quarantined, ostracized, and executed. The gross human rights violations that have been committed in the name of prevention must be as vigilantly monitored and reported by the United States government as any other human rights abuse. Leadership in this area must accompany any other meaningful effort.

Discrimination against and stigmatization of persons with HIV/AIDS are global phenomena with a threefold impact on the spread of HIV/AIDS. First, the societal marginalization of those with whom the disease was originally associated in many countries (e.g. commercial sex workers, homosexual and bisexual men, intravenous drug users, and racial/ethnic minorities) has had much to do with the scarcity of money, energy, and political leadership that has characterized the response to the pandemic. Second, stigmatization and discrimination impede health-seeking behavior and thus early diagnosis and treatment of HIV and AIDS. Third, the profound difficulties are magnified by the perceived socially marginal nature of the groups most often identified with HIV, whose members may be viewed in some quarters as "disposable."

Three quarters of all HIV-infections have been transmitted primarily through vaginal intercourse. Others are also vulnerable. HIV continues to devastate the lives of intravenous drug users sharing equipment. About one-third of the children born to HIV-infected mothers become infected. The other two-thirds face are likely to become orphans. AIDS affects those people transfused with contaminated blood. Gay and bisexual communities are also heavily affected. The important message to send in this regard is that it is specific unsafe behaviors which fuel the transmission of AIDS. The behaviors must be attacked, not the communities or the individuals.

For those communities which have been marginalized historically and neglected in terms of access to health care, other institutional or cultural barriers to information and education, or because of political and economic disenfranchisement, AIDS is increasingly becoming a key issue around which to organize and demand high level political attention. The strides forward that have been made are, ironically and in large part, due the activism fostered by the epidemic. Because the spread of HIV/AIDS is most rapid among the most vulnerable parts of society, the fight against discrimination must remain the linchpin of any global prevention strategy.

Recommendation 3: Understanding and addressing the special vulnerabilities and needs of the world's women in terms of education, prevention, and treatment will be a crucial element in the global effort.

By the year 2000, HIV-infection among women is expected to approximate that among men. Women are particularly at risk for a variety of reasons. Three-quarters of the world's women live in countries with deteriorating or stagnating gross domestic products. Women are increasingly becoming single heads-of-households and these households are disproportionately struck by poverty. Like other disenfranchised groups, women in many countries lack control over material and social resources important to their lives and their well-being.

Given this, the fundamental premises behind the global fight against AIDS have poorly fit the lives of women. Condom-use, diagnosis and treatment of sexually-transmitted diseases, and limited numbers of sexual partners assume a tremendous degree of choice, knowledge, and personal empowerment. Women, however, are subject to powerful norms which circumscribe and weaken negotiating stances in marital and other sexual relationships. Women are often primarily at risk because of the sexual behavior or drug use of their male partners. Additionally, because of limited employment options women in some regions turn to commercial sex to meet basic subsistence needs for themselves and their children.

Improvement in women's and girls education and thus in their access to economic resources is the most effective and efficient long-run HIV/AIDS prevention strategy. Without improvement in the socioeconomic status of women, all other prevention efforts will be diluted. In the short-run, a much greater emphasis must be placed on female-controlled technologies, such as microbicidal compounds and female condoms. Education about AIDS, as a sexually-transmitted disease, should also be incorporated into sexually transmitted disease (STD) clinics and family planning services accessed by women. Sexuality education programs should be specifically geared toward women and should provide explicit information regarding the female reproductive system. Further social science research is greatly needed to understand the linkages between poverty, sexuality, fertility, and AIDS prevention since cultural messages about femininity, motherhood, and the role of the wife may not necessarily mesh with largely western attempts to control population growth and prevent the spread of AIDS.

Finally, men must assume responsibility for their actions and understand the effect of their behavior on their partners, their family, and the community. Education and joint-responsibility for decisions taken about reproductive and non-reproductive sexuality are central to changing the social context now conducive to the spread of HIV. As part of the important changes that need to take place, age-appropriate prevention programs should be targeted at preadolescent girls and boys before they become sexually active. These prevention efforts should be incorporated into broader messages about social responsibility and health promotion.

Recommendation 4: In an era of scarce resources and unlimited needs, new means of private-public partnership must be devised to tap into the proven track record of successful AIDS

service organizations, foundations, nongovernmental organizations, corporations, and other parts of the private sector.

Model programs have been initiated with various nongovernmental and private sector entities that should be incorporated into an overall strategy of AIDS prevention and awareness. Global corporate communities are increasingly cognizant of the cost of AIDS to their firms and to their business interests and understand that it warrants their time, attention, and resources. As a consequence, the business sector is recognizing that HIV/AIDS education and prevention efforts are investments in human resources, not simply charitable activity. Corporate initiatives within the workplace should include measures to alleviate employees' fears of losing jobs and their essential health benefits; means to manage benefit plans for employees or family members with HIV; plans to conduct frequent HIV/AIDS education and prevention seminars for all employees; programs to train managers to deal effectively with HIV/AIDS in the workplace; and efforts to encourage company and employee financial and volunteer support of community organizations responding to AIDS. There is enormous room for expansion of these activities globally through partnership endeavors that match public health officials, government leaders, and business organizations in activities designed to educate governments and companies about the dramatic negative consequences of inaction.

Foundations and nongovernmental organizations, with long-standing involvement in international development and extensive local-level networks, need to be included in the HIV/AIDS response, drawing on their unique expertise. The NGO and PVO communities are the key to success of prevention programs. Community level AIDS prevention projects require an awareness of the social and cultural factors affecting the interpretation, spread, and prevention of AIDS. In order for prevention efforts to be successful, behavior must change. Many behaviors are not simply the result of ignorance of the facts. More important is the way the facts fit into the existing framework that guides people's thinking and behavior. Local beliefs are seldom haphazard, rather they often represent a coherent and well-defined system from a local point of view. National and international AIDS programs should foster collaborative relations with indigenous NGOs. They should participate in assessments and planning of AIDS prevention strategies. This is especially true when NGOs are expected, in many cases, to implement national AIDS priorities.

Additionally, partnerships between local private voluntary organizations (PVOs) or AIDS service organizations (ASOs) and nongovernmental organizations should be supported to facilitate replication of successful pilot projects and regional initiatives. U.S. based ASOs, for example, can share important lessons about skillful prevention strategies and meeting care and treatment requirements outside of the hospital setting. Such cooperation promises several benefits beyond reducing duplication and costs. Partnerships can foster the exchange of techniques and field-tested programs, educate the U.S. development community about the AIDS-related needs of the developing world, and return to the United States the strengths of projects executed abroad.

Recommendation 5: Scientific advancements in the understanding of the human immunodeficiency virus related to the treatment of persons with AIDS, mother-to-child transmission, interactions with the TB virus, and the development of various pharmaceutical and vaccine trials will remain an integral part of an overall strategy. Cooperation among private sector entities, governments, and international organizations must be supported.

The pathogenesis of HIV from viral infection to AIDS is a much more complex process than initially foreseen. Given the remaining unknowns about HIV and AIDS, hopes of a quick cure or vaccine have been tempered, especially since AIDS has developed various strains that might require their own vaccine. Furthermore, past experience with polio and other vaccines has

demonstrated that it may take a lengthy time frame to develop the logistical systems and infrastructure necessary for vaccine distribution. Even special procedures to expedite the distribution of an AIDS vaccine would demand continuing treatment and prevention measures and a well-planned distribution system.

Despite these sobering facts, the scientific community will continue to play a central role in the fight against AIDS. Improving our understanding of therapeutic approaches throughout the progression of AIDS and the mutation of HIV, treating opportunistic infections, and supporting collaborative research opportunities among private sector entities should continue. Government underwritten liability protection may be needed to secure substantial involvement in AIDS drug and vaccine research by the U.S. pharmaceutical industry. Resolving issues of indemnity and liability, open-ended costs related to the research and production of vaccines that are not immediately profitable, and ethical questions relating to vaccine trials in developing countries are all priorities for the attention of scientists, private sector leaders, and policymakers.

The resurgence of tuberculosis poses a particular challenge with 5.1 million persons worldwide coinfecting with HIV and TB by mid-1993. TB, already carried by one-third of the world's population, and its drug resistant strains, are emerging as a secondary epidemic. Today, three million people die annually from TB, a curable disease. HIV and TB work side by side, with HIV activating the suppressed TB germ and accelerating the HIV-disease progression.

Recommendation 6: The United States must demonstrate greater leadership on this issue abroad and at home.

All of the recommendations included in this report apply equally at home and abroad. Leading by example at home will go a long way toward demonstrating to our partners the seriousness with which the United States takes the pandemic and its threat to national and global interests.

The United States must develop its own national AIDS control strategy. This includes using and funding the office of the national AIDS policy coordinator, the Center for Disease Control and Prevention, and other actively involved local-level and AIDS service organizations to engage in a vigorous education and prevention campaign throughout the United States. We must educate our children about behaviors that may put them at risk, including drug use and unsafe sexual practices. We must empower women and enhance women's health services. And, we must actively pursue antidiscrimination policies. It also means incorporating AIDS into policymaking within the major departments and agencies within the government, including the Departments of State, Defense, Commerce, Agriculture, and the U.S. Agency for International Development--those at the forefront of managing our international relations.

Finally, HIV travel exclusions should be lifted at home. AIDS cannot be stopped at national borders. Not only does such a policy incorrectly place the stigma of AIDS on immigrant communities and foreign visitors, it casts a false sense of security that HIV exists only "outside" national borders. Further, fear of deportation discourages immigrants and refugees from seeking important medical help. Currently, some U.S. multinationals are also facing difficulties in doing business in those countries that require knowledge of the HIV status of U.S. nationals and their dependents prior to issuing visas. The United States reversal of its HIV-restriction may set an example that will in turn encourage other nations to act similarly and thereby facilitate international business and a more rational approach to HIV prevention and control.

U.S. leadership in stemming the pandemic should be viewed as a long-term investment in its own public health and a commitment to a healthier "global neighborhood." At the

international level, the United States must through the full weight of its support behind cooperative activities with other donors and concerned governments to improve bilateral and multilateral responses to the pandemic. This includes collaboration and support of the new United Nations move to a more coordinated effort in their HIV/AIDS related activities. It is clear that multinational involvement and participation--if carefully coordinated-- will have a greater likelihood of success. To the extent that the United States can encourage the active involvement of political leaders abroad, the idea that HIV/AIDS is a world-wide epidemic with unacceptable humanitarian as well as economic and political costs will be more firmly established as a rallying point for international action.

Any serious investigation of the HIV/AIDS pandemic faces an unforgiving reality. While the future costs are unknown, they are certain to grow burdensome. Even the most expeditious implementation of a vaccination campaign (although admittedly no vaccine is on the horizon) will not lessen the necessity for campaigns to educate and change behavior, for treatment programs and medical care. The interrelations between development, health, other emerging infections such as TB, and global equity concerns will continue to pose difficult political challenges. In these and other ways, the spread of AIDS is slowly but surely transforming some of the foundations of economic development and issues of global stability. Indeed, the tragedy of AIDS in our century is sure to stand as testimony to the continuing struggle between human health needs and the dramatic and unnecessary political, economic, and human costs borne of apathy, irresponsibility, and discrimination.

THE WHITE HOUSE
WASHINGTON

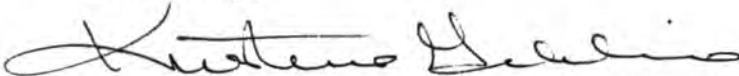
June 6, 1994

Rev. Phil Jamison, Jr.
National Co-Chair
Presbyterian AIDS Network
100 Witherspoon Street
Louisville, Kentucky 40202-1396

Dear Rev. Jamison:

Thank you for the invitation to speak for the Presbyterian Health, Education and Welfare Association at the National Assembly of the Presbyterian Church (USA) in Wichita, Kansas on June 14, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine Gebbie".

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

phewa

PRESBYTERIAN HEALTH, EDUCATION
AND WELFARE ASSOCIATION

(412) 377-0728

March 8, 1994

Community Ministries
And Neighborhood
Organization

Presbyterian
AIDS
Network

Presbyterian
Association Of
Specialized Pastoral
Ministries

Presbyterian
Child Advocacy
Network

Presbyterian
Health
Network

Presbyterian
Network On Alcohol
And Other Drug Abuse

Presbyterian
Serious Mental Illness
Network

Presbyterians
Affirming
Reproductive
Options

Presbyterians
For Disability
Concerns

Urban
Presbyterian
Pastors
Association

Mr. Steven Lee
Office of the National Policy Coordinator
750 17th Street, NW, Suite 1060
Washington, D.C 20500

Dear Steve,

As per our conversation yesterday, I would like to invite Kristine Gebbie, to speak on Tuesday, June 14, 1994 at approx. 6:45 pm for the Presbyterian Health, Education and Welfare Association, in Wichita, Kansas at the National Assembly of the Presbyterian Church (USA). Please note, this is a different date that I mentioned to you yesterday. I hope this date will also work.

This would be an evening affair, with a 20-30 minute speech and an opportunity for structured conversation with those in attendance afterward; the whole event not to exceed an hour. We would ask Ms. Gebbie to speak possibly on the church's role in the AIDS epidemic or the government's response. The attendance would be delegates to the National General Assembly, PHEWA membership, as well as local folks from Wichita. We would also try to get her the opportunity to speak before the National Assembly's plenary meeting.

The Presbyterian Health, Education, and Welfare Association will cover all travel, room and board. If you have another questions or needs please let me know. Thanks for assistance and consideration.

Faithfully

Rev. Phil Jamison, Jr
National Co-Chair
Presbyterian AIDS Network

*good group but
I think the
date is
different?
regrets*

THE WHITE HOUSE
WASHINGTON

June 6, 1994

The Honorable James P. Gray
Superior Court of the State
of California
Orange County
Post Office Box 14169
Orange, California 92613-1569

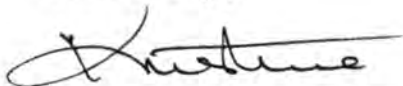
Dear Judge Gray:

I apologize for being so late in responding. Thank you for providing me with an update of signers for a Federal Commission on Drug Policy. It appears that support for this resolution has grown significantly.

If efforts to examine drug policy options expand, there are many issues from the point of view of AIDS control and prevention which should be included.

Again, thank you for keeping me posted, and for your kind offer of assistance.

Sincerely,



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



Superior Court of the State of California
County of Orange

Bob
drafting

Chambers of
JAMES P. GRAY
Judge of Juvenile Court

February 8, 1994

Juvenile Court
341 THE CITY DRIVE
P. O. BOX 14169
ORANGE, CA 92613-1569
PHONE (714) 935-7000

RECEIVED

FEB 28 1994

Ms. Kristine M. Gebbie, R.N., M.N.
750 17th Street N.W., Suite 1060
Washington D.C. 20006

RE: Resolution for a Federal Commission on Drug Policy

Dear Ms. Gebbie:

Enclosed please find an update of the signers of our Resolution for a Federal Commission on Drug Policy. As we discussed with you last November 19 at our meeting in your office, we will try to keep you informed of the movement nationwide supporting a presidential and congressionally-appointed neutral commission publicly to investigate our drug policy options. Similar updating letters have also been sent to Attorney General Reno, Surgeon General Elders, and Drug Policy Director Brown.

As you can see from the enclosed Compendium, the number of elected officials, judges, clergy, health care professionals and businesspeople who support such a neutral and public study is growing. Indeed, entire groups, such as the Central Conference of American Rabbis (page 6), the Democratic Club of West Orange County in California (page 7), and the Board of Directors of the California Academy of Family Physicians (page 8) have gone on record recommending the full and public investigation of possible change.

For me the most telling signatures among all of the thousands who have signed the Resolution are found on page 25, where eleven chemical awareness counselors from various schools in Minnesota have, in effect, told us all that for the sake of our children we must investigate change. In addition, Ms. Kay J. Steinberg, a licensed teacher and social worker in Santa Monica, California (page 24), put the issue directly, saying on her Resolution (enclosed) that "Our policies are destroying and corrupting our youth."

Superior Court of the State of California
County of Orange

Ms. Kristine M. Gebbie, R.N., M.N.
February 8, 1994

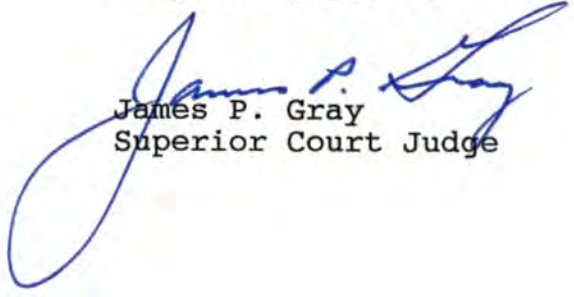
Page 2

Our group has no structure or funding. No people to my knowledge are passing out Resolutions at their local supermarkets. We depend mostly upon word of mouth. Nevertheless, thousands of people nationwide from all walks of life have signed the Resolution. If the old political maxim that "one letter represents a thousand votes" holds true, there are millions of votes already favoring the investigation of change. And the number is growing larger daily.

Thank you for all of your efforts in providing quiet counsel to investigate meaningful change. We are obviously in a period again of vocal and emotional appeals for even more prisons. However, what we really need is leadership to put our resources in the "War on Drugs" into areas in which they will be successful, i.e. with medical, social, cultural and human approaches. Then, similarly to our present efforts to combat smoking, we will actually make some demonstrable progress.

Continued best wishes to you, and if I can be of any assistance in your efforts, please do not hesitate to call me at (714) 935-7227.

Very truly yours,



James P. Gray
Superior Court Judge

JPG:bef

enclosures

WHEREAS, the overall situation regarding the use of drugs in our society and the crime and misery that accompanies it has continued to deteriorate for several decades; and

WHEREAS, our society has continued to attempt, at enormous financial cost and loss of civil liberties, to resolve drug problems through the criminal justice system, with the accompanying increases of prisons and numbers of inmates; and

WHEREAS, the huge untaxed revenues generated by the illicit drug trade are undermining legitimate governments world-wide; and

WHEREAS, the present system has spawned a cycle of hostility by the incarceration of disproportionate numbers of African-Americans, Hispanics, and other minority groups; and

WHEREAS, the number of people who have contracted AIDS, hepatitis, and other diseases from contaminated hypodermic needles is epidemic under our present system; and

WHEREAS, in our society's zeal to pursue our criminal approach, legitimate medical uses for the relief of pain and suffering of patients have been suppressed.

THEREFORE BE IT RESOLVED that our society must recognize drug use and abuse as the medical and social problems that they are and that they must be treated with medical and social solutions; and

FURTHER BE IT RESOLVED that an objective commission be immediately empowered by the President and by Congress to recommend revisions of the drug laws of these United States in order to reduce the harm our current policies are causing.

Kay J. Stenberg
signature

KAY J. STENBERG
name

5/06/93
date

Licensed Clinical Social Worker
title

Many years experience
organization

Life-Credentialed Teacher K-12

in the schools; Family
Service Agencies, College

Please send to: Judge James P. Gray
Orange County Superior Court
700 Civic Center Drive West
Santa Ana, CA 92701

etc. as child
therapist, counselor

For further information call (714) 834-4685

consultant and
teacher.

93-017
JFG:mt

Our policies are destroying
and corrupting our youth.

National Coalition for Drug Policy Change

Resolution for a Federal Commission on Drug Policy

January 29, 1994

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Note: The list of concerned citizens / taxpayers who have signed the Resolution is not included in this list.
The list of concerned citizens / taxpayers numbers in the thousands.

Resolution

Whereas, the overall situation regarding the use of drugs in our society and the crime and misery that accompanies it has continued to deteriorate for several decades; and

Whereas, our society has continued to attempt, at enormous financial cost, and loss of civil liberties, to resolve drug abuse problems through the criminal justice system, with the accompanying increases of prisons and numbers of inmates; and

Whereas, the huge untaxed revenues generated by the illicit drug trade are undermining legitimate governments world-wide; and

Whereas, the present system has spawned a cycle of hostility by the incarceration of disproportionate numbers of African-Americans, Hispanics, and other minority groups; and

Whereas, the number of people who have contracted AIDS, hepatitis, and other diseases from contaminated hypodermic needles is epidemic under our present system; and

Whereas, in our society's zeal to pursue our criminal approach, legitimate medical uses for the relief of pain and suffering of patients have been suppressed.

Therefore be it resolved that our society must recognize drug use and abuse as the medical and social problems that they are and that they must be treated with medical and social solutions; and

Further be it resolved that an objective commission be immediately empowered by the President and by Congress to recommend revision of the drug laws of these United States in order to reduce the harm our current policies are causing.

Introduction

On February 26, 1993 a group of concerned citizens met at the Hoover Institution on the campus of Stanford University and unanimously passed a resolution which recommends that our country investigate the possibility of change in the way we handle our drug problem. The Resolution, which recommends that these medical and social problems be treated with medical and social solutions, is attached hereto. It further recommends that one final blue ribbon commission be immediately empowered by the President to recommend revisions of the drug laws of these United States to reduce the harm caused by this drug problem. The original signers of the Resolution, who are known as the National Coalition for Drug Policy Change, are as follows:

Dr. Milton Friedman	Nobel laureate; Professor Emeritus of Economics, University of Chicago; Senior Research Fellow, Hoover Institution, Stanford, CA
Dr. Joseph D. McNamara	Former Police Chief of San Jose; Fellow, Hoover Institution, Stanford, CA
Herbert Berger, M.D.	F.A.C.P.; F.C.C.P.; Internationally recognized authority on drug treatment, Staten Island, NY
Judge James P. Gray	Orange County Superior Court, Santa Ana, CA
Katherine H. Smith	Founder, Group Resolving Anti-Social Problems (GRASP), Anaheim, CA
S. Clarke Smith, M.D.	F.A.A.F.P.; Board of Directors, California Academy of Family Physicians, Anaheim, CA
Clifford A. Schaffer	Author; Computer Consultant, Canyon Country, CA
Frederick H. Meyers, M.D.	Professor of Pharmacology, University of California at San Francisco; Chairman of the California Research Advisory Panel on Drugs
Harvey L. Rose, M.D.	Author of California's "Intractable Pain Treatment Act"; Family Practice, Carmichael, CA
John J. McCarthy, M.D., A.B.P.N.	Psychiatrist, Executive Director, Bi-Valley Medical Clinic, Sacramento, CA
Gary Davis, M.D.	Diplomate in Psychiatry, A.B.P.N., American Board of Psychiatry & Neurology, Citrus Heights, CA
Benson B. Roe, M.D.	Professor and Chief Emeritus of Cardiothoracic Surgery, University of California at San Francisco, CA
Stephen A. Fisher, M.D.,	Diplomate in Psychiatry, A.B.P.N., American Board of Psychiatry & Neurology, Berkeley, CA
Reverend Leonard B. Jackson	First A.M.E. Church of Los Angeles, CA
Reverend J. D. Moore	First A.M.E. Church of Los Angeles, CA
Donald McNamara	Investment Consultant, New York, NY
Richard Arthur	Educator; Former Principal of Castlemont High School, Oakland, CA; Author of <u>Gangs and Schools</u> , Richmond, CA
Richard "Gibb" Martin	Owner, Marbros Construction Co., Garden Grove, CA
Howard Lavine	Office of the Mayor, Baltimore, MD
*Kurt L. Schmoke	Mayor, City of Baltimore, Maryland
*George Shultz	Former Secretary of State; Fellow, Hoover Institution, Stanford, CA

*Unable to attend due to prior commitments

Since that February 26 meeting the Resolution has been signed by large numbers of people around the country. A list of those people who signed the Resolution before August 4, 1993 was hand delivered in Washington, DC, to Dr. Lee P. Brown, who is President Clinton's Drug Policy Director ("Drug Czar"), on August 4, 1993. Those who signed the Resolution after August 4 are listed in the document below the row of asterisks, and a list of these signers was hand delivered in Washington, DC to Ms. Kristine Gebbie, RN, who is President Clinton's AIDS Policy Director ("AIDS Czar") on November 19, 1993. The list of signers is as follows:

Public Officials

Frank Jordan	Mayor, City of San Francisco, CA
Susan Hammer	Mayor, City of San Jose, CA
Elihu Harris	Mayor, City of Oakland, CA
Robert R. Nolan	Mayor, City of Upland, CA
Assemblyman John Vasconcellos	Chairman, Committee on Ways and Means, California State Assembly
Senator Rebecca Q. Morgan	California State Senate
Representative Greg R. Buckwalter	M.P.H., Hawaii House of Representatives
Senator Joseph Galiber	New York State Senate
Marc Martin	Fire Chief, Fullerton Fire Department, Fullerton, CA
Arlo Smith Esq.	District Attorney, San Francisco, CA
Harriett M. Wieder	County Supervisor, County of Orange, CA
Emma Bonino	Deputy Speaker, Italian Chamber of Deputies; Secretary, Radical Trans-National Party, Rome, Italy
Judge Whitman Knapp	Senior U.S. District Judge, Southern District of New York
Judge James C. Paine	U.S. District Court, Southern District of Florida
Justice Charles W. Froehlich, Jr.	California Court of Appeal, Fourth Appellate District
Justice William A. Newsom	California Court of Appeal, First Appellate District
Judge Vaughn R. Walker	U.S. District Court, Northern District of California
Judge Robert W. Sweet	U.S. District Court, Southern District of New York
Judge James L. Smith	Orange County Superior Court, Santa Ana, CA
Magistrate Judge Ronald R. Rose	U.S. District Court, Central District of California
Judge Lawrence Storch	Superior Court, County of Ventura, CA
Judge Leighton Hatch (Retired)	Municipal Court, County of Sacramento, CA
Judge Bert L. Swift	Municipal Court, County of San Bernardino, CA
Judge Reid M. Spencer	General District Court, Norfolk, VA
Judge Russel A. Bostrom (Retired)	Municipal Court, County of Orange County, CA
Judge Steve Fleck (Retired)	Director, Kiwanis Club of Capistrano Valley, CA
Alan H. Dodds	Foreign Service Officer (Retired), U.S. Department of State
James J. Gormley	Foreign Service Officer (Retired), U.S. Department of State
Jim Toledano	Former Regent, University of California
J. Tilman Williams	Councilman (Retired), Garden Grove, CA
Daniel H. Ninburg, M.D.	Commissioner, Orange County Human Relations Commission, Orange County, CA
Mike A. Nisperos, Jr., Esq.	Director, Mayor's Office of Drugs and Crime, Oakland, CA

Ellen Lorman

Deputy City Attorney, Children and Family Services, San Francisco, CA

Senator Marian Bergeson

California State Senate

Thomas F. Riley

Orange County Board of Supervisors, Orange County, CA

Senator Robert Presley

California State Senate

Assemblyman Bill Morrow

73rd Assembly District, CA

Anne Rudin

Former Mayor, 1981-1993, Sacramento, CA

Donald M. Fraser

Mayor, Minneapolis, MN

Illa Collin

Sacramento County Supervisor, Sacramento, CA

Senator Enrique Gomez

Colombian Senate, Bogota, Colombia

William Von Raab*

Former Commissioner of Customs under Presidents Reagan and Bush, Orange, VA

Dr. Cynthia P. Coad

Trustee, North Orange County Community College District, Orange County, CA

Harriet S. Walther

Vice-President, Saddleback Community College District, Mission Viejo, CA

Judge Robert P. McDonald

Municipal Court, San Diego Municipal Court, San Diego, CA

Gordon K. Blunt

City Commissioner, Claremont, CA

William R. Kincaid

Chairman, Fullerton Library Board of Trustees

Roger H. Rathburn

Asst. Chief, Piffard, NY Fire Department

Edward J. Stovosik

Postmaster, US Postal Service, Piffard, NY

Judge Richard W. Van Dusen

Rio Hondo Municipal Court, El Monte, CA

Judge Henry K. Nelson

Mt. Sanhedrin Municipal Court, Ukiah, CA

Judge Donald W. Ryan

North San Diego Municipal Court, Vista, CA

Judge William F. Levins (Retired)

Municipal Court, Oakland-Piedmont-Emeryville Judicial District, Oakland, CA

Judge William B. Burleigh

Monterey Municipal Court, Salinas, CA

Michael Moore

Member of Parliament, Australian Capital Territory Legislative Assembly, Canberra, Australia

Judge James R. Ross

Superior Court, Orange County, CA

Judge Phillip R. McGraw (Retired)

No. Orange County Municipal Court, Newport Beach, CA

Judge Dallas Edgar (Retired)

Hayward-San Leandro Municipal Court, Hayward, CA

Judge William R. Phelps (Retired)

Shasta County Superior Court, Redding, CA

Judge Gilbert C. Alston (Retired)

Los Angeles Superior Court, Los Angeles, CA

Robert Van Der Hoeven

Public Prosecutor, Rotterdam, The Netherlands

M. Witteveen, Ph.D.

Bureau of Public Prosecution, Rotterdam, The Netherlands

E. A. Laneijer

Bureau of Public Prosecution, Rotterdam, The Netherlands

Edward Koning

Bureau of Public Prosecution, Rotterdam, The Netherlands

J. Wittop Koning

District Attorney, Rotterdam, The Netherlands

Rick Smid

Oberstaatsamwalt, Dept. of Justice, Rotterdam, The Netherlands

L. Yonge

Public Prosecutor, Rotterdam, The Netherlands

A. J. P. Van Essen

Public Prosecutor, Rotterdam, The Netherlands

H. J. Mosaal

District Attorney, Rotterdam, The Netherlands

M. C. Kaptein

Public Prosecutor, Rotterdam, The Netherlands

L. A. M. Steiyt

Public Prosecutor, Rotterdam, The Netherlands

Elizabeth C. Koekman

Public Prosecutor, Rotterdam, The Netherlands

Mrs. S. A. J. van Hiel

Public Prosecutor, Rotterdam, The Netherlands

Judge Steven Van Dissel
Judge A. G. Van de Grampen
Referee Agatha Hoff
Judge Martin Hildreth
Judge Francisco Firmat
Commissioner Bobby Vincent
Judge Ward O. Mathews (Retired)
Judge H. Walter Steiner (Retired)
Judge Eleanor Provost (Retired)
Miriam Kaywood
Judge Sheila F. Pokras
Judge Howard R. Broadman
Judge Charles Egan Goff (Retired)
Judge Robert K. Barber (Retired)
Col. W. H. Longenecker, Jr.
Judge Sara Kleban Radin (Retired)
Judge Robert J. Soares (Retired)
Judge Gerald E. Ragan (Retired)
Maryann Mahaffey
Marshall Phillips
Judge Alan Goldhammer
Judge John "Nip" Gallagher

Rechtbank, Rotterdam, The Netherlands
District Court, Rotterdam, The Netherlands
San Francisco Municipal Court, San Francisco, CA
Municipal Court, Rancho Cucamonga, CA
Orange County Superior Court, Santa Ana, CA
San Bernardino Superior Court, San Bernardino, CA
Municipal Court, Rialto, CA
Orange County Superior Court, Santa Ana, CA
Tuolumne County Justice Court, Sonora, CA
Member, Anaheim City Council (Retired) Anaheim, CA
Superior Court, Long Beach, CA
Superior Court, Visalia, CA
San Francisco Municipal Court, San Francisco, CA
Superior Court, Berkeley, CA
USAF Retired, Indio, CA
Superior Court, Los Angeles, CA
Ventura County Superior Court, Ojai, CA
San Francisco Superior Court, San Francisco, CA
President, Detroit City Council, Detroit, MI
Foreign Service Officer (Retired) Long Beach, CA
California State Bar Court, San Francisco, CA
Municipal Court, Fresno, CA

* signed with edits

Organizations

****Central Conference of American Rabbis**

Contact: Rabbi Joseph B. Glaser, New York, NY

California Democratic Council
The Libertarian Party of America

Rita Hodgkins, President, Sacramento, CA
Washington, DC

San Francisco Drug Advisory Board, San Francisco, CA

Wendy Goldberg, President

Marylouise Adlo-Robinson, Vice-President

Eric Brizee, Executive Officer

Michelle Aldrich

John James Entwistle, Jr.

Iris Garcia

Stefano Hillman

American Civil Liberties Union, Los Angeles Chapter

Ramona Ripston, Director

Advocates for Self-Government, Atlanta, GA

Carol Ann Rand, President, Atlanta, GA

New Mexico Libertarian Party, Alamogordo, NM

Kay Stone, Chairman

Drug Policy Foundation, Washington, DC

Arnold Trebach, J.D., Ph.D., President;
Kevin Zeese, Esq., Vice-President

Family Council on Drug Awareness, Los Angeles, CA

Chris Conrad, President,

Center for Independent Thought, New York, NY

Andrea Rich, President

Harold Washington New Generation Democratic Club

Sabrina Saunders, Co-Chair, San Francisco, CA

Illinois Marijuana Initiative, Chicago, IL

Mike Rosiny, Coordinating Director

Criminal Justice Policy Foundation, Washington, DC

Eric Sterling, President

Save Our Liberties, San Rafael, CA
Religious Coalition for a Moral Drug Policy

Eric Harlow, President
Father Joseph Ganssle, President

California Drug Policy Reform Coalition, San Francisco, CA

Joey Tranchina, Dale Gieringer, Co-Directors

ACAIAHMEM Indigenous People of Orange County, CA

Don Juan Pablo Serrano-Nieblas, Shaman

People for a National Health Program, Leisure World, CA

Theodore Rosenbaum, President

Orange County Hemp Council, Orange, CA

Kenneth R. Tigner, Council Member

Business Alliance for Commerce in Hemp (BACH), Los Angeles, CA

Robert Deitch, Director

Families Against Mandatory Minimums	Brenda Grantland, Chair
Medical Marijuana Initiative, El Monte, CA	Brian J. Cosner, Natalie Michelle Cosner, Representatives
Arizona Libertarian Party, Phoenix, AZ	Richard Tompkins, Chairman
Libertarian Party of Orange County, CA	Geoffrey Braun, Secretary
National Organization for the Reform of the Marijuana Laws (NORML), Washington, DC	Richard Cowan, President
Shared Living Resource Center	Berkeley, CA
Mainliners, London, England	John Mordaunt, Director
New South Wales Drug Users and AIDS Association, New South Wales, Australia	Dave Burrows, Co-Coordinator
** signed Resolution without the phrase "and loss of civil liberties"	

Berkeley City Council	Berkeley, CA
American Civil Liberties Union, New York, NY	Ira Glasser, Executive Director
American Civil Liberties Union, Pittsburgh Chapter	Witold J. Walczak, Esq., Executive Director
Cannabis Action Network	Etienne Fonton, Coordinator, Berkeley, CA
Democratic Club of West Orange County, CA	Elmer Phibbs, President

Medical Profession

Anna Halverstadt Freud, M.D.

Freek Polak, M.D.

Erik Fromberg, Ph.D.

Psychiatrist, Amsterdam, The Netherlands

Psychiatrist, Amsterdam, The Netherlands

Neurophysiologist, Dutch Institute for Alcohol and Drugs,
Eutrecht, The Netherlands

Board of Directors, California Academy of Family Physicians

Barbara Kostick, M.D.

M.F. Harris, Jr., M.D.

Robert C. M. Bourne, M.D.

Renee Armstrong, Medical Student

Mary E. Frank, M.D.

Norman J. Rosen, M.D.

Ingeborg B. Shaffer, M.D.

Paulette J. Adams, M.D.

Jean L. Ray, M.D.

Warren F. Brandle, M.D.

John P. Crivaro, M.D.

Richard E. Katz, M.D.

Alexandra Korin, M.D.

Robert A. Pedrin, M.D.

Merritt S. Matthews, M.D.

Kenneth B. Reed, M.D.

Jonathan Mann, M.D.

Phillip L. Gausewitz, M.D.

Harvard Medical School, Harvard University

Chairman and CEO, Pathology Medical Laboratories, San
Diego, CA

John O. Strong, M.D.

Past President, California Society of Plastic Surgeons, Corona
Del Mar, CA

Christopher Lyon, M.D., Ph.D.

Lyon Eye Institute, Newport Beach, CA

Jeffrey Kaufman, M.D.

President, Orange County Urological Society, CA

James K. Lightfoot, M.D.

California Department of Health Services

John Magrann, M.D.

Member, Board of Directors, Peer Assistance League, La
Palma, CA

J. S. Cummings, M.D.

Ophthalmologist, Anaheim, CA

Maureen Womack

Nurse Evaluator II, California Department of Health Services

Lolita N. Yabut

Registered Nurse, California Department of Health Services

Ralph J. Turner, M.D.

California Department of Health Services

Bobbie Johnson

Registered Nurse, California Department of Health Services

Barry Solomon

Pharmaceutical Consultant, California Department of Health
Services

Sonia Santiago

AGPA, California Department of Health Services

Qunitina Carreon

OA II, California Department of Health Services

Emily Horn

OSSI, California Department of Health Services

Neal Kaufman, M.D.

Director, Primary Care Pediatrics, Cedars-Sinai Medical
Center, Beverly Hills, CA

Harold Amer, M.D.

Corinne Armer
Fritzi Werner

Lenora M. Lawrence
Linda M. Koopman
Andrea Rubin
Susan Walpert
June Rene Fox
Ruth McBride
William Schwied, M.D.
Brian Fitch, M.D.
John M. Zasadny, D.P.M.
Alex Go, M.D.
Gasto De Carlo, M.D.
Charles S. Grob, M.D.

Theodore C. Smith, M.D.
Thomas Coad, D.D.S.
Alice Murphy
Joanne Morris
Thomas F. Ednie, M.D.
Lawrence A. Plumlee, M.D.
Ward Dean, M.D.
Jeri Rose, DC
Ronald Hutchings, DC
Robert M. Solow, DDS
Michael Robertson, DDS, DMD
James D. Tovey, M.D.
A. Bergsma, M.D.
Matthew R. Zetturner, M.D.
John Isherwood, M.D.
Henry L. Foucher, M.D.
Andrea Morrison, M.D.
Jack Connoles, O.D.
Fred Raleigh, Pharm.D.
Robert Fromer
Patricia B. Fromer

Brenda J. Hopley
Maureen Kappler
Susan M. Judy
Athena Miller
George K. Fuller, M.D.
Herman Siegel, M.D.
Pravin Kansagram, M.D.
William Grant Loomis, M.D.
Steven J. Marcus, M.D.

Director, Pediatric Critical Care, Cedars-Sinai Medical Center,
Beverly Hills, CA
Registered Nurse, San Francisco, CA
Registered Nurse, Program Supervisor in Drug Abuse,
Siskiyou General Hospital, Yreka, CA
Pharmacist, Siskiyou General Hospital, Yreka, CA
Pharmacy Clerk, Siskiyou General Hospital, Yreka, CA
Medical Assistant, Siskiyou General Hospital, Yreka, CA
Medical Assistant, Siskiyou General Hospital, Yreka, CA
Registered Nurse, Siskiyou General Hospital, Yreka, CA
Registered Nurse
Orange County Health Care Agency, Orange County, CA
University of California at Irvine Medical Center
Podiatrist, Torrance, CA
President, Garden Park Medical Clinic, Anaheim, CA
Colonel, USAF (Retired), Wadsworth, OH
Director, Psychiatric Residency Program, Director, Child
Adolescent Psychiatry Unit, University of California at Irvine
Claremont, CA
Member, Republican Central Committee, Garden Grove, CA
Registered Nurse, Long Island, New York
Registered Nurse, Fresno, CA
Sandpoint, ID
Bethesda, MD
Pensacola, FL
Doctor of Chiropractic, Altadena, CA
Doctor of Chiropractic, Altadena, CA
Woodland Hills, CA
Woodland Hills, CA
Benicia, CA
Anaheim, CA
Anaheim, CA
Napa, CA
Anaheim, CA
Tarzana, CA
Newport-Balboa Rotary Club, Newport Beach, CA
Atascadero, CA
Director, Fromer Psychological Center, Upland, CA
Business Administrator, Fromer Psychological Center, Upland,
CA
M.F.C. Intern, Fromer Psychological Center, Upland, CA
Registered Nurse, Tucson, AZ
Registered Nurse, Huntington Beach, CA
Registered Nurse, University of California at Irvine
Oakland, CA
Los Angeles, CA
Orange County Mental Health, Orange County, CA
Community Mental Health, Orange County, CA
Beverly Hills, CA

Gerald B. Whitman, M.D.
Harry B. Dickinson

Gordon Labedz, M.D.
H. Fong
Arthur A. Walton, D.P.M.
Marilynn J. Pratt, M.D.

Bob Cuyler, D.D.S.
Gary Alford, M.D.
David M. Davis, M.D.
Charlene A. Richards

Gary L. Hardegen, M.D.
E.T. Moran, M.D.
Brian Robertson, M.D.
Clifford B. Widmark, M.D.
Dennis L. Randall, M.D.
Carl K. Pearlman, M.D.

Robert N. Akeley, M.D.
Paul F. Reardon, M.D.
Michael W. Kistler, M.D.
Irwin D. Zim, M.D.
Steven Auer, M.D.
Thomas A. Sazani, M.D.
Andrew Rose
Micky Daxbury
Jan Falk

David Franks
Daniel Liebowitz, M.D.

David M. Duffy, M.D.
Stephen Mutchsenbacher, M.D.
Dr. McDonald Robinson
Khai Quach, Psychiatric Technician
Mardi Wally
Tina Acciltola
Sally A. Wright
Louise Maestretti
Ernest Drucker, M.D.

L. W. Epsen, M.D.

Joel Fort, M.D.
Mario Lap
Nia Van Oosten
Frans Jansen

Beverly Hills, CA
Laboratory Consultant, California Department of Health
Services - Audits and Investigations
Los Angeles, CA
Pharmacist, Altadena, CA
Newport Beach, CA
Founder/Director Women's Institute and Health Center, Los
Angeles, CA
Corona Del Mar, CA
West Hills, CA
Santa Ana, CA
Registered Nurse, Appointee - California Democratic Party -
36th Congressional District
President, Anaheim Skin Medical Center, Anaheim, CA
Newport Beach, CA
Arroyo Grande, CA
Orange, CA
Orange County, CA
Orange County Public Health and Clinical Professor Emeritus,
University of California at Irvine Medical School
Oakland, CA
University of California at Irvine
Palm Springs, CA
Hillsborough, CA
Malibu, CA
Member, American College of Physicians, Las Vegas, NV
Tri-City Health Center, Fremont, CA
Tri-City Health Center, Fremont, CA
Executive Director, Center for Human Development, Pleasant
Hill, CA
Tri-City Health Center, Fremont, CA
Director of Medical Education, Sequoia Hospital, Redwood
City, CA
Torrance, CA
Studio City, CA
Goleta, CA
Cypress College, Santa Ana, CA
Administrative Assistant, Health Care, Sacramento, CA
Health Care Professional, Sacramento, CA
Health Care Professional, Folsom, CA
Health Care Professional, Sacramento, CA
Department of Epidemiology & Social Medicine, Montefiore
Medical Center, Bronx, NY
Redwood City, CA

Former Director, National Institute on Mental Health
Netherlands Institute on Alcohol and Drugs
Netherlands Institute on Alcohol and Drugs
Netherlands Institute on Alcohol and Drugs

Melvyn L. Sterling, M.D.
Frank Amato, M.D.

Jonathan Weisbuch, M.D., MPH

Margaret Shannon, M.D.
F. Jack Warner, M.D., FAAP
Richard Raczka, M.D.
Paula M. Jones

Marjorie H. Cherry

Dale W. O'Neal, Ph.D.
Georgia L. Nelson, CAS

James D. Boyce, M.D.
Manuel Q. Arjona, M.D.

Nancy E. Greene, Ph.D.
Faye J. Gersh, Ed.D.

Clifford J. Straehlen, III, M.D.
Jerri Accettola
Randall C. Stenson, M.D.
Neil Flynn, M.D.
Tim Crump, F.N.P.
Karen Kern

Robert S. Erickson
Alex Vilomsons, Ph.D.
Patricia Barrett

Toby Hyman
Barbara A. Rosen
Edward Dutton, M.D.
Richard M. Bentley

Marit Braemer, R.N.C.
Leslie Jo Gault, R.N.
Phil White, D.P.M.
Rita L. Wright

Kelsea K. Baggett, R.N.

James T. Hamilton, M.D.
Pamela Marie Walters, R.N.
Suzanne Sollman, R.N.
Marilynn J. Pratt, M.D.

President, Orange County Medical Association, Orange, CA
Past President, Orange County Medical Association, Orange, CA

Medical Director, Department of Health Services, County of Los Angeles; Delegate of the American Medical Association, Los Angeles, CA

Costa Mesa, CA

Fullerton, CA

Anaheim, CA

Senior Staff Nurse, LA County Sheriff's Department, Los Angeles, CA

District Chief, Jail Mental Health Services, Los Angeles

County Department of Mental Health

Psychologist, Laguna Beach, CA

Certified Addiction Specialist, American Academy of Health Care Providers in the Addictive Disorders, San Clemente, CA
Garden Grove, CA

California Rehabilitation Center, Department of Corrections, Norco, CA

Clinical Psychologist, San Diego, CA

Psychologist, Past President, San Diego Psycho-Law Society, San Diego, CA

Fair Oaks, CA

Health Care Professional, Sacramento, CA

Bi-Valley Medical Clinic, Sacramento, CA

University of California at Davis Medical Center, Davis, CA

Multnomah County Health Department, Portland, OR

Dietician, Multnomah County Health Department, Portland, OR

Director, Department of Health Services, County of Lake, CA

Psychotherapist, Sherman Oaks, CA

Community Health Nurse, Multnomah County Health Department, Portland, OR

Clinical Dietitian, Tucson Medical Center, Tucson, AZ

Clinical Psychologist, Tustin, CA

Anaheim, CA

Chief Sanitarian (Retired) Los Angeles County Health Dept., Los Angeles, CA

Inside Edge, Costa Mesa, CA

Manhattan Beach, CA

Garden Grove, CA

Los Angeles County Mental Health Department, Los Angeles, CA

Registered Nurse (Retired) Los Angeles County Sheriff's Department Medical Service, Los Angeles, CA

Newport Beach, CA

Roche Professional Services, San Diego, CA

Roche Professional Services, San Diego, CA

Women's Institute and Health Center, Inc., Los Angeles, CA

Gary A. Chase, M.D.	Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
K. Stojanovich, M.D.	California Department of Corrections, Los Angeles, CA
Pamela R. Jackson, M.D.	Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Fred Afrasiabi, M.D.	Staff Psychiatrist, Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Jeane Haining, Ph.D.	Staff Psychologist, Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Kenneth Baum, M.D.	Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Leisha W. Howell, Ph.D.	Clinical Psychologist, Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Jean F. Segall, M.D.	Staff Psychiatrist, Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Bernadette S. Corpuz	Senior Medical Transcriber, Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Robert D. Gruener, M.D.	Parole Outpatient Clinic, Camarillo State Hospital, California Department of Corrections, Camarillo, CA
Ira M. Frank, M.D.	Parole Outpatient Clinic, California Department of Corrections, Los Angeles, CA
Edward Rudin, M.D.	Sacramento, CA
Joey Upland, R.N.	Registered Nurse, Santa Clara Valley Medical Center Main Jail, Burlingame, CA
Lester Grinspoon, M.D.	Harvard Medical School, Wellesley, MA
Lawrence C. Kolb, M.D.	Professor Emeritus, Columbia University, New York, NY
Henry N. Blansfield, M.D.	Member, Alcohol/Drug Education Committee; Member, Committee on Physician Health; Member, American Society of Addiction Medicine, Member, Danbury AIDS Task Force; Member, Section on Chemical Dependency; Danbury CT
Lorraine L. Blansfield, R.N.	Registered Nurse, Danbury, CT
Jayne Brannon, R.N.	Registered Nurse, Elmwood Men's Correction Facility, Los Gatos, CA
Linda Lee Wilson, R.N.	Registered Nurse, American Correctional Health Services Association, San Rafael, CA
Rachel L. Anderson	Research Associate, UCD Medical Center, Sacramento, CA
Dennis R. Ding, R.N.	Registered Nurse, Citrus Heights, CA
Clifford J. Strahley, III, M.D.	Fair Oaks, CA
Roger Walsh, M.D., Ph.D.	College of Medicine, University of California at Irvine, CA
Elizabeth Kantor, M.D.	Correctional Health Services Specialist, San Francisco, CA
Dr. Shawn I. Harrington	Lake Oswego, OR
Dr. Ghazarian	Palm Desert, CA
Dr. Meddick Sarty	Los Angeles, CA
Dr. J.B. Kiehlbauch	Riverdale, GA
Dr. Albert Rothman	Livermore, CA
Robert Chisholm	Medical Technician Assistant, California Department of Corrections, San Bernardino, CA
Ward Dean, M.D.	Center for Bio-Gerontology, Pensacola, FL
David F. Duncan, Ph.D.	Research Fellow, Brown University School of Medicine

Christina Chisholm LVN	Licensed Vocational Nurse, San Bernardino, CA
Pamela G. Heredia	Assoc. Exec. Director, Orange County Foundation for Medical Care, Santa Ana, CA
Luis Sandoval	Psychiatric Technician, University of California at Irvine Medical Center, Irvine, CA
Lisa S. Menen, R.N.	Registered Nurse, Orange, CA
Edward S. Friedrichs, M.D.	Addictionologist, Milwaukee County Mental Health Complex, Milwaukee, WI
Dr. Allan Olson	Staff Physician, Marquette-Alger Community Mental Health, Marquette, MI
Daniel Weiss, M.D.	Beachwood, OH
Mona K. Stern, M.D.	Gary, IN
Jerome Schachter, M.D.	Isle Palms, SC
Carl K. Pearlman, M.D.	Clinical Professor Emeritus, University of California at Irvine, CA
Jose A. Mijares, M.D., F.A.C.S.	Tampa, Florida
Bart Majoor	Clinical Psychologist, Head of Department of Training and Development, Institute on Alcohol and Drugs, Utrecht, The Netherlands.
F. A. Webster, M.D.	Huntington Beach, CA
David Priver, M.D.	San Diego, CA
Olin Harwer, M.D.	Medical Director, Orange County Academy of Family Physicians, Orange, CA
Thomas Badin, M.D.	Anaheim, CA
Mary Alice Sanchez Steinman, R.N.	Certified Registered Nurse, Family Nurse Practitioner, Certified Physicians Assistant, Anaheim, CA
Jose A. Nunez-Lopez, M.D., F.A.P.A.	Caguas, PR
Russel C. Ewing, M.D.	Former President, Orange County Medical Association, Santa Ana, CA
Arnold Knefer, M.D.	Kentfield, CA
Mark A. Ritchie, M.D.	Medical Director, Psychiatric Emergency Service, Harbor-UCLA Medical Center, Department of Psychiatry, Torrance, CA
Michelle Sager, M.D.	Harbor-UCLA Medical Center, Department of Psychiatry, Torrance, CA
Martin E. Mueller, M.D.	Harbor-UCLA Medical Center, Torrance, CA
Madeline Andrew, M.D.	Harbor-UCLA Medical Center, Department of Psychiatry, Torrance, CA
Betty Werksman, M.D.	Irvine, CA
William K. Summers, M.D.	Alzheimers Rights Assoc. Albuquerque, NM

Law Enforcement and Social Services

Anthony Ribera	Chief of Police, San Francisco, CA
Lou Cobarruviaz	Chief of Police, San Jose, CA
Bob Nichelini	Acting Chief of Police, Oakland, CA
Michael Hennessey	Sheriff, City and County of San Francisco, CA
Nicolas Pastore	Chief of Police, New Haven, CT
Alfred Blumstein, Ph.D.	Carnegie-Mellon Foundation; Pres. Amer Association of Criminologists
Robert G. Le Conte	President, National Association of Veteran Police Officers, Austin, TX
** Richard Christie, Esq.	Deputy District Attorney, Los Angeles, CA
William B. Rumford, Ph.D.	Chief of Security, Golden Gate Bridge, San Francisco, CA
Alissa Riker	Program Director, San Francisco, CA
Michael S. Hebel	Captain, San Francisco Police Department, San Francisco, CA
Vincent Schiraldi	Executive Director, Center on Juvenile & Criminal Justice, San Francisco, CA
Jodi Schwartz	Administrative Director, Center on Juvenile & Criminal Justice, San Francisco, CA
Marsha Rosenbaum, Ph.D.	Sociologist, Institute for Scientific Analysis
Patricia Jones	Director, Child Abuse Prevention Program, Family Services Agency, San Francisco, CA
Kathleen Baxter	Director, San Francisco Child Abuse Council, San Francisco, CA
Lynn Friar	Educational Coordinator, San Francisco Child Abuse Council, San Francisco, CA
Lori Dix	Family Support Services, San Francisco, CA
Daniel K. Blue	Alternative Family Services, San Francisco, CA
Mai-Win Ho	Executive Director, Asian Prenatal Advocates, San Francisco, CA
James N. Speros	Sergeant, San Francisco Police Department, San Francisco, CA
Kathleen Connolly	Program Case Worker, San Francisco, CA
Kenneth L. Christie	San Jose Police Department, San Jose, CA
Martha Rodetts	Training Coordinator, Child Welfare Project, San Francisco State University, San Francisco, CA
J. Mark Robinson, Ph.D.	Clinical Psychologist, Orange County Health Care Agency, Orange County, CA
Shirley Collins	Program Director, Women's Alcoholic Unit, San Francisco, CA
Gary L. Frucan	Senior Social Services Supervisor, Department of Social Services, San Francisco, CA
Lynda M. Frattiani	Maternal and Child Health, San Francisco General Hospital, San Francisco, CA
Pamela C. Brett	Licensed Clinical Social Worker, San Francisco Department of Public Health, San Francisco, CA

Robert L. Slaughter, Esq.	Captain (Retired), San Diego Police Department, San Diego, CA
Clark W. Baker	Police Officer, Los Angeles Police Department, Los Angeles, CA
David M. Lawrence	Deputy Probation Officer, Riverside County, CA
Ann DeMarco	Deputy Probation Officer, Orange County, CA
Earl R. McClure	Sergeant (Retired) San Jose Police Department; Instructor in Narcotics, De Anza College,
Daniel B. Jeffs	Chief Investigator, County Public Defender, San Bernardino, CA
Karl B. Hutchinson	Law Enforcement Coordinator, Sacramento Public Safety Center, Sacramento, CA
Mary Kay Rudolph	Corrections Coordinator, Sacramento Public Safety Center, Sacramento, CA
Tiffany Johnston	Group Counselor, Probation Officer, Orange County, CA
Paul D. Muntz	Probation Director, Los Angeles County Probation Department, Los Angeles, CA
Doris Waterman	Volunteer Probation Officer, Orange County Probation Department, Orange County, CA
Kenneth Kingsbury	MS, MFCC, Fullerton, CA
Shirley Melnicoe	Executive Director, Northern California Service League, San Francisco, CA
John J. "Jack" Gutowski	Program Director, Boys and Girls Clubs of San Gabriel Valley, CA
Billy J. Parrott	Former Director, Community Connection Resource Center, San Diego, CA
Abn Qadir Al-Amin	Director, SLP, San Francisco, CA
Keith Harris	Clinical Psychologist, San Bernardino County Department of Mental Health, San Bernardino, CA
Robert H. Silverman, Sr.	Deputy, Orange County Marshal's Department
Lynnette Shaw	Marin County Advisory Board on Alcohol and Other Drug Problems, Marin County, CA
Clarence Lee Brooks	LCSW, San Bernardino County Department of Mental Health, San Bernardino, CA
Ruthann Simmons, Ph.D.	Supervisor, Counseling & Medical Center, Montclair, CA
Carmen A. McNamara Giordano	Licensed Marriage, Family and Child Counselor, Mission Viejo, CA
Kelly L. Holt	Community Employment Trainer, Orange County Association for Retarded Citizens, Orange, CA
Crystal Marie Knox	Community Employment Trainer, Orange County Association for Retarded Citizens, Orange, CA
Sheri Y. Marsh	Community Employment Trainer, Orange County Association for Retarded Citizens, Orange, CA
Catherine Rupp Bell	Assistant Program Manager, Orange County Association for Retarded Citizens, Orange, CA
Angela M. Garcia	Social Worker, New Life For Children, San Ysidro, CA
Ann Alper, M.A.	MFCT, Marriage, Family, Child Therapist, San Diego, CA
Marc Kern, Ph.D.	Director/Psychologist, Addiction Alternatives, Santa Ana, CA
Joseph N. Feinstein	MFCC, Van Nuys, CA

Hugh M. Tate	Methadone Maintenance Program, Fullerton, CA
** signed Resolution without the phrase "and loss of civil liberties"	

Michael L. Sorg	Former Police Chief, San Clemente, CA
R. H. Hessing	Chief of Police, Rotterdam, Holland
T. Reitsma	Police Chief, Rotterdam, Ruenmond, Holland
Nancy Foutts	(Former) Supervisory Patrol Officer, US Customs Service, Orange County Grand Jury, Garden Grove, CA
Gregory L. Morgon	Lieutenant, Los Angeles County Sheriff's Department, Los Angeles, CA
Sidney Mills	Captain (Retired) Los Angeles County Police Department, Los Angeles, CA
Ted Hunt	Police Officer, Los Angeles County Police Department, Los Angeles, CA
Joseph R. Rowan	President and CEO, Criminal and Juvenile Justice International, Roseville, MN
Robert K. Sager	Laboratory Director (Retired) US Drug Enforcement Administration, Salmon, WA
Diana Jo Leigh	Social Worker, Shaker Heights, OH
Richard M. Sullivan	Social Worker, Certified Alcohol and Drug Counselor, Clarence, NY
Lois D. Sullivan	Social Worker, Clarence, NY
Barbara J. Frank	Chief Probation Officer, San Bernardino County, CA
Claude M. Potts	Deputy Chief Probation Officer, San Bernardino County, CA
Sandra Klapp	Group Counselor, San Bernardino County Probation Department, San Bernardino, CA
Darrel Day	Supervising Group Counselor, San Bernardino County Probation Department, San Bernardino, CA
Alan Hutton	Supervising Probation Officer, San Bernardino County Probation Department, San Bernardino, CA
	<i>"When you've spent 24+ years arresting & jailing druggies, it's difficult to adopt a new position. But I've been involved in this activity in lean times & times with lots of money & programs & our system just doesn't work."</i>
Cathy Ortiz, N.S.I.	San Bernardino County Probation Department, San Bernardino, CA
Fred Esber	Group Counselor, San Bernardino County Probation Department, San Bernardino, CA
Byron Saldana	Group Counselor, San Bernardino County Probation Department, San Bernardino, CA
Fred R. Speidel	Probation Director II, San Bernardino County Probation Department, San Bernardino, CA
C.W. (Bill) Simington	Probation Officer, San Bernardino County Probation Department, San Bernardino, CA
Frank E. Schlesinger, M.F.C.C.	San Bernardino, CA
Laura L. Hoffman	Probation Officer II, San Bernardino County Probation Department, San Bernardino, CA

Rebecca Michelson

James T. Casey, C.P.P.C.A.
Walter L. Glaser

Deborah Mosby
Michael A. O'Connell, MSW
Kathleen Cassil

Gary V. West
Jasmin S.K. Jackson
Marcia Gradin
R. Scott DeuPree
Lawrence M. Baker
Dawn Day
Adrienne Moore

Richard Eaton, ADPO II

Barbara Drew, MFCC
Janeen Karraker
Madelyn Burley-Allen
Sam Torres

Robin L. Soule

Cheryl A. Lobbetael-Griffin
Rex G. Dillon

Dr. Stanford Green
Jim Ennis
Joseph S. Neill, Ph.D.

Linda J. Smith
Gary A. Petersen, MFCC, CADC

Child Care Counselor, American Indian Family Healing
Center, Berkeley, CA

San Jose, CA

Night Supervisor I, San Bernardino County Probation
Department, San Bernardino, CA

Social Worker, Roseville, MN

Everett, WA

Director, Golden Hills Community Services District,
Tehachapi, CA

Supervising Probation Officer, San Mateo, CA

Deputy Probation Officer, Upland, CA

Deputy Probation Officer, San Diego, CA

Supervising Probation Officer, Santa Maria, CA

Retired Psychologist, Frankfort, MI

Sociologist, Princeton, NJ

Supervising Clerk I, San Bernardino County Probation
Department, San Bernardino, CA

Parole Officer, San Diego County Probation Department, San
Diego, CA

Program Chief, Lake County Mental Health, Lakeport, CA

Coordinator, Criminal Justice Consortium, Oakland, CA

Dynamics of Human Behavior, San Mateo, CA

US Probation Officer, Adjunct Professor of Criminal Justice,
Long Beach State University, Long Beach, CA

Secretary, San Bernardino County Probation Department, San
Bernardino, CA

Social Worker, Marquette, MI

Senior Probation Officer, San Mateo County Probation
Department, San Mateo, CA

Psychologist, Newport Beach, CA

Certified Alcohol and Drug Counselor, Honolulu, HI

Research Neurophysiologist, UCLA Brain Research Institute,
Los Angeles, CA

Mental Health Social Worker, Ishpeming, MI

Huntington Beach, CA

Media and Entertainment

Hugh Downs	ABC News, New York, NY
Janis Paige	Actress/President, Ipanema Music Corp., Hollywood, CA
Danny Glover	Actor, Hollywood, CA
Jacob Sullum	Editor, Reason Magazine, Los Angeles, CA
Kip Konwiser	Producer, Shadow Hill Entertainment, Santa Monica, CA
Rudy De Luca	Writer, Brooks Films, Hollywood, CA
Gail H. Evans	CNN, Atlanta, GA
Phyllis Avery	Author, San Diego, CA
Susan Toffler	CNN, Atlanta, GA
Stephen Adams	Editor, California Family Law Report, Sausalito, CA
Brian Kelleher	Publisher, Flush Rush Quarterly, San Diego, CA
Shane N. Smith	Comedian, Anaheim, CA
Alan W. Bock	Senior Columnist, Orange County Register, Santa Ana, CA
James Greer	Radio Talk Show Host, Albuquerque, NM
Lonnie Bee	Artist/Illustrator, Orinda, CA
Peter Jon Shuler	KQED, Inc., San Francisco, CA
Patricia Soberanis	Editor and Publisher, American Voices, San Francisco, CA
Ralph A. and Natalie Kennedy	Editors, Fullerton Observer, Fullerton, CA
Thomas R. Daly	Publisher, Georgetown Gazette, Georgetown, CA
Donald E. Armstrong	Cartoonist, Redlands, CA

Eldridge Cleaver	Author, <u>Soul On Ice</u>
Maralys Wills	Author, Santa Ana, CA
Buddy Nadler	Director, Directors Guild of America
Ken Von Helmolt	Technical Editor, General Media, Canoga Park, CA
Tobie Helene Shapiro	Columnist, Phoenix Journal, Berkeley, CA
Amy Franklin	Music Director, KWUC, Orange, CA
David F. Castasno	Publisher/Editor, Screamer Magazine, Los Angeles, CA
Nick Boicourt, Jr.	Producer/Director, Garden Productions, Fullerton, CA
Daniel Eastwood	Editor, Spletter Magazine, Los Angeles, CA
Neil Gido	Writer/Photographer, Wild Ones Magazine, Los Angeles, CA
Lawrence B. Fenton	Reporter, S.F. Weekly, San Francisco, CA
Barbara Faye Swain	Author, Pasadena, CA
K.E. Grubbs, Jr.	Editorial and Commentary Director, Orange County Register, Santa Ana, CA
Jean F. Forsythe	Publisher, American Eagle News, Northridge, CA
Rose Marie Couch	Editor-in-Chief, American Eagle News, Northridge, CA
Steven D. Wallace	Columnist, Chapel Hill Herald, Chapel Hill, NC

Members of the Clergy

Reverend Bruce Larson	Co-Pastor of the Crystal Cathedral, Garden Grove, CA
Father Joseph Ganssle	OFM, President, Religious Coalition for a Moral Drug Policy, Denver, CO
Pastor Andrew L. Gunn	President, Clergy for an Enlightened Drug Policy, St. Luke's United Methodist Church, Washington, DC
Reverend David S. Sandberg	Senior Pastor, First Congregational Church, Berkeley, CA
Rabbi Haim Asa	Temple Beth Tikvah of North Orange County, CA
Reverend Grayson Atha	Minister, Mt. Zion United Methodist Church, Cincinnati, OH
Rabbi Alan Frehling	University Synagogue, Los Angeles
Rabbi Steven Carr Rubin	Vice-President, Board of Rabbis of Southern CA, Los Angeles, CA
James W. Prescott, Ph.D.	Director, Institute of Humanistic Science, San Diego, CA
Reverend Thomas L. Sheridan	S.J., St. Peter's College, Jersey City, New Jersey
Reverend Jonathan Tetherly	Protestant Chaplain, Hampden County Correctional Center, Massachusetts Justice Network, Chicopee, MA
Reverend Alexander A. Di Lella, OFM	Professor of Biblical Studies, Catholic University of America, Washington, DC
Rabbi Rav A. Soloff, Ph.D.	Lansdale, PA
Sr. Francis Joseph Egan, O.P.	Mt. St. Mary Convent, Newburgh, NY
Father William J. Patrick	Priest Chaplain, St. Jude Hospital, Fullerton, CA
Reverend William Wallace Finlator	Southern Baptist Minister (Retired) Raleigh, NC
Father Joseph P. Kane, S.J.	Chaplain, New York City Department of Corrections
Reverend Gabriel Camacho	Chaplain, New York City Department of Corrections
Sister Marion Defeis	Chaplain, New York City Department of Corrections
Salimov Djabi	Chaplain, New York City Department of Corrections
Reverend Charles Dunston	Chaplain, New York City Department of Corrections
Reverend Ann Dub Hare	Chaplain, New York City Department of Corrections
Abij Hasan	Chaplain, New York City Department of Corrections
Sister Marie A. Henry	Chaplain, New York City Department of Corrections
Sister Marie Hermann	Chaplain, New York City Department of Corrections
Malik A. Kareem	Chaplain, New York City Department of Corrections
Sister Constance Kennedy	Chaplain, New York City Department of Corrections
Anas Khalid	Chaplain, New York City Department of Corrections
Reverend Rufino Lecumberri	Chaplain, New York City Department of Corrections
Jane H. Leggett	Chaplain, New York City Department of Corrections
Reverend Maria Lopez	Chaplain, New York City Department of Corrections
Reverend Lawrence E. Lucas	Chaplain, New York City Department of Corrections
Father Walter Mitchell	Chaplain, New York City Department of Corrections
Askia Muhammad	Chaplain, New York City Department of Corrections
S. Mary O'Connor	Chaplain, New York City Department of Corrections
Reverend Francis J. Passenant	Chaplain, New York City Department of Corrections
Rabbi Herbert Richtman	Chaplain, New York City Department of Corrections
Father John Soles	Chaplain, New York City Department of Corrections
John H. Wilkinson	Chaplain, New York City Department of Corrections

Reverend Alan Albert Snow
Reverend Joan Torribio, M.A.
Reverend James K. Babcock

Farris Lee Huff
Marian Gallagher
Sister Bernadette Floersch
Sister Margaret Reilly
Cecilia Nevin
Reverend Dr. David J. Jamieson

Paul J. Masquelier, Jr.
Reverend Connie White
Reverend Deborah Haffner-Doll

Bishop Felton E. May
Dr. Patrick W. Grace Conover
Donald P. Buteyn
Joseph Moss
Harold Wilke
Ms. Jerald L. Scott

Reverend Arthur E. Harrington
Virginia Wheeler
Ralph H. Lightbody
Jon S. West
Kenneth E. Crouch
Frances H. Bray
Reverend William D. Auld
Philip A. Anderson
Kirk A. Ballin
Pierce Johnson
Reverend Lincoln B. Wirt
David M. Held
Stanley H. Conover
Ray Gibbons
George Aki
Reverend Dr. Marcia Ball
Elaine Asa
Father Paul F. Murke
David J. Jamieson
Carolyn A. Portanova
John Kilgore
Barbara Kilgore
Jack F. Miller

Independent Humanist Ministers, Balboa Island, CA
Washington, DC
Pastor, Holy Cross Melkite-Greek Catholic Church, Fullerton, CA
Ministerial Service, Jehovah's Witnesses, Compton, CA
Sisters of St. Joseph of Corondelet, Los Angeles, CA
Sisters of St. Joseph of Corondelet, Los Angeles, CA
Sisters of St. Joseph of Corondelet, Los Angeles, CA
Sisters of St. Joseph of Corondelet, Los Angeles, CA
Conference Minister, United Church of Christ, San Francisco, CA
Executive Presbyter, The Presbytery of San Jose, San Jose, CA
Salinas, CA
San Rafael, CA

United Methodist Church, Harrisburg, PA
Policy Advocate, United Church of Christ, Washington, DC
Senior Pastor, First Presbyterian Church, Bakersfield, CA
President, Men of Bethel A. M. E. Church, Los Angeles, CA
UCC Minister, The Caring Congregation, Claremont, CA
Program Director, The United Methodist Church, Washington, DC
Retired Minister, United Methodist Church, Claremont, CA
Methodist Minister, South Laguna, CA
Senior Pastor, Gardena Valley Baptist Church, Claremont, CA
Pastor, Morningside Presbyterian Church, Fullerton, CA
Minister, Casas Adobes Congregational Church, Tucson, AZ
Missionary (Retired) United Methodist Church, Claremont, CA
Minister (Retired) Claremont, CA
Minister (Retired) United Church of Christ, Claremont, CA
Minister, Unitarian Universalist Church, Roanoke, VA
Minister, United Methodist Church, Claremont, CA
Pastor (Retired) United Church of Christ, Claremont, CA
Retired Clergyman, Claremont, CA
Minister (Retired), Claremont, CA
Retired Clergyman, Claremont, CA
Retired Clergyman, US Army Chaplain, Claremont, CA
Claremont, CA
Temple Beth Tikvah, Fullerton, CA
Los Angeles, CA
United Church of Christ, San Francisco, CA
Executive Director, Catholic Family Center, Rochester, NY
Pastor, United Methodist Church, Claremont, CA
Reverend, United Methodist Church, San Pedro, CA
Chair, Administrative Board, Aldersgate United Methodist Church, Tustin, CA

Legal Profession

Rufus King, Esq.	Washington, DC
Jean Wilcox, J.D.	San Francisco, CA
David M. McCarthy, Jr., Esq.	Mansfield, MA
Leona L. Lauder, Esq.	San Francisco, CA
Robert S. Rivkin, Esq.	San Francisco, Ca
Kate M. Schreuers, Esq.	Orange, CA
Marilynn Mika Spencer, Esq.	National Lawyers Guild, San Diego, CA
Kay Palmer Gray	Court Reporter, Superior Court, Santa Ana, CA
Jay S. Bloom, Esq.	Beverly Hills, CA
John T. Dzialo, Esq.	Orange, CA
Bertrand E. Cottle, Esq.	Orange, CA
Charles L. Olobri, Esq.	Santa Ana, CA
Jerry Manpearl, Esq.	Beverly Hills, CA
Jan Goodman, Esq.	National Lawyers Guild, Beverly Hills, CA
Larry Cole, Esq.	Tennessee Department of Mental Health, Memphis, TN
William R. Mitchell, Esq.	Tustin, CA
Michael Pancer, Esq.	San Diego, CA
Kevin M. O'Connell, Esq.	Royal Oak, MI
Donald Peters, Esq.	Newport Beach, CA
Barbara Jo Peterson	Senior Paralegal, Encino, CA
Jeannie S. Rinner	Legal Secretary, Orange, CA
Marque Rubinn	Paralegal, Los Angeles, CA
James E. Biava, Esq.	Malibu, CA
Craig J. Bolton, Esq.	Tempe, AZ
Charles H. Carreon, Esq.	Ashland, OR
Terry Phillips	Paralegal, San Diego, Ca
Don Wyle, Esq.	Agoura Hills, CA
Alan J. Chaset, Esq.	Alexandria, VA
Robert A. Merring, Esq.	Newport Beach, CA
Sharon Campbell	Court Reporter, Glendora, CA
Barbara Evans	Judicial Secretary, Orange County Superior Court, Fullerton, CA
Hal Gunning, Esq.	Los Angeles, CA
Allen Friel, Esq.	Los Angeles, CA
Roger C. Hope, Esq.	Cambria, CA
Peter Hirsch, Esq.	New York, NY
Heather MacKay	Pelican Bay Legal Services, San Quentin, CA
John Mullen, Esq.	Sacramento, CA
Laurence A. Young, Esq.	Santa Ana, CA
Jeff Thomas, Esq.	Public Defender, San Diego, CA
Stephen R. Ledoux, Esq.	San Francisco, CA
Eugene G. Iredale, Esq.	San Diego, CA
Ronald H. Gill, Esq.	Oxnard, CA
James E. Biana, Esq.	Malibu, CA

Morris J. Kushner, Esq.	Culver City, CA
Leah Singer, Esq.	Deputy Public Defender, Chula Vista, CA
Jack Hochman, Esq.	Public Defender, San Diego, CA
Katherine Mattes, Esq.	Deputy Public Defender, Chula Vista, CA

Garvin F. Shallenberger, Esq.	Costa Mesa, CA
Robert V. Wills, Esq.	Tustin, CA
Mark A. Hiller, Esq.	Irvine, CA
Alex Landon, Esq.	San Diego, CA
Charles K. Houry, Esq.	Wilton, NH
Elizabeth A. Missaikian, Esq.	San Diego, CA
Rodney J. Beede, Esq.	Davis, CA
DeVon W. Flaningam, Esq.	Crawfordsville, IN
Robert L. Bean, Esq.	Fullerton, CA
Nancy L. Ahlering, Esq.	Fullerton, CA
Ted L. Travis, Esq.	Los Angeles, CA
Jon Feder, Esq.	Irvine, CA
Michael Hannon, Esq.	Los Angeles, CA
Kay L. Sunday, Esq.	San Diego, CA
Edward M. Cauprynski, Esq.	Essexville, MI
Marshall Krause, Esq.	Larkspur, CA
James E. Gerach, Esq.	Oak Lawn, IL
Jeffrey T. Haley, Esq.	Bellevue, WA
Ellen L. F. Strauss, Esq.	Weston, CT
Jeffrey Flynn	Investigator, San Diego Public Defenders Office, San Diego, CA
Jeannette C. Holm, Esq.	San Diego, CA
Stephen J. Perrello, Esq.	San Diego, CA
Rodney L. Beade, Esq.	Davis, CA
Karen A. Lash	The Law Center, University of Southern California Law School, Los Angeles, CA
Melvin S. Hirshowitz, Esq.	New York, NY
Michael Letwin, Esq.	President, Association of Legal Aid Attorneys, New York, NY
R. Dufour, Esq.	Hemsteede, The Netherlands
Carlos Arguello, Esq.	Deputy Public Defender, San Diego, CA
David L. Wilkerson, Esq.	Santa Ana, CA
Alan Silber, Esq.	Weehauken, NJ
David J. Fried, Esq.	Hoboken, NJ
William J. Rold, Esq.	New York, NY
Conrad M. Wilkinson, Esq.	Claremont, CA
Patricia Jo. Wilk, Esq.	Claremont, CA
Azalia Torres, Esq.	Staff Attorney, The Legal Aid Society, New York, NY

Educators

Dr. James Doti	President, Chapman University, Orange, CA
Father Paul Locatelli	President, Santa Clara University, Santa Clara, CA
W. Norman Johnson	Rear Admiral, U.S. Navy (Retired), Dean and Vice-President of Boston University
Dr. Harry L. Hamilton	Senior Vice President and Provost, Chapman University, Orange, CA
Dr. Peter Duignan	Fellow, Hoover Institution, Stanford, CA
Dr. Melvin Krauss	Fellow, Hoover Institution, Stanford, CA
Dr. William Ratliff	Fellow, Hoover Institution, Stanford, CA
Dr. Thomas Moore	Fellow, Hoover Institution, Stanford, CA
Dr. William Evers	Fellow, Hoover Institution, Stanford, CA
Celia C. Anaya-Conboy	Psychotherapist/Diversion Counselor, Orange County Center for Health, Anaheim, CA
Charles T. Tart	Professor of Psychology, University of California at Davis
Mary Sauer	Teacher, (Retired), Santa Ana, CA
Linda Avanzino	High School Teacher, Santa Ynez, CA
Stephanie Bolling	Teacher, Berkeley Adult School, Berkeley, CA
James Kopp	Senior Tutor, Laubach Literary Council, El Reno, OK
Mitch Palmer	Master Tutor, Laubach Literary Council, El Reno, OK
Judith Cohen	Advocate, Learning Disabilities Association, San Diego, CA
Lester Cohen	Professor (Retired), San Diego State University, San Diego, CA
Marius A. Robinson	Institute of Noetic Science, University of California at Irvine
William L. Mikulas	Professor of Psychology, University of West Florida
Sam Young, M.A., M.S.	Teacher/Assistant Professor, Magnolia High, National University, Santa Ana, CA
Michael H. Horn	Professor, California State University at Fullerton, Fullerton, CA
Neil Rosen	School Counselor, Placentia, CA
Bruce Henderson	Associate Professor, Fullerton College, Fullerton, CA
Mark Bockstahler	Licensed Educational Psychologist, Irvine Unified School District, Irvine, CA
Rosalinda Guzman	Psychotherapist, Orange County Center for Health, Anaheim, CA
Robert E. Williams	Sr. Fellow, Loker Hydrocarbon Research Institute, University of Southern California, Los Angeles, CA
Cheri Gilmour	Loker Hydrocarbon Research Institute, University of Southern California, Los Angeles, CA
Stephen Blumentahl	Educator, Los Angeles, CA
Pamela Webster	Teacher, Rossier School, Orange, CA
Stephanie Harris	Sign Language Interpreter, Los Angeles Unified School District, Los Angeles, CA
John H. Engler	Coordinator of In-Patient Mental Health Services, Goddard Medical Associates, University of California at Irvine

Frances Vaughan
Katarina A. Thomas, MFCC
Judith A. Lookabill

James Bunyan Parsons

Max Holland, D.C.
Evelyn R. Walter
Richard Clarke
John Bopp
Ann G. Plunkett
William R. Mead, Ph.D.
Thomas B. Roberts, Ph.D.

Robert C. Fellmeth

Manfred A. Wallner, M.D., J.D.
Kay J. Stenberg
Ronald L. Alkana
Dr. Gregson Lawrence

Scott Bollens
Bruce Berg
Victoria Bernal
Michael L. Burton
Kitty Calavita
Ken Chew
Benjamin N. Colby
Randall Crane
Amrita Daniere
David Easton
Jonathan Ericson
J. G. Ferguson
Paula Garb
Robert Garfias
Michelle Garfinkel
Kyle Johnson
Sheen Kassouf
Daniel Klein
Karen Leonard
R. Duncan Luce
Lisa Malkki
Keith McBurrett
Raymond Novaco
Richard Perry
Ross Quillian
Karen Rook
Arthur J. Rubel
Dorothy Solinger

Psychologist, Anaheim, CA
Counseling and Medical Clinic, Montclair, CA
Assistant Superintendent, Santa Clara County Office of
Education, San Jose, CA
Professor of History, Emeritus, University of California at
Riverside
President, Friends of the Library, San Juan Capistrano, CA
Teacher, Santa Ana, CA
Teacher, Anaheim Union School District, Anaheim, CA
Educator, Hingham, MA
Teacher, Sisters of St. Joseph of Corondelet, Los Angeles, CA
Clinical Director, Mental Health Systems, Inc., San Diego, CA
Department of Educational Psychology, NIU, Portola Valley,
CA
Professor and Director, Center For Public Interest Law,
University of San Diego, San Diego, CA
Professor of Law, Western State University School of Law
Licensed Clinical Social Worker, Teacher, Santa Monica, CA
Professor, University of Southern California, Los Angeles, CA
Associate Professor of Pharmacy, University of Southern
California
Assistant Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Professor, University of California at Irvine
Associate Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Professor, University of California at Irvine
Professor, University of California at Irvine
Associate Professor, University of California at Irvine
Research/Lecturer, University of California at Irvine
Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Professor, University of California at Irvine
Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Professor, University of California at Irvine
Assistant Professor, University of California at Irvine
Associate Professor, University of California at Irvine
Professor, University of California at Irvine
Professor, University of California at Irvine
Professor, University of California at Irvine

Alec Stone
 Rein Taagepera
 Bryan J. Vila
 John Yellott
 Keith R. Stroud
 Janice Harmon
 Mitch Palmer
 Judith Cohen
 Lester Cohen

Marius A. Robinson
 Paul Maynard
 Carter J. Ward, Ph.D.
 Larkin M. Higgins
 Linda Winer
 Thomas B. Roberts, Ph.D.
 Paula J. Hruby, M.S. Ed.
 Penny Armstrong, Ph.D.
 Carolyn Kinnear, M.S. Ed.

Betty L. Mellard

Sally J. Alexander
 Loyd Carr
 Ruth V. Ronnquist
 Ethan Nadelmann
 Janet Hofmann

Jo Ann W. Baum

Trina Hackbarth

Sally Lewis Wesem

Della Van Dyke

Ron P. Von

Mary Hoopman

Jack Griffin

Timothy W. Titus
 Charlene P. Westrum
 Kate Cleveland

Caroline J. Acker, Ph.D.

Assistant Professor, University of California at Irvine
 Professor, University of California at Irvine
 Assistant Professor, University of California at Irvine
 Professor, University of California at Irvine
 Principal, Capistrano Unified School District, California
 Educational Therapist, Thousand Oaks, CA
 Master Tutor, Laubach Literary Council, El Reno, OK
 Advocate, Learning Disabilities Association, San Diego, CA
 Professor (Retired), San Diego State University, San Diego, CA

Institute of Noetic Science, University of California at Irvine
 Professor, Pepperdine University, Malibu, CA
 Professor, Pepperdine University, Malibu, CA
 Professor, Pepperdine University, Malibu, CA
 Professor, Pepperdine University, Malibu, CA
 Professor, Northern Illinois University, DeKalb, IL
 Northern Illinois University, DeKalb, IL
 Northern Illinois University, DeKalb, IL
 Northern Illinois University, DeKalb, IL

Co-President, American Association of University Women, La Verne, CA

Public Relations Consultant, Huntington Beach, CA

Professor of English (Retired) Anaheim, CA

Teacher (Retired) Portsmouth, NH

Assistant Professor, Princeton University, Princeton, NJ

Chemical Awareness Counselor, Park Center High School, Brooklyn Park, MN

Chemical Dependency Counselor, Brooklyn Jr. High School, Brooklyn Park, MN

Chemical Awareness Counselor, Osseo Junior High School, Brooklyn Park, MN

Chemical Awareness Counselor, Maple Grove Junior High School, Maple Grove, MN

Chemical Awareness Counselor, North View Junior High School, Brooklyn Park, MN

Chemical Health Coordinator, Roseville High School, Roseville, MN

Chemical Awareness Counselor, Minneapolis Public Schools, Minneapolis, MN

Chemical Health Specialist, Washburn High School, Minneapolis, MN

Chemical Awareness Counselor, Brooklyn Park, MN

Chemical Specialist, Robb School District, Golden Valley, MN

Chemical Awareness Specialist, Robbinsdale Schools, Long Lake, MN

Fellow, Biomedical Science and Technology, NIH Historical Office, Takoma Park, MD

Richard W. Wilson, D.H.Sc.	Professor of Public Health, Western Kentucky University, Bowling Green, KY
Alan L. White	School Teacher, Capistrano School District, Capistrano, CA
Gary M. Anderson, Ph.D.	Professor, California State University at Northridge, CA
John Greenwood	Director, Continuing Education, Dartmouth Alumni Association, Fullerton, CA
Patrick D. Yrrarraxaral-Correa	School Counselor, Santa Ana, CA
Fucshia Ward	Assistant Principal, Bakersfield, CA
Jeanne Curran	Professor, Attorney, California State University at Dominguez Hills, CA
John K. Russell	Retired Teacher, Costa Mesa, CA
James C. Blackburn	Director of Admissions and Records, California State University at Fullerton, CA
Laura Berend	Associate Professor of Law, University of San Diego, CA
Lauren C. Whaley	Teacher, Los Angeles, CA
John O'Neill	Retired Teacher, Wrightsville Beach, NC
Chris T. Owen	Teacher/Administrator, Grass Valley, CA
R. John Leigh	Professor, Shaker Heights, OH
Bart Carter Pate	Associate Professor, University of Tennessee, Chattanooga, TN
Ruth Jones Scott	Retired Teacher, Claremont, CA
Gertrude M. Waterman	Retired Missionary Teacher, Claremont, CA
William D. Bray	Professor, Claremont, CA
Christine L. Stump	Retired Teacher, Claremont, CA
Beatrice Price Russell	Retired Teacher, Claremont, CA
Martha Millett	Retired Teacher, Claremont, CA
Virginia C. Lane	Psychology Instructor, NOCCCD, Norwalk, CA
Lester G. McAllister	Professor Emeritus, Christian Theological Seminary, Indianapolis, IN
Marsha Rosenbaum, Ph.D.	Sociologist, Institute for Scientific Analysis, San Francisco, CA
Tom Ilmanen	Professor, University of Wisconsin, Madison, WI
Jerome K. Edwards	Retired Teacher, Placentia, CA
Barbara K. Parsons	Teacher, Sierra Vista, CA
Pat McCully	Retired Teacher, Huntington Beach, CA
Joy A. Gault	Retired Teacher, Manhattan Beach, CA
Nancy H. Grenier	Teacher, Manhattan Beach, CA
Judson A. Grenier	Professor, Manhattan Beach, CA
Tracy Levin	Foreign Language Instructor, West Coast University, Los Angeles, CA
Jean S. Mickel	Teacher, Monterey, CA
Carl R. Levine	Professor, California State University at Dominguez Hills, CA
Ralph D. Smith	Professor Emeritus, Cerritos College Retired Faculty Association, Cerritos, CA
Sherill Moses	President, Cerritos College Retired Faculty Association, Cerritos, CA
Dr. Stanley D. Jennings	Professor, Cerritos College Retired Faculty Association, Cerritos, CA
Helena T. Jennings	Cerritos College Retired Faculty Association, Cerritos, CA

Jack I. Medoff	Cerritos College Retired Faculty Association, Cerritos, CA
Helena S. Medoff	Cerritos College Retired Faculty Association, Cerritos, CA
James L. Frame	Cerritos College Retired Faculty Association, Cerritos, CA
Wendell Markham	Cerritos College Retired Faculty Association, Cerritos, CA
Wanda Sterner	Cerritos College Retired Faculty Association, Cerritos, CA
Ruth F. Laidlaw	Cerritos College Retired Faculty Association, Cerritos, CA
Nova Jean Weber	Faculty Coordinator, Cerritos College, Cerritos, CA
Evelyn R. Bibb	Cerritos College, Cerritos, CA
Robert Allen, Jr.	Cerritos College Retired Faculty Association, Cerritos, CA
Christine H. Joseph	Library Clerk II, Cerritos College, Cerritos, CA
Valencia Mitchell	Librarian, Cerritos College, Cerritos, CA
Lynda M. Sampson	Librarian, Cerritos College, Cerritos, CA
Betty Lou Jones	Professor Emeritus, Cerritos College, Cerritos, CA
Heidi Lambert	Teaching Assistant, West Valley Occupational Center, Woodland Hills, CA
Vickie McCorkendale	Project Coordinator, USC/ Information Sciences Institute, Los Angeles, CA
Janice S. Goodman	Assistant Dean Emeritus, LA Pierce College, Woodland Hills, CA
Kathryn Lambert	Professor Emeritus, LA Pierce College, Woodland Hills, CA
A. R. Hartman	Erasmus University, Rotterdam, The Netherlands
Rene von Swanger	Criminologist, Rotterdam, Erasmus University, The Netherlands
Prof. Dr. Hans de Doelder	Professor, Criminal Law, Erasmus University, Rotterdam, The Netherlands
T. Blan	Lecturer, Criminal Law, Erasmus University, Rotterdam, The Netherlands
Yolande uit Beijerse	Erasmus University, Rotterdam, The Netherlands
G. van Lejen	Master of Law, Erasmus University, Rotterdam, The Netherlands
R.S. B. Koee	Criminologist, Erasmus University, Rotterdam, The Netherlands
Dr. E. M. de Koning de Jong	Lecturer, Criminal Law, Erasmus University, Rotterdam, The Netherlands
Michael Winkelman	Director, Ethnographic Field School, Arizona State University, Tempe, AZ
Phyllis Mathew	Teacher, Woodland Hills, CA
Michael R. Aldrich, Ph.D.	Curator, Fitz Hugh Ludlow Memorial Library, San Francisco, CA
Theodore R. Vallance	Associate Dean and Professor Emeritus, Penn State University, State College, PA
Thomas Nicholson, Ph.D.	Professor of Public Health, Western Kentucky University, Bowling Green, KY
Joel Brown	Senior Scientist, Pacific Institute for Research and Evaluation, Los Angeles, CA
Betty L. King	Professor, Northern Virginia Community College, Alexandria, VA
Marjorie Dixon Zamora	Professor, Moraine Valley Community College, Palos Hills, IL
Jonathan Kaplan	The American University, Washington, DC

William R. Mead, Ph.D.
Michael Bach
Keith S. Harris, Ph.D.
Alexandra Rogers, Ph.D.
Jean Keller
Henk J. DanBlit

Doris G. Wallace
Eve. C. Esche
Maxine Olson
Chauncey A. Alexander

Nance J. Reed
Jeffrey a. Miron

Cynthia Shacklett

Melvin L. Zwillenberg, PHD

San Diego, CA
Professor, Golden West College, Huntington Beach, CA
Lancaster, CA
Anaheim Hills, CA
Teacher, Oak Grove Middle School, Concord, CA
Amsterdam Metrolink Consultancy Research, Amsterdam,
The Netherlands
English Teacher, Retired, Hickory, NC
School Librarian (Retired) Westland, MI
Drug Free School Coordinator, Marquette, MI
Professor/Lecturer Dept. of Social Work, California State
University at Long Beach, CA
Teacher, Plumas Unified School District, Quincy, CA
Professor, Department of Economics - Boston University
Boston, MA
Career Guidance Officer, Saddleback College, Mission Viejo,
CA
Maplewood, NJ

Business

Jack P. Lauderbaugh Wm. B. Wilson Luis Corvalan Irv Weidel Charles F. Bennett Jo Ann Brissenben Daniel Paul Plainhill Jan Charles Gray Alexander Khan Thomas J. McCammon William L. Bridgford Alvin Shemesh, M.D. Steven E. Phair, CPA N. Gayle Eads Frank Fernandez James L. Rushing David G. Slaton Robert B. Collette Bob Collete Susan B. Karter Thomas James Cleary Gary Barnhill Roland Kelly Clinton Roe Richard B. Dickson Gary A. Gagnon Mark Johnson Michael Paul Bartz Steve Bergren Ethel Tagister John F. Blokker Don Bradshaw Thomas L. Young Theodore P. Horwitz Patricia Soberanis Henri A. Jarrat J. Robert Gilroy Janice Neiman Christopher J. Boucher David T. Martyn D. E. Stafford	First Vice President - Investments, Prudential Securities, San Jose, CA Wm. B. Wilson Companies, Midland, TX President, Rigel Corporation, McLean, VA President, Overseas Marketing Exchange President, Bennett & Associates, Ojai, CA Manager, Committee Software, Ojai, CA Marketing Director, Rock Balloons, Hermosa Beach, CA Senior Vice President, General Counsel and Secretary, Ralphs Grocery Company, Los Angeles, CA President, Geofon, Inc. Cypress, CA President, Ironworkers Local Union #627, San Diego, CA Bridgford Foods Corporation, Anaheim, CA President, Kiwanis Club of Capistrano Valley, CA President, Rotary Club of Newport Beach, CA Director of Shops, Marriott Hotel Corp., Rancho Mirage, CA CPA, Rancho Cordova, CA Owner, Retail Store Vice-President, Sandlin Associates, Downey, CA Owner, Collete's Discount Appliances, Parker, AZ Owner, Lakeside Air Conditioning, Parker, AZ Collette's Discount Appliances, Parker, AZ Chief Executive Officer, T. C. Steel, Inc., Spring Valley, CA President, Barnhill & Associates, Corona Del Mar, CA Partner, Spectrum Asset Management, Newport Beach, CA Co-Owner, Mulhearn Realtors Realtor, Newport Beach, CA Night Plant Superintendent, Cergro, Fountain Valley, CA Mark A. Johnson Tribal Arts, Irvine, CA Executive Fellow, Air Resources Board, Sacramento, CA Principal, Real Estate Strategies, Santa Clara, CA CPA, Commerce, CA President, Luxcom, Inc., Fremont, CA Kiska Oil Company, Tulsa, OK Young Radio, Inc, Napa, CA President, Price Charities, La Jolla, CA Editor and Publisher, American Voices Magazine, San Francisco, CA Jarrat Global Enterprises, Inc., San Jose, CA President, First West Capital Corp., Newport Beach, CA Real Estate Broker, Sherman Oaks, CA Chief Executive Officer, The Hempstead Co., Costa Mesa, CA General Manager, The Hempstead Co., Costa Mesa, CA President, Cultural Access Network, Laguna Beach, CA
--	--

Bart Ellis, LCSW

Michael J. Salisbury, Sr.

Martin Vangerov

Peggy Howard

T. I. Ridley

Michael Puschak

Don Coulson

Sarah James

Sandra L. Sisk

Margaret E. Miller

Madelyn Burkey-Allen

Phil Storkenburg, President

Patricia Teal

William R. Kincaid

Steve White

Ulrich E. Keller, Jr.

John Hakopian

Gary L. Davidson

Harrell Graham

Madeleine Andor

Harold D. Duncan

Larry Beausoleil

Marvin H. Minor

Ronald A. Johnson

William Ruhle

William N. Byers, Jr.

Daniel Dalton

Dale C. Schumacher

Max J. Rosenberg

Noel Santiago

Russell E. Shaw

Barbara G. Sianez

Bill Somerville

Theodore Rosenbaum

David Dobbins

Mark Jones

Harold D. Duncan

Dale G. Wier

Fern Siegel

John and Susan Johnson

Penny Fleck

Don C. Stott

Allan S. Tingey

Lisa Heinz Marino

Carl T. Clement

Executive Director, Re-Socialiation Skills, Inc, Santa Monica, CA

Administrative Staff Engineer, Xortech, Inc., Woodland Hills, CA

Technical Manager, Xortech, Inc., Woodland Hills, CA

Vice-President, Wiseman & Burke, Inc., Glendale, CA

Consultant, Jefferson Associates

Owner, Essex General Construction, Parsippany, NJ

President, Don Coulson and Associates, Newport Beach, CA

Sarah James Tax Consultants, Long Beach, CA

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Union Steward, National Association of Letter Carriers, Northampton, MA

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Chief Financial Officer, Soto Non-Profit Research -- Cedarcrest, NM

President of the Task Force Democratic National Committee and Member of the Democratic Club of West Orange County - 67th Assembly District, CA

Members of the Democratic Club of West Orange County and 67th Assembly District Committee, CA

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President, First Amendment Foundation, Huntington Beach, CA

Teacher, and member of the Democratic Club of West Orange County, CA

Editor, Dynamic Democrat Newsletter, Huntington Beach, CA

Treasurer, Orange County Democratic Central Committee and Asst. Controller, Health Care Partners Med. Group.

Huntington Beach, CA

Corresponding Secretary, Democratic Club of West Orange County; Instructor, GAIN program, Rancho Santiago College Huntington Beach, CA

Realtor, Long Beach, CA

President La Habra Travel Agency, La Habra, CA

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January 29, 1994

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Richard Didie	Woodacre, CA	Richard J. Boren	Los Angeles, CA

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Damian Figueroa	Tucson, AZ	Carol Pfenning	Quincy, CA
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Douglas & Mary Jean Gold	San Pedro, CA	Mary Warner	Los Angeles, CA
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Chet Hewitt	San Francisco, CA	Sarah James	Long Beach, CA

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John A. Lane	Windsor, CA	Daniel Klein	Irvine, CA

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Joseph Mueller	Laguna Hills, CA	Becki Wanger	Mission Viejo, CA

Signers of the Resolution for a Federal Commission on Drug Policy

Theresa Mueller	Tallahassee, FL	Steven Wanzell	San Francisco, CA
Attorney John Mullen	Sacramento, CA	C. Ward	Malibu, CA
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Mike A. Nisperos, Jr.	Oakland, CA	Michael P. Ryan	San Francisco, CA
Jack Nissen	Sacramento, CA	Pat Ryan	Redway, CA
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Signers of the Resolution for a Federal Commission on Drug Policy

Timothy Nixon	Beverly Hills, CA	Eileen Rychlick	Sherwood, OR
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Carol Owen	Union City, CA	Michael E. Parker	Costa Mesa, CA
Chris T. Owen	Grass Valley, CA	Katherine Parkes	San Francisco, CA

Signers of the Resolution for a Federal Commission on Drug Policy

Ellen K. Owen	Grass Valley, CA	Michael Parrish	Los Angeles, CA
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Elva Reyes	Los Angeles, CA	James Redmond	Ft. Wayne, IN

Signers of the Resolution for a Federal Commission on Drug Policy

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		Fred E. Ruppert	Phoenix, AZ

November, 1993

Drugs and the Law

by James P. Gray

Orange County Superior Court

On April 8, 1992, I did something unusual for a trial judge: I held a news conference in the plaza behind the Santa Ana Courthouse. At that time, I publicly set forth my conclusions that what we are doing through the Criminal Justice System to combat drug use and abuse in our society, and all of the crime and misery that accompany them, is not working. Fortunately, however, we have options.

On February 26, 1993, I was one of a group of nineteen concerned citizens that met at the Hoover Institution on the campus of Stanford University and unanimously passed a resolution which recommends that our country investigate the possibility of change in the way we handle our drug problems. The Resolution, which recommends that these medical and social problems be treated with medical and social solutions, is printed separately herein. It further recommends that one final blue ribbon commission be immediately empowered by the President to conduct this investigation as publicly and fully as possible, and then recommend revisions of the drug laws of these United States in order to reduce the harm being caused by our current policies.

The original signers of the Resolution include Dr. Milton Friedman, the Nobel laureate professor of economics; Dr. Joseph D. McNamara, author and former Chief of Police of San Jose; George Shultz, former Secretary of State; Kurt L. Schmoke, Mayor of the City of Baltimore; Reverends Leonard B. Jackson and J.D. Moore of the First A.M.E. Church of South Central Los Angeles; a high school principal and several medical doctors. Since that meeting, the Resolution has been signed by numbers of judges and justices in California as well as other state and federal judges around the country; the Mayors of San Francisco, Oakland and San Jose; Orange County Supervisor Harriet M. Wieder; the Sheriff of San Francisco; the Central Conference of American Rabbis; the Board of Directors of the California Academy of Family Physicians; all 23 chaplains at Riker's Island Prison in New York City; and more than two thousand other members of the legal, medical, law enforcement, entertainment, business and education communities and concerned citizens and taxpayers.

By pursuing our present course, we have made cocaine the most lucrative crop in the history of the world. We have funneled about 70 billion dollars per year of untaxed revenue into organized crime. We have undermined the work ethic in our society by making the trafficking of drugs the most lucrative activity that most of our people can engage in. This has directly resulted in our youths, both in our inner cities and everywhere else, having drug sellers as their role models instead of people who work hard and pursue an education. Our approach has directly resulted in the continual deterioration of the relationship between the police and the communities that they are attempting to service.

The "war on drugs" in our country in many ways has become war on our own people, especially our minorities, who have been incarcerated in vastly disproportionate numbers. Our approach has directly resulted in the exportation of more money from our shores than any other single cause, except for oil. Indeed, as a result of this drug money, we have exported narco terrorism to the rest of the world. Our approach has resulted in a crime being committed upon our people by depriving clean needles to addicts—thus exacerbating the AIDS epidemic. Our approach has demonstrably resulted in the erosion of our civil liberties set forth in the Bill of Rights.

Over the last several decades, we have proved the sheer impossibility of preventing the sale of drugs . . . The Resolution recommends that these medical and social problems be treated with medical and social solutions

As judges, virtually all of us have our own stories of how corruption from drug monies has touched the Criminal Justice System. Over the last several decades, we have proved the sheer impossibility of preventing the sale of drugs for large amounts of money. The Criminal Justice System simply cannot prevail against this reality. Even though street drugs are as illegal as we can make them under our statutes and our Constitution, they are fully available in any quantity, governed only by price. It truly is time for us to investigate changing this failed approach.

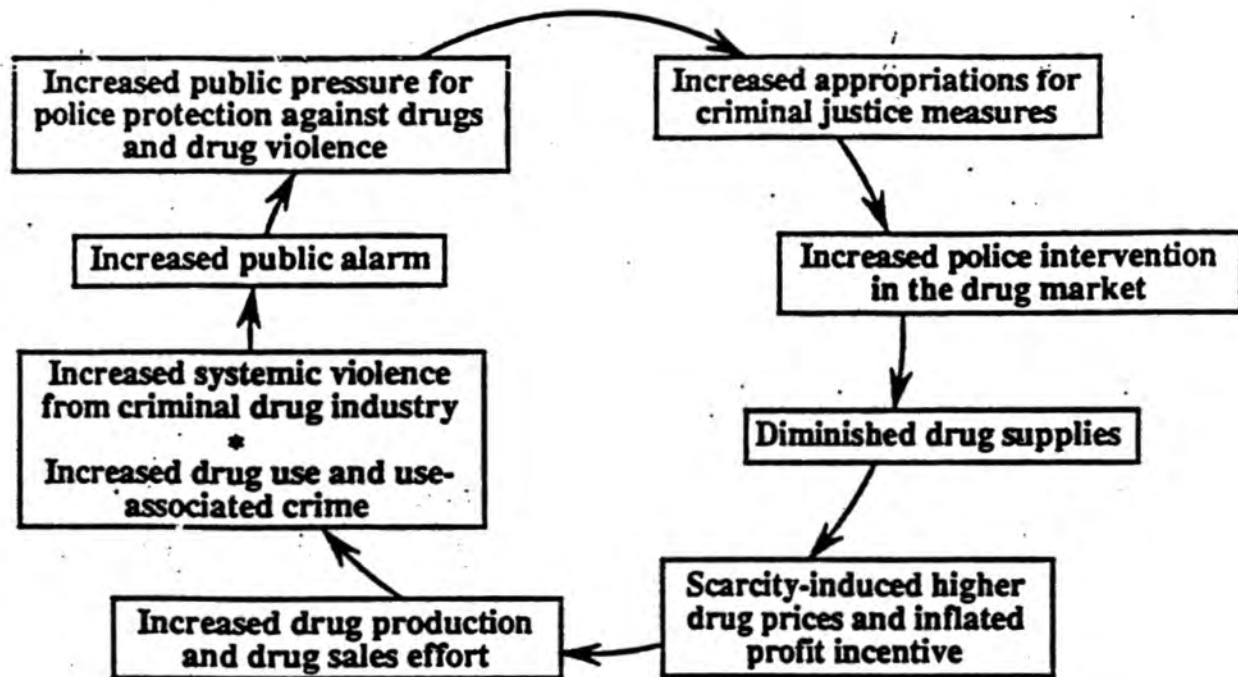
Several years ago, the San Francisco Chronicle aptly editorialized that with regard to our nation's drug problem, "the cure is worse than the disease." On April 26, 1993, U.S. News and World Report published an editorial by its editor-in-chief, entitled "Fighting the Right Drug War." It concludes with the following statement:

"If President Clinton lacks the political courage to change the old failed program and needs protective cover, let him at least appoint an independent commission charged with investigating prevention and treatment and instituting a sweeping new program. Dr. Kildare, rather than Elliott Ness, is the role model for banishing our deepest sickness."

On May 11, 1993, the Los Angeles Times editorialized that "Perhaps the political climate is becoming more receptive to a new approach. Certainly the new Administration in Washington should seize the moment for a fresh and comprehensive look at the drug laws."

What we are doing is not working. As judges, we are at the helm of a sinking ship, and our citizens are not aware of the hopelessness of the situation. Our group requests that California's judges, who are aware of the magnitude of the problem, sign the Resolution and go on record as recommending the investigation of viable alternatives to the failed "War on Drugs." ■

THE DYNAMICS OF DRUG CRIME AND CRIMINAL JUSTICE MEASURES



THE WHITE HOUSE

WASHINGTON

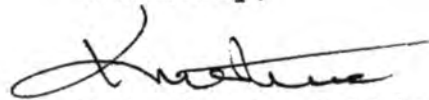
June 6, 1994

Ms. Eileen Monaghan
C/O Strong Memorial AIDS Center
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Ms. Monaghan:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine", with a long horizontal flourish extending to the right.

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

THE WHITE HOUSE

WASHINGTON

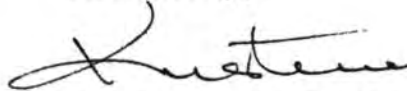
June 6, 1994

Virginia Duffy, Ph.D., R.N.
Private Practice Psychotherapy
Adjunct Faculty
University of Rochester School of Nursing
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Duffy:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine", with a stylized flourish at the end.

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

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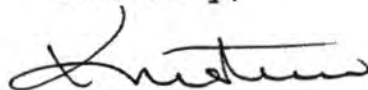
June 6, 1994

Ron Epstein, M.D.
Attending Physician
University of Rochester Department
of Family Medicine
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Epstein:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,



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

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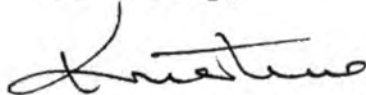
June 6, 1994

Amneris Luque, M.D.
Attending Physician
Strong Memorial AIDS Center
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Luque:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,



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

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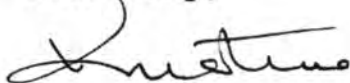
June 6, 1994

Amy Portmore, M.D.
Director
Adult AIDS Clinic
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Portmore:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine".

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

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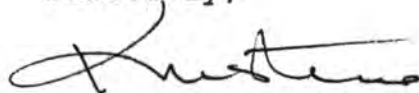
June 6, 1994

Lisa Frenkel, M.D.
Director
Pediatric AIDS Clinic and Pediatric
AIDS Clinical Trials Program
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Frenkel:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,



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

THE WHITE HOUSE

WASHINGTON

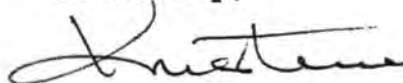
June 6, 1994

Susan Cohn, M.D.
Associate Director
AIDS Clinical Trials Unit
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Cohn:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine".

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

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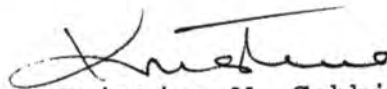
June 6, 1994

Michael Keefer, M.D.
Director
AIDS Vaccine Evaluation Unit
University of Rochester Medical Center
601 Elmwood Avenue, Box 689
Rochester, New York 14642

Dear Dr. Keefer:

Thank you for coming out to breakfast during my trip to Rochester last month. I appreciated the opportunity to visit a bit, and learn of your concerns and your progress. Please keep me posted about your continuing efforts.

Sincerely,



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

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June 6, 1994

Mr. R. C. Adams
435 Encinitas Avenue
San Diego, California 92114-4912

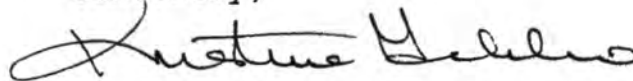
Dear Mr. Adams:

My apology for such a tardy response to your letter. I do appreciate hearing from any concerned citizen.

I will continue to base my recommendations on HIV policy on good science, and to make prevention information available to all, regardless of gender or sexual orientation.

Thank you for writing.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine Gebbie", written in a cursive style.

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

UNIVERSITY OF
ROCHESTER
MEDICAL CENTER

STRONG MEMORIAL HOSPITAL
SCHOOL OF MEDICINE AND DENTISTRY
SCHOOL OF NURSING

INFECTIOUS DISEASES UNIT

University of Rochester Breakfast Roster

Richard Reichman, M.D.
Head, Infectious Diseases Unit
Director, Strong Memorial Hospital AIDS Center

Michael Keefer, M.D.
Director, AIDS Vaccine Evaluation Unit

Susan Cohn, M.D.
Associate Director, AIDS Clinical Trials Unit

Lisa Frenkel, M.D.
Director, Pediatric AIDS Clinic and
Pediatric AIDS Clinical Trials Program

Amy Portmore, M.D.
Director, Adult AIDS Clinic

Amneris Luque, M.D.
Attending Physician
Strong Memorial AIDS Center
Conference Co-Director "HIV and the Primary Care Provider"

Ron Epstein, M.D.
Attending Physician
University of Rochester Department of Family Medicine
Conference Co-Director

Virginia Duffy, Ph.D., R.N.
Private Practice Psychotherapy
Adjunct Faculty University of Rochester School of Nursing
Conference Co-Director

Eileen Monaghan
AIDS Center patient and mother of HIV-infected boy

Dear _____
Thank you for
coming out to breakfast
during my trip to
Rochester last month.
I appreciated the
opportunity to visit a
bit, and learn of
your concerns and
your progress.
Please keep me
posted about your
continuing efforts
Sincerely,

THE WHITE HOUSE
WASHINGTON

June 6, 1994

Mr. Gerardo Herrera
7711-101 Arboretum Drive
Charlotte, North Carolina 28270

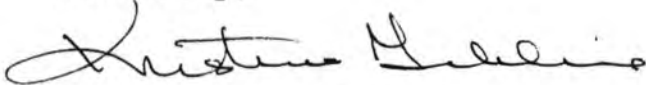
Dear Mr. Herrera:

I am delighted that you are interested in becoming part of the federal government's effort to fight HIV and AIDS.

It has come to my attention that you would like to assist the President's Advisory Council on HIV/AIDS. At this time members of the Council are being selected. We will contact you when the Council has been officially established to see if we can work together on some issues.

Thank you for your interest. You have my best wishes in your continuing work against HIV and AIDS.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine Gebbie", with a stylized, flowing script.

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

TO : Jeff Perkins

Fax : 202-632-1096

FROM : Gerardo Herrera (Gerry)

Date : 12/05/94

Pages to follow : 13

Ref: HIV/AIDS ADVISORY BOARD TO
PRESIDENT CLINTON POSITION.

**IF problems with communication, please call at
704-544-1263**

Magee, Dick Posey, Cary Rogers.
"I couldn't tell many people,"
Gerry confided. "I was afraid of
losing my job. Only when I
realized I had nothing to lose
did I tell people I had AIDS."

Silence crept into the room.
I looked at him, at a loss for

quiet. Then he confided, "I
really wanted to become vice
president someday." He lowered
his head in his hands. When he
looked up, he looked me square
in the eye and said, "But I've
learned to see it this way. I'm a
man *living* with AIDS."

the reality that we're all afflict-
ed, whether we're AIDS vic-
tims, their friends, or employ-
ers. No one is immune—not
future vice presidents, not
world-class companies—no one.

So Gerry keeps fighting.
Against time. Against ignorance.

GERARDO E. HERRERA (GERRY)
7711-101 ARBORETUM DR.
CHARLOTTE, N.C. 28270
PHONE : 704-544-1263
FAX: 704-542-6463

May the 12th. of 1994.

Dear Jeff:

Thank you for taking interest on me , to be a part of the national decision making for people living with HIV and AIDS.

My deeds speak for me far better than anything I can say. I have devoted myself unselfishly to the AIDS/HI cause. My activities have been so extensive it would almost seem one lifetime could not encompass them all. Yet, I have found the time and energy to serve, to work, and to lead, shouldering countless burdens with unfailing good humor and grace.

I have been, and still , I am a tower of strength and a strong force for progressive, efficient public service to my community. I have shown to be a man of courage, humility and integrity. My contributions to the AIDS movement , interracial and interfaith movements mark me as a true American in the best traditions of our democracy.

In the course of my duties towards AIDS , I have earned the respect of all members and officers of different organizations.

I have long been a figure in the public life as a Person Living with Aids, not Dying with it. I would like to help Mr. Clinton in what I know best : AIDS.

Thank you for your time Jeff.

Yours truly



Gerardo E. Herrera (Gerry)

Gerry Herrera surprised me; he didn't look like a man with AIDS. Strength surrounded him. And when I gave him a red ribbon for his shirt, he hugged me.



T

hank you!" Gerry exclaimed, wrapping me up,

not giving me a chance to react to hugging a man with a deadly disease. Red ribbons, Gerry explained as he pinned one on, signify AIDS awareness. But en route to Racine, he lost his. "It's important to me this ribbon stays on," he told me, a stranger to the world of AIDS. "I fight for awareness every day."

On the day I met Gerry, a consumer products sales person, he shared his story with the Diversity Advisory Council and told them of the overwhelming support from SCJW. Maybe the AIDS awareness training a few years ago paid off, I thought, even though some doubted its value at the time.

Gerry listed his supporters: Brian Burgess, Lisa Fox, Nancy Magee, Dick Posey, Cary Rogers. "I couldn't tell many people," Gerry confided. "I was afraid of losing my job. Only when I realized I had nothing to lose did I tell people I had AIDS."

Silence crept into the room. I looked at him, at a loss for

words. How could I know his agonizing loneliness?

"What was it like?" I quietly asked. "I mean, learning you had AIDS."

"I denied it," he said. "I wanted to keep going for promotions. I loved my work." A second positive AIDS test forced Gerry to face the truth, and tore him from the work he loved. His illness still a secret, he received a promotion to the tough Los Angeles market and began commuting from Florida. "But I was very weak. I just couldn't keep going at my pace," Gerry said. "Then it began to sink in that all the blueprints for my life were going down the drain. I turned down the transfer."

He hesitated to gather composure. Again, the room fell quiet. Then he confided, "I really wanted to become vice president someday." He lowered his head in his hands. When he looked up, he looked me square in the eye and said, "But I've learned to see it this way. I'm a man *living* with AIDS."

Life returned to his eyes as he buried me with photocopied magazine articles, letters, research papers. "Did you know last year, 265,000 people died of AIDS?" Gerry said loudly, his voice echoing across the Great Workroom. "And there are people who can help," Gerry said of government officials, "but they won't come to terms with this epidemic."

After two hours of discussion, Gerry looked tired. I was exhausted. Still, he wanted to talk about AIDS. "What keeps you going, Gerry?" I asked. "Frankly, I'm running out of time," he said. A letter from his doctor, dated April 1993, gave him his "death sentence," as Gerry called it. A year to live.

And so we sat, a few feet from each other, shrouded in the reality that we're all afflicted, whether we're AIDS victims, their friends, or employers. No one is immune—not future vice presidents, not world-class companies—no one.

So Gerry keeps fighting. Against time. against ignorance.

In his daily fight for AIDS

awareness, Gerry Herrera, winner

of two director's awards and solo

rookie of the year, finds his strength

from fellow employees SC Johnson

Wax, and an oxygen machine

(background).

TO : Jeff Perkins

Fax : 202-632-1096

FROM : Gerardo Herrera (Gerry)

Date : 12/05/94

Pages to follow : 13

Ref: HIV/AIDS ADVISORY BOARD TO
PRESIDENT CLINTON POSITION.

**IF problems with communication, please call at
704-544-1263**

Certificate of Appreciation

This Certificate Is Presented To

Jerry Herrera

In Appreciation of Devoted and Invaluable Services
For

The Mecklenburg County Democratic Party

For The Year Of 1994

Ed Johnson Chair

Bob Louis Vice Chair

**The Minority Health Advisory Council
and the
Office of Minority Health**

I worked with them

Minority AIDS Conference: "The Changing Faces of HIV/AIDS"

Tuesday, April 26, 1994

**Biddle Auditorium
Johnson C. Smith University
Charlotte, North Carolina**

Tentative Agenda

**Moderator: Henry McKoy, Member
Minority Health Advisory Council**

9:00 - 10:00 AM

REGISTRATION
(Student Union: Lobby)

9:50 - 10:00 AM

MUSIC
(Biddle Auditorium)
•Pianist

10:00 - 10:20 AM

WELCOME

•Dorothy C. Yancy, Interim President
Johnson C. Smith University
Charlotte, North Carolina

•Stephen R. Keener, MD, MPH, Medical Director
Mecklenburg County Health Department
Charlotte, North Carolina

•Jonathan B. Howes, Secretary
Department of Environment, Health, and Natural Resources
Raleigh, North Carolina

•Carolyn Q. Coleman
Special Assistant for Minority Affairs
Office of the Governor
Raleigh, North Carolina

•Yvonne I. Johns
Associate Regional Health Administrator for Minority Health
U.S. Public Health Service Region IV
Atlanta, Georgia

**MINORITY HEALTH ADVISORY COUNCIL/
OFFICE OF MINORITY HEALTH UPDATE**

•Henry McKoy

State of North Carolina
Department of Environment,
Health and Natural Resources
Policy Development

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
John Humphrey, Director

Post-it Fax Note	7671	Date	4/13	# of pages	3
To	Gerardo Herrera				
From	Z. Beatty				
Co./Dept					
Phone #					
Fax #	904-542 6463				

April 12, 1994

TO: AIDS Advisory Council and other interested parties
FR: Zoe Beatty *ZB*
RE: April 19 Council meeting

The next meeting of the North Carolina AIDS Advisory Council will be held Tuesday, April 19, at the ECU School of Medicine in Greenville. Committees will meet in the morning beginning at 10:00 and the full Council will convene at 1:30. A map and a draft agenda are enclosed.

The meeting will be held in Room 2W40 in the Brody Building. To get there, enter the building on the north side, go through the lobby to the elevators, take the elevators to the second floor, and take two lefts in order to reach the west side of the building. Signs will be posted to direct you.

The committee meetings will be held beginning at 10:00 a.m. in the following meeting rooms in the Brody Building:

Support Services	Room 2W38
Prevention	Room 2W40
Legislative	Room 2S13
PR/Networking	Room 2S14

We will meet briefly at 9:45 for coffee and danish in Room 2W40 and will help direct you to the right room at that time.

Please note that there are two parking lots available. There will be ten slots reserved in the lot directly in front of the Brody Building (marked as "B" on the attached map) for those who need direct access. For everyone else, parking is available in lot "A" about a block away from the Brody Building.

Please give me a call (919/715-4193) if you have any questions or will be unable to attend. I look forward to seeing you on the 19th.

I AM VERY ACTIVE WITH IT.

Ms Katheleen O'Rourke
Resource Specialist
Community Constituency Group
ACTG Operations Office
6101 Executive Boulevard, Suite 200
Rockville, MD 20852

Charlotte, April 10th 1994

Ms. Katheleen O'Rourke
Resource Specialist
Community Constituency Group, ACTG
6101 Executive Blvd.# 200
Rockville, MD 20852

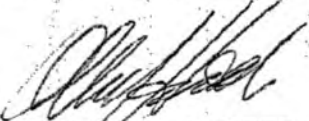
Dear Ms. O'Rourke:

I know Gerardo Herrera and I see how devoted he is to the service of our community in Charlotte. I have to know, I am his father and I see how he endeavors every day, in spite of his illness as a HIV positive with AIDS to devote every minute he can spare to call on groups, schools and organization to spread the knowledge for the prevention of this deadly disease, specially within the younger generation and the people of minorities that do not grasp the dangers of ignoring this deadly illness.

If there is any one whom you should invite, it is Gerardo and I am sure he is full of ideas about what will have to be done. After all, as he says, he is beyond his own interests for the same disease he suffers, and at the same time, he knows the problem of his fellow members with AIDS.

I trust all this will merit to receive your invitation to join CCG.

Sincerely yours



ALBERTO O. HERRERA

cc: Jerome Boyce
Project Survival

WE CAN GO CHAIN-WIDE, OR LOCAL, AND WE WILL SHOW HOW MUCH AIDS IS NOT ANY MORE A DEATH WITHOUT CAUSE, OF JUST A FEW ONES.....IT IS NOT ANY MOREIT IS ALL SURROUND US.....

LETS SHOW HOW WE CAN MAKE A DIFFERENCE

LETS SHOW THE IMPACT OF AIDS IN RURAL AMERICA.

(T.V. ST.)

INTERVIEW LOCAL ORGANIZATIONS
PEOPLE WHO ARE LIVIG WITH IT, NOT DYING. A

Gerardo Enrique Herrera

report dated 01/23/94

Also, day AT the PARK
for HIV-AIDS people
AND their caregivers
OR significant others.
Buss them in from
North & South Carolina

THIS IS A FUNDRAISING
PROGRAM TO

BENEFIT DIFFERENT AIDS ORGANIZATIONS

MARY CHAI-PAN CARPENTER

Feb. 12, 000, 03
7.57
All this program is my concept
AND IDEA

- * BENEFIT CONCERT TO BE HELD AT CARROUSEL PARAMOUNT STUDIOS.
- * FIRST CONCERT EVER BEING IN THE CAROLINAS AND PRO-BENEFIT FOR PEOPLE LIVING WITH AIDS.
- * WILL INTEGRATED ALL THE AIDS PROVIDERS AND THEIR ASSOCIATES A DAY OF FUN, HAPPINESS, AND ONE MORE REASON TO BE ALIVE.
- * FIRST TIME EVER TO HAVE SOMEONE LIKE.....TO EXPRESS HER (HIS) OR GROUP PRO AIDS BENEFITS....
- * SEAT CAPABILITY
- * FOR THE AIDS BENEFIT CONCERT WE ARE LOOKING AT 13,000 TO 14,000 EASY SOLD.
(LAST YEAR, SHE HAD A SOLD OUT CONCERT OF 14,200 PEOPLE)
- * SPENS OFF FROM THIS CONCERT :

PROFITS FROM :

- * T-SHIRTS
- * HATS
- * BANDANAS . ETC , ETC .

SUGGESTIONS:

TO SELL THE PROGRAM TO :

- 1.) T. V. STATION
- 2.) COMPACT DISK (THE IDEA IS WHEN SHE GOES ON HER TOUR, SHE WILL BE SELLING IT FOR US...AND HER.

TV STATION....SELLIT TO THE CHAIN OR LOCAL, WITH AN SPECIAL BASED ON THIS YEAR LOGO

AIDS IS IN OUR FAMILY, ALSO.

**MECKLENBURG COUNTY
DEMOCRATIC PARTY**
230 E. Independence Blvd., #100
Charlotte, NC 28204
704/334-1139

April 6, 1994

Ms. Kathleen O'Rourke, Resource Specialist
Community Constituency Group, ACTG
6101 Executive Blvd., #200
Rockville, MD 20852

Dear Ms. O'Rourke:

It is my pleasure to recommend Gerardo Herrera for a position on the ACTG Community Constituency Group. He is HIV positive and of Hispanic origin. He has been an active member of the Democratic Party and done an outstanding job with all his undertakings. I know him to be a hard worker, energetic, and resourceful. He is very creative and enthusiastic. He has been a courageous leader in the community organizing individuals and groups to work cooperatively to address the issues with AIDS. He will serve as an excellent addition to any organization. We appreciate your consideration.

Sincerely,


Liz Johnson, Chairperson

cc: Jerome Boyce

LATIN AMERICAN COALITION OF NORTH CAROLINA

322 Hawthorne Lane
Charlotte, NC 28204

Phone (704) 333 5447

Charlotte, April 14th 1994

Ms. Katheleen O'Rourke
Resource Specialist
Community Constituency Group
ACTG Operations Office
6101 Executive Boulevard, Suite 200
Rockville, MD 20852

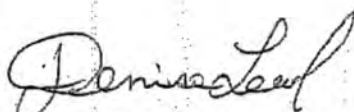
Dear Ms. O'Rourke:

This letter is to recommend Gerardo Herrera to you as a candidate for the AIDS Community Constituency Group.

Gerardo is a Hispanic from Peru. He is an active member of our organization, The Latin American Coalition. He has demonstrated very enthusiastic support and a sincere interest in helping others, specially Hispanics and others with AIDS. I believe Gerardo would make an extremely positive contribution to the CCG. Please consider him for your organization.

Please let me know if you have any questions at all.

Sincerely,



Denisa S. Leach
President.

cc: Jerome Boyce
Project Survival
Chairperson New Members Committee
1150 Griswold, Suite 2610
Detroit, MI 48226



United Way
of Central Carolinas, Inc.
Serving Cabarrus, Mecklenburg
& Union Counties

C. Don Steger
Chairman of the
Board

Donald C. Sanders
President

April 14, 1994

Ms. Kathleen O'Rourke
Resource Specialist
ACTG Operations Office
6101 Executive Boulevard #200
Rockville, MD 20852

Dear Ms. O'Rourke:

It is my pleasure to recommend Gerardo Herrera as a candidate for ACTG Community Constituency Group.

Gerardo is HIV positive and of Hispanic origin. He has contributed his time and efforts to support the services of the Hispanic Program on HIV/AIDS prevention and has been an active member in our community workshops and presentations.

Gerardo is an extremely special individual; he is someone that I admire and respect for his commitment to AIDS education and awareness, and his generous and benevolent work in our community. I appreciate your consideration.

Sincerely,

Zaira Goodman
Hispanic Program Coordinator

Regional Headquarters
Mecklenburg County
301 S. Brevard St.
Charlotte, NC 28202
704-372-7170
Fax: 704-342-4482

Cabarrus County
51 Means Ave.
P.O. Box 1361
Concord, NC 28026
704-786-4179
Fax: 704-784-3702

Union County
102 E. Franklin St.
Monroe, NC 28112
704-263-1537
Fax: 704-262-0124





S.C. Johnson & Son, Inc.
1525 Howe Street
Racine, WI 53403-6011
Phone: (414) 631-2000

January 14, 1994

The Honorable James B. Hunt, Jr.
Governor's Office
116 West Jones St.
Raleigh NC 27603

Dear Governor Hunt:

I am writing to recommend Gerrardo Herrera for a position on the new North Carolina AIDS board. Gerry worked for me for two years as a Sales Representative in Miami, Florida prior to relocating to North Carolina. Gerry was consistently viewed as an outstanding sales representative because of his excellent persuasiveness skills and unbridled enthusiasm.

Gerry left S.C. Johnson & Son, Inc. in June, 1992 on long term disability related to the AIDS virus.

I honestly believe that Gerry would be an excellent addition to the North Carolina AIDS board because of his enthusiasm, persuasiveness and heartfelt belief that now is the time to take dramatic steps in the search for a cure for AIDS, as well as educational efforts to prevent the spread of the HIV virus and other sexually transmitted diseases.

If you have any questions about Gerry's specific background with S.C. Johnson & Son, Inc., please feel free to call at (414) 631-2054.

Sincerely,
S. C. Johnson & Son, Inc.

A handwritten signature in cursive script that reads "Brian D. Burgess".

Brian D. Burgess
Category Sales Manager

BDB/gdf
herrera.doc

Post-It brand fax transmittal memo 767		# of pages 1	
To	Jim Nasy	From	Linda Stephens
On		Phone	
Date		Fax	

THE BUSINESS JOURNAL

FEB 5, 1994

EDITORIAL

A workplace perk, a social lesson

"Philadelphia" is more than a critically acclaimed movie. It's an employee training tool at Racine's S.C. Johnson & Son Inc.

The movie is the story of an attorney (played by Tom Hanks) with AIDS who files a discrimination suit after being fired by a high-powered law firm. The only attorney who will represent him is an admitted homophobe played by Denzel Washington. As the drama unfolds, Washington's character begins to understand the hatred aimed at Hanks' character.

would want to pass along the message from "Philadelphia." The privately held company, which enjoys a socially progressive reputation, made a conscious decision a few years ago to make workplace diversity a competitive advantage.

The thinking was that successful companies tap the talents of all employees and understand the entire customer base.

Tim Kennedy, Milwaukee AIDS Project communications director, was delighted to learn of the firm's decision to treat employees to Hollywood's first big attempt at confronting AIDS-related issues.

"Any effort made to educate about the AIDS epidemic is just great," he said.

The Milwaukee AIDS Project is seeing a surge in employer interest in AIDS workplace issues. One full-time staffer is involved in helping local companies develop ways to educate employees and create policies regarding AIDS.

The approach can include group discussions, workshops and seminars with human resources staff, management teams or an entire workplace, Kennedy said.

The AIDS Project is working with National Employee Assistance Services Inc., Waukegan, to develop a "train the trainer" program starting this spring, he said. The program will be aimed at human relations professionals who can teach others in their firms about dealing with AIDS.

Kennedy said encouraging employees to see "Philadelphia" is "a marvelous gesture."

He admits he's no film critic but says the film is "definitely a movie that people who don't know much about AIDS or homosexuality should see. I think it deserves an Oscar."

REPORTER'S NOTEBOOK

Paul Holey

William Perez, president and chief operating officer at Johnson Wax's worldwide consumer products business, was so impressed with "Philadelphia" that he wanted all employees to see it.

Quicker than you could say popcorn, Johnson Wax offered each of its 2,700 Racine-area employees a pair of tickets to the film.

"It projects the discrimination that takes place in the workplace as a result of this illness... I think the movie will help all of us learn more about how a person with AIDS feels," Perez wrote employees on Jan. 21.

Employee response has been very positive. As of Feb. 1, the company has distributed 3,522 tickets.

It's no surprise that Johnson Wax management

(704-542-6463)
PAX G. Herrera

Herando.

Thought you
would be
interested in
his article.

Unabridged

Bel