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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Community AIDS Servuces; [Personal] (Partial) (1 page)	07/14/1994	b(6)
002. letter	To: Kristine Gebbie; re: Chronicle of My Experience (1 page)	05/24/1994	b(6)
003. paper	re: Enclosure - Background (3 pages)	05/21/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

JUL 12 1994

THE WHITE HOUSE
WASHINGTON

Nancy —

You and Lori might enjoy getting together sometime — you have common interests/concerns. Lori & I are undergraduate classmates —

Hope all is well —

Christine

REHABILITATION OF THE COMMUNITY

AFTERMATH OF THE JANUARY 17, 1994 NORTHRIDGE EARTHQUAKE

by

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ABSTRACT

On January 17, 1994, the citizens of the United States were supposed to have a day of celebration, an American Holiday honoring the memory of Dr. Martin Luther King and the struggle for Civil Rights. Instead, this became a day of unpredictable death, destruction, and disruption in the very basic necessities of life.

At 4:31 AM, Southern California experienced one of the most devastating earthquakes of this centruy. With a magnitude, initially estimated at 6.7 on the Richter Scale, and epicenter near Northridge, California, this earthquake was felt by millions of residents of Los Angeles County.

Efforts are in process to rebuild the San Fernando Valley Community following this natural cataclysmic event. For Rehabilitation Nurses, this approach represents a departure from the traditional view of client and family as the center of attention. However, amplification of focus from one individual to a community has demonstrated the global nature of Rehabilitation itself and the advantages gained by the inherent interdisciplinary nature of our profession.

The community itself has been the center of attention. In order to salvage residents, we have had to address and support them all.

REHABILITATION OF THE COMMUNITY:
AFTERMATH OF THE JANUARY 17, 1994 NORTHRIDGE EARTHQUAKE

On Jan. 17, 1994, at 4:31 AM, Southern California experienced one of the most devastating earthquakes of this century. With a magnitude initially estimated at 6.7 on the Richter Scale, and epicenter near Northridge, California, this earthquake was felt by millions of residents.

The San Fernando Valley, West Los Angeles, and Santa Monica areas experienced the most significant damage.

Although I live twenty-four miles from the epicenter, I noted the violence of this natural event. Our family members were awakened by the shaking of our beds. We immediately sensed this was an earthquake and made our way into the hallway between the bedrooms. We have been taught to find a stable secure place, away from glass, and have generally considered the hallway one of the most secure places in our small frame house.

Although we have been in numerous earthquakes and are generally pretty unaffected by them, we were surprised by the strength and intensity of this one. Usually we experience a very noisy shuddering of the walls and windows as the floor beneath us trembles. The sound is intense and resembles a train. This earthquake was longer and louder than anything we have experienced in the past. Also, the movement was both horizontal and vertical.

Whenever an earthquake occurs we all try to determine four things: what was the intensity (on the Richter Scale), where was the epicenter, what damage did it cause, and how will this affect us.

As soon as the shaking stopped, I turned on the television to learn more about the earthquake. The pictures presented were vivid and disturbing. The announcer was visably shaken. A camera panning the newsroom indicated that a number of television monitors had fallen. Two monitors had fallen onto one desk, normally occupied sixteen hours per day. The lights were still swaying as the Newscaster gave updates. As time passed more updates were given. Natural gas breaks and explosions were burning-out of control. These destroyed mobile and frame houses. Water pipes had broken and water was flooding the streets. Major freeway overpasses had disintegrated and crumbled. Eight lane concrete freeways had collapsed. Portions of the Santa MOnica Freeway, considered the busiest freeway in the world, lay in ruins. One large apartment in Northridge had been lifted vertically, twirled like a corkscrew and collapsed down onto itself. The third story was now the second story, the second story was now the first story and the original first story was pancaked nearly flat. This site would eventually yield the remains of sixteen persons.

Fortunately, the Northridge Earthquake struck on a major Holiday, and at a time when the majority of residents were at home. If it had occurred at another time, the total cost would have been higher in terms of injuries and death.

The first twenty-four hours following the event were marked by frantic activity as ordinary citizens, Civil,County,State and Federal employees struggled to rescue residents, treat the injured, restore order and repair the infrastructure of Los Angeles County.

By Tuesday, January 18, 1994, preliminary estimates yielded the following. There had been over forty earthquake related deaths and at least two thousand injuries. At least 100 major emergencies had occurred. These included fires, leaking gas lines, severe water line damage and the collapse of buildings, parking structures and substantial sections of major highway arteries.

Following the Northridge Earthquake, thousands of people sought refuge in parks and open lots in the San Fernando Valley. Many of these people are recent immigrants to the United States and Los Angeles County is their portal of entry. In some third world countries, where earthquakes are endemic, houses and buildings are not constructed to withstand the force of a major one. Residents are taught to leave their homes following an event and to remain in a clear area, out of doors, until the ground stops shaking. This can take from a few days to weeks to occur. In addition to safety, residents tend to gather together for mutual aid and support. Although they survived, people were afraid to return home. Aftershocks continued for days following this major quake. Indeed, some felt the first earthquake might be a preview of a larger one yet to come.

The San Fernando Valley has a large indigenous homeless population and this was apparent prior to the Northridge Earthquake. Many of these people looked upon the new temporary shelters as a venue for the aquisition of basic life necessities of food, water, clothing, bedding, medical care and professional support.

ASSESSMENT PHASE

Following the immediate critical period, as volunteers, civil, and professional staff mobilized to assist, the Assessment Phase began. In evaluating the infrastructure, relief staff and organizations needed to determine what had been maintained, what had been damaged, and what required immediate improvement.

Public Health Programs and Services were alerted and instructed to remain on standby within four hours of the initial earthquake. Working in tandem with staff from the Emergency Operation Center staff, Environmental Health staff was deployed to make preliminary assessments of environmental conditions once the impacted area was established. Residents of board and care facilities were provided with appropriate shelter and services as well as people with special needs.

By the day following the earthquake, Public Health Programs staff were in the field making damage assessments of buildings, confirming presence of communication lines and beginning initial planning for disease surveillance.

At this point, it was recognized that arrangements would need to be made for the care and shelter of the thousands of people populating the parks and open lots. The American Red Cross and Salvation Army staffs, along with representatives of other charitable organizations were on hand and initial planning was taking place.

Of special concern was attention to basic needs of park residents including the provision of food, potable water, and shelter. Environmental Health Specialists and Public Health Nurses were dispatched to evaluate the sanitary conditions of the parks, shelters, and food preparation facilities in the impacted area. Of great concern was the fact that large numbers of prople were living, without adequate shelter and facilities for daily life and that these people were at risk for the development of infectious disease. In addition, they had been traumatized by a natural catastrophic event and needed emotional support.

It was recognized very early that all impacted residents would need clear, concise, appropriate information concerning the event and available support services. On Thursday, January 20, 1994, information was published in the Los Angeles Times Newspaper and distributed to thousands of residents in the San Fernando Valley. This information included many services. Disaster Hot Lines were listed for the FEMA Telephone Registration Line, the Los Angeles Housing Department, Structure Inspections, Street Lights, and a City Volunteer Line. A total of eleven Disaster Aid Centers were listed. These were designed to provide local state and federal assistance for those who had suffered losses. Shelters established by the American Red Cross were listed These twenty-four community shelters were said to provide food, blankets, some medical care and cots for an overnight stay. The Salvation Army listed four shelters which planned to provide food and a place to stay, as well as informational services.

Following the Northridge Earthquake, residents of most of Los Angeles County

were asked to boil, or otherwise disinfect their water. Residents of parks and shelters, had no immediate source of drinkable water. A listing of locations for free water distribution was given. People were cautioned to drink safe water from one of these ten locations.

Sanitation was a prominent issue. Without access to appropriate toilets, park inhabitants had no other choice but to eliminate body waste on the park property itself. Portable toilets, in large numbers were quickly dispatched to numerous locations where people were congregating.

Many schools, both public and private were closed during the first weeks following the earthquake. Some had sustained significant damage. Several were facing condemnation. Children were kept at home. Thus many shared in the park shelter experience along with other family members. Because of this there was a large population of small, sometimes unsupervised children, in each location. A listing of those elementary, secondary, and collegiate facilities and their open and closed status appeared in the Los Angeles Times material.

Southern California based Utility Companies worked to establish services. The Southern California Gas Company listed a twenty-four hour service line to request service restoration or suspected leaks and also provided walk-in service centers. GTE (telephone) customers were encouraged to call repair numbers for restoration of services. For people displaced from their homes, GTE established a phone bank and waived monthly charges for ninety days for earthquake victims. Pacific Bell (telephone) customers were offerred free voice mail and call forwarding services. Southern California Edison Company (electric) customers, whose homes were destroyed were told they would not be billed for electricity used between their last bill and the earthquake. Special services for other earthquake victims were listed as available. The Department of Water and Power encouraged residents to telephone special phone lines to report downed power lines or interuption in services. Trash collection was expected to continue as scheduled.

A number of pets were at risk during the days following the earthquake. Telephon numbers for the Los Angeles Department of Animal Regulation and Animal Care and Control offices were listed. By Sunday, January 23, 1994, it was estimated that three hundred pets had been turned in at the East San Fernando Valley shelter since the day of the earthquake.

Hospitals were listed as those which were fully operational (eleven), open for emergencies only (one), open for emergencies and other critical care services (two), and those not accepting patients on the day of publication of the Los Angeles Times data (one). Statistics from local newspapers indicated that by

Sunday, January 23, 1994, 7,894 patients had been treated and released from emergency rooms, 1,292 patients had been treated and admitted to hospitals, and fifty-five people had died as a direct result of the earthquake.

Mail delivery was a problem for residents and businessmen in the San Fernando Valley. A listing of seven post offices where mail could be picked up was included.

Los Angeles County is a sprawling magalopolis composed of a constellation of individual communities. These are interconnected via miles of freeways or arterial superhighways. Four major freeways were extensively damaged during the Northridge Earthquake. Not only necessary for residents to and from work, supplies and disaster aid were dependent for transport on the freeways themselves. A number of phone numbers were listed to assist the population to determine travel routes. Commuter Transportation Services gave out ride share hot lines for information. Local bus schedules were available. Metrolink increased capability for the transport of passengers, and commuter busses were operationalized.

Most Insurance Companies serving residents of quake damaged areas made an extensive effort to publish availability and willingness to discuss damage with local residents and businessmen. They set up special telephone numbers for policy holders affected by the catastrophe. In addition to these, people were asked to contact their own agents.

A number of local Banks remained closed during the first week of the post recovery period. However, efforts were made to inform local residents of the operation hours and location of banking facilities.

The majority of Courts in the San Fernando Valley were closed during the week post earthquake. Local newspapers described efforts made by Court employees to meet with local residents, where necessary, on a case-by-case basis.

The role of charitable organizations in the care and support of earthquake victims cannot be minimized. Without the efforts of the American Red Cross and Salvation Army, many more people would have been made to suffer. However, a number of additional organizations participated in the recovery effort. The following is a description of some of the services which were provided by these organizations. Persons were asked to consider donating blood and information regarding this was published. Donations for neighborhood cleanup and recovery programs were solicited. Distribution of free water, non-perishable food and other necessities was conducted at relief tents. Blankets were distributed. Emergency first aid and medical supplies were dispensed. Child care was provided at some shelter sites. Counseling and transitional living support was offerred.

THE SHELTER EXPERIENCE

As an eye witness to much of the destruction and resulting after effects of the Northridge Earthquake, I was in a unique position to observe the post-earthquake rebuilding efforts. During December, 1993, I had been offerred a posi- by the University of California, Los Angeles (UCLA) as a part time Clinical Lecturer teaching senior Baccalaureate nursing students Community Health Nursing. It seemed that I wanted a change in focus and, because of my past background as a Public Health and Visiting Nurse, they wanted me.

Winter Quarter began January 10, 1994. I spent Tuesday and Thursday with the senior nursing students at the Mid-Valley Comprehensive Health Center at Van Nuys, California. The earthquake struck the following Monday. We had a one week orientation to Community Health Nursing prior to having it thrust upon us.

As an educator, with rehabilitation experience, in the pivotal position of Community Health Nursing, I wanted to make certain that students had the opportunity to learn from this unanticipated and devastating event.

On January 24, we returned to our Community Health Lecture Class at UCLA, and on Tuesday, January 25, 1994, we returned to the community of Van Nuys.

The week we returned was difficult. On the one hand we were horrified by the catastrophe and wanted to help and on the other hand we were concerned about hampering the efforts of the rescue team by bringing on board a group of six willing, but unsophisticated students.

My initial goal was to send students in groups of two or three to the Red Cross Shelters to help in "any way possible." Arrangements for this were made with the consent of a chief Red Cross Nursing Official. As Clinical Lecturer I chose to travel from shelter to shelter to supervize students and serve as liason between UCLA and the Red Cross.

Consider, if you will, the inside of your local High School gymnasium. Now think of how it would look filled with red and blue and green canvas cots stretched wall-to-wall. Consider a group of one hundred people living in that space, resting, eating, performing simple hygiene, attending to daily needs. This is basically what I saw when I opened the door of the shelter at North Hollywood High School.

A group of dedicated Red Cross Volunteers was manning this shelter. They took time to speak to our nursing students and gave them a quick general tour. They were efficient and it looked as though they had made order out of disorder. Although the shelter was full of cots, I was told that most adults were in the

community at FEMA headquarters or trying to clean up their homes. A number of small children were running around within the gymnasium, energetically but somewhat aimlessly. The UCLA students were asked to take the young children out to the playground for exercise, for an opportunity to receive a little attention, and for general support.

I spent a additional time with the Red Cross Volunteers. The Gentleman in charge was from Nothern California. Two Red Cross Nurses were available, one from Southern California and one from Ohio. Additional male staff had come from Alaska and Texas. (I was to later learn that many Red Cross Volunteers had, themselves, been helped in their home communities. They felt a real desire to assist others faced with disaster.) All staff members were working collaboratively. All were thoughtfully attending to basic needs. A nursing dispensary had been set up with frequently used "over the counter" medications. A cellular phone was available for communication with the outside.

We discussed sharing gymnasium facilities with a Public High School in session. Problems identified included storage of supplies, including water containers. A Beer Company in Colorado had donated hundreds of "party balls" filled with clean water. Other items included diapers and formula for infants and cleaning supplies. I noted stacks of blankets and bedding, boxes of apples and granola bars. I was told that each shelter resident was issued a bag containing supplies for simple hygiene. Bathing had been a major consideration. Warm, clean water was not available at first but had now been established. Towels had been nonexistent initially and the shelter eventually received fifty towels which were laundered several times a day. A local motel owner had been coaxed into donating bags of bar soap. Each mother was issued one bar of soap, one styrofoam cup and one towel. She was told to bathe herself and her infant and small children with the soap and to keep it in the styrofoam cup. She was to use the towel for herself and her children. Schedules outlining use of facilities and the showering of men, women, and children were developed and listed in English and Spanish on bulletin boards and walls of the shelter. Bathing times were announced to the room at large. As students returned to the High School, schedules had to be revised.

Considerations included access to the bathing facilities by the shelter population who had to travel through classrooms and corridors to reach them. High School Physical Education teachers had concerns about sharing shower facilit with the shelter population.

My next visit was to the shelter at Van NUys High School. This shelter house about three hundred people in three separate structures. The gymnasium was almost double in size of the North Hollywood facility. Cots again stretched across the floor covering nearly every foot of space. Adults and children were present. Some were awake and quiet, some spoke softly with each other and some were sound asleep on their cots (at 2:00 PM). At the rear of this building a nursing dispensary and treatment room had been established. The Red cross Nurse from the shelter and the district Public Health Nurse from LA County were reviewing cases of communicable disease and injury and planning strategies for care. Someone had been bitten by a dog and a discussion regarding treatment ensued with another LA County Public Health Official who had accompanied the Public Health Nurse to the shelter.

Outside hundreds of students were exiting their high school. A number of volunteers and professionals were maintaining order. I met a fireman from New York City who appeared to be in Charge of the Shelter. Assisting him were other members of the New York Fire Department. I asked him what part of the city they came from and he said "from all over, the Bronx, Brooklyn, Manhatten and elsewhere." This fireman wore a hard hat and carried a callular phone. He was calm efficient and approachable. Also present were six to twelve men in combat fatigues, members of the LA City Health Department wearing special orange stripe vests and three to four Police Officers.

Our Spanish speaking UCLA student was quickly dispatched to assist in translating in the dispensary. The other was sent to generally help out with the children.

Have you ever attended a circus in a large rectangular tent? Do you remembe the tall poles which kept the structure erect? Now consider a large yellow and white tent, with a green grass floor. Stretched up and down the floor, surrroudi the poles of the tent are a number of cots. Now imagine sleeping in this tent, along with fifty to sixty other people during a rainstorm on a cold night. The rain is seeping under the tent flap and, perhaps, through the ceiling.

As I gazed around this shelter I noticed a woman lying on one of the cots. This woman was clean, the small group of four cots was in order. At the back of the cots was a small collection of clothing and valuables. Prominent was a portable radio. It appeared that, given the choice of the warm, crowded gymnasium or the colder, more spacious tent shelter, this woman had chosed that space which afforded an opportunity to reestablish her small family unit, in a less crowded, and public place.

The third structure used to house people was a smaller gym. At the time of my visit an active cleaning team was in full swing mopping the floor, emptying trash, and restoring order. Outside the door, high school students were congregating and mingling with shelter residents. It was unclear whether the families of these students were, themselves, residing in the shelters.

As I walked back along the path to the gymnasium, I noticed one small boy about three years old. He was alone, on an asphalt basketball court. He seemed bewildered. My UCLA student pointed out family members across the court from him who seemed to have him in view. I couldn't help wondering what this toddler thought of the situation. Would he remember it? How would his childhood be altered by the episode?

My last visit was to a medium sized shelter at a large church. Here two yellow and white circular tents had been set up. The smaller of these was the shelter headquarters. Volunteer Red Cross leaders and nurses had cateloged and stored supplies, established cellular communication and a nursing dispensary. Gazing around the inside upper perimeter of the circular tent, I noted electrical wiring and floodlights. There was no visable source of running water. Stores of bottled water were available. The larger tent was the shelter proper. Inside cots were laid out in a circle surrounding the center poles. Very few adults were in evidence. I was again told they were either at FEMA headquarters or at their homes, attempting to make them habitable.

At this shelter, UCLA students were asked to assist with patient care. Two shelter residents had received minor injuries during the original quake and required evaluation and support. One woman was concerned about her diabetic management during this time of stress and uncertain diet.

This shelter was located on a busy boulevard which did not have an available stop light or stop sign for safe crossing. Across the street was the permanent community Red Cross Headquarters, A MASH Unit and emergency Red Cross training facility. In addition to this was a collection of ten to fifteen emergency Red

Cross vehicles. Inside the building about fifty people were congregated. Maps were laid out on walls and counters. Information staff was immediately available on entering the facility. The mood was busy and intense, but orderly.

THE NURSING STUDENT EXPERIENCE

At the time of the earthquake, six UCLA students (five female and one male) were assigned to the Van Nuys community for a ten week clinical rotation. This experience had just commenced at the time the event occurred. It would have been possible to find an alternative placement at a more traditional, less affected area of Los Angeles County. However, the students would have missed out on a significant experience in their careers. This totally unexpected and devastating time would provide a vivid example of community health in action. It was felt that these students possessed the maturity, educational background and insight required to adequately perform a community needs assessment and provide supportive care to residents.

As days passed, students demonstrated a strong interest and committment to public health. They researched and described the greater Van Nuys community and the shelter environment. They chose to explore and develop programs to assist community residents in two major ways.

One three member group developed and implemented a health education program designed to prevent occurrence and spread of communicable disease among shelter residents. Although this plan targeted those residents affected by the Northridge Earthquake, it was designed to be used in future natural disaster settings where mass shelters are employed.

One result of this program was the development of an Educator Fact Sheet for Student Nurses. This tool could be used to direct Student Nurses assisting with future disaster recovery shelter populations. A second tool entitled "Tips for Communicable Disease Prevention" was produced. The goal of this was the prevention of communicable disease. Categories listed included hand-washing, waste disposal, food and water, and other reminders. This tool was written in both English and Spanish.

The second three member group chose to explore the presence of community appropriate mental health resources for Van Nuys residents. Their assessment indicated that much concern and energy had been expended meeting the immediate

basic needs. Little effort had been directed at provision of emotional support. Residents, Public Health Staff and community leaders were unaware of resources. A directive tool was developed, listing those agencies and personnel most likely to provide welcome services for the English and Spanish residents of the community at large. This tool is still being used by Public Health Staff of the Mid Valley Comprehensive Health Center.

CONTINUED CARE

Initially, residents used parks and vacant lots as shelter sites. With the arrival of the well organized disaster relief teams, shelters were opened at local schools and churches under the direction of a well prepared American Red Cross or Salvation Army team. Hundreds of people took advantage of these service based locations. By the end of the first week, were gathered in the close living quarters. School students, teachers and administrators learned to share campus sites with earthquake survivors, disaster recovery staff, police and members of the National Guard.

With time, shelter residents were encouraged to seek more permanent housing. Populations began shrinking and some shelters were closed. By early February, even the large Van Nuys High School shelter was no longer needed. The site was returned to the school community.

For the Public Health Nurses and Staff, the earthquake after effects were still of primary concern. They continued to assess community residents for signs of infectious disease. They increased educational efforts designed to minimize long term effects.

The UCLA students provided a valuable service to Public Health Staff by conducting a number of community health visits. This assisted Public Health Nurses and increased the presence of community health in Van Nuys and the surrounding areas. Students were able to follow the adjustment and health of former shelter residents as they transitioned to more permanent housing.

This experience afforded the UCLA students an opportunity to trace the path of Public Health and community support across a continuum of time.

ONE FINAL NOTE

Following the January 17, 1994 earth, Public Health Nurses and Staff and UCLA students continued to work from the Mid Valley Comprehensive Health Center. This five story structure was a channel of activity. Ambulatory patients received needed services and planning and organizational efforts took place. A series of inspections during the first weeks following the catastrophe determined that the structure was free from significant damage and safe to inhabit. However, during an inspection in , it was determined that new damage from the original earthquake and resultant aftershocks had so weakened the building that it would have to be condemned.

Although this was a crushing blow to the Public Health Staff, they decided to maintain their presence in the Van Nuys Community by remaining on site. Valiant, creative Public Health Nurses have re-established clinics. Examinations and treatment are being conducted in tents. Modular housing has been delivered and the staff looks forward to occupying these in the near future. A new academic quarter has begun. A new group of UCLA students continues to support the work of the Public Health nurses by making home visits to the community residents. Life, and the nursing presence in the San Fernando Valley continues. This area is not dead. It is experiencing rehabilitation.

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The author would like to thank the following Bachelor of Science in Nursing students, Senior Class, from the University of California, Los Angeles.

Cathleen Bemis
Leslie Gebhart
Sandra Krivosic
Audrey Smith
Jay Williams
Mary Ann Yapo

Throughout the earthquake recovery period, they demonstrated care, concern and creativity in assessing and providing for the needs of the residents of the San Fernando Valley community. By assisting the Public Health nurses from the Mid Valley Comprehensive Health Center, they helped to maintain a Public Health nursing presence.

The author would also like to thank the Public Health nurses of the Mid Valley Comprehensive Health Center and, in particular, Marcia Parsons, RN, PHN. Her interest, concern and dedication to the provision of excellence in assessment and care, was of invaluable assistance to the students and to the residents of the San Fernando Valley community.

THE WHITE HOUSE

WASHINGTON

July 12, 1994

MEMORANDUM TO MONICA MULLENS
OFFICE OF PRESIDENTIAL LETTERS

FROM ANDREW BARRER, PH.D. A. Barrer for
SENIOR ADVISOR
OFFICE OF NATIONAL AIDS POLICY

SUBJECT TEXT OF PRESIDENTIAL LETTER FOR APPROVAL

Enclosed is the text of a letter from the President to Mr. Bill Miranda Salzman thanking him for a gift he sent via Kristine Gebbie, National AIDS Policy Coordinator. If possible, please send a copy of the final letter to our office to confirm that it was sent. If you have any questions, please contact me at 632-1090. Thank you for your assistance.

July 6, 1994

DRAFT

Mr. Bill Miranda Salzman
562 Morgan Avenue
Brooklyn, New York 11222

Dear Bill:

Thank you for the Gay Games Volunteer Medallion and the good wishes you sent via Kristine Gebbie. The volunteers played an important role in the Games, as they have in so many facets of our lives. You have my appreciation for all that you do.

Sincerely,

BC

THE WHITE HOUSE

WASHINGTON

July 12, 1994

Mr. James King
Director
Office of Personnel Management
1900 E Street, N.W.
Washington, D.C. 20415

VIA FAX

Dear Mr. King:

On Wednesday, May 11, 1994, the Office of Personnel Management (OPM) published in the Federal Register a proposed rule which would expand the use of sick leave by Federal employees. The proposed rule would permit them to use up a total of five workdays of sick leave each year to provide care for a child, spouse, or parent, who requires care as the result of sickness, injury, pregnancy, or childbirth, and for other purposes.

The proposed rule suggests a narrower definition of family than the one currently in use under the Federal employee leave sharing program. I recommend that you urge the adoption of the same definition of family member that is currently provided in the leave sharing program and in the OPM's guidelines regarding family members who can travel at the expense of the Federal government when attending an awards ceremony to honor their Federally-employed relative. This definition would permit employees to use their leave to care for brothers and sisters (and spouses thereof), in-laws, grandparents, aunts and uncles, and others related by blood or affinity whose close association with the employee is the equivalent of a family relationship. The narrow definition of family used in the newly proposed rule is unfair and discriminatory to many Federal employees who share close family responsibilities in a group broader than a simple nuclear family.

It is important that the Federal government set an example for employers of a diverse workforce. Please change this rule to treat all families equally. By adhering to a restrictive definition of family, you are discriminating against a significant population of Federal employees, including those encountering HIV infection, who depend on extended family members for much of their dependent care needs. If you have any questions about this position, please contact me at (202)632-1090.

Sincerely,

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

CC: Donald J. Winstead

Office of the National AIDS Policy Coordinator

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

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

Deliver To: Mr. Winstead

Sent From:

X Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 606-4264 Date: 7/12/94

Message:

Federal GLOBE
P.O. Box 45237
Washington, DC 20026-5237

JUN 30 1994

A National Association of Federal Gay, Lesbian, Bisexual Employees

Ms. Kristine M. Gebbie
National AIDS Policy Coordinator
750 17th Street, N.W., Suite 1060
Washington, DC 20503

Art/Andrew
comments?
note deadline -
I need your
clear by 7/8

RECEIVED
JUN 30 1994

Dear Ms. Gebbie: Kristine

On Wednesday, May 11, 1994, the Office of Personnel Management published in the Federal Register a proposed rule which would expand the use of sick leave by Federal employees. The proposed rule would permit them to use up to a total of 5 workdays of sick leave each year to provide care for a child, spouse, or parent, as the result of sickness, injury, pregnancy, or childbirth, and for other purposes. By using a limited definition of family (child, spouse, or parent), the OPM rule would not permit the use of sick leave to care for brothers, sisters, in-laws or others in extended families. As you know, such a proposed rule would discriminate against a number of groups, including people with AIDS who depend on members of their extended family.

We urge you to write to the Office of Personnel Management before the comment period ends on July 11, 1994. We recommend that you urge adoption of the same definition of family member that is currently provided in the Federal employee leave sharing program, as well as OPM's guidance regarding family members who can travel at the expense of the Federal government when attending an awards ceremony to honor their Federally-employed relative. This definition would permit employees to use their leave to care for brothers and sisters (and spouses thereof), in-laws, grandparents, aunts and uncles, and others related by blood or affinity whose close association with the employee is the equivalent of a family relationship. Along with a copy of the proposed rule, we have enclosed a prototype letter which we hope will serve as a helpful starting point for your comments to OPM.

By adhering to a more restrictive definition of family, the Federal government will be discriminating against a significant population of Federal employees, including people with AIDS who may well depend on extended family members for much of their dependent care needs. If you have any questions, please call me at (202) 606-1740 (work) or (703) 931-0687 (home).

Sincerely,

Ronald E. Patterson
National Secretary

Enclosures

PROTOTYPE LETTER

Donald J. Winstead
Acting Assistant Director for Compensation Policy
U.S. Office of Personnel Management, Room 6H31
1900 E Street, NW
Washington, DC 20415

Dear Mr. Winstead:

On Wednesday, May 11, 1994, the Office of Personnel Management published in the Federal Register a proposed rule which would expand the use of sick leave by Federal employees. The proposed rule would permit them to use up to a total of 5 workdays of sick leave each year to provide care for a child, spouse, or parent, as the result of sickness, injury, pregnancy, or childbirth, and for other purposes.

By using a limited definition of family (child, spouse or parent), the OPM rule would not permit the use of sick leave to care for brothers, sisters, in-laws or others in extended families; nor would the definition accommodate the needs of domestic partners of unmarried heterosexual or homosexual employees.

While we support the intent of this rule, we believe that the narrow definition of family is unfair and discriminatory to many Federal employees who share close family responsibilities in a group broader than a simple nuclear family. Federal employees should be permitted to use their sick leave to care for any family member related by blood or affinity whose close association with the employee is the equivalent of a family relationship. Such an expanded definition of family would include brothers and sisters, aunts and uncles, grandparents and grandchildren, in-laws and unmarried partners.

It is important that the Federal government set an example for employers of a diverse workforce. Please change your rule to treat all families equally. By adhering to a restrictive definition of family, you are discriminating against a significant population of Federal employees, including minorities, who depend on extended family members for much of their dependent care needs. If you have any questions about our position, please feel free to contact me at (___) ___ ____.

Sincerely,

federal register

Wednesday
May 11, 1994

Part V

Office of Personnel Management

5 CFR Part 630
Absence and Leave; Sick Leave;
Proposed Rule

OFFICE OF PERSONNEL MANAGEMENT

5 CFR Part 630

RIN 3206–AE95

Absence and Leave; Sick Leave

AGENCY: Office of Personnel Management.

ACTION: Proposed rule.

SUMMARY: The Office of Personnel Management (OPM) proposes to amend its regulations on the use and recredit of sick leave for Federal employees. The proposed regulations would expand the use of sick leave by permitting employees to use up to a total of 5 workdays of sick leave each leave year (or, in the case of a part-time employee or an employee with an uncommon tour of duty, the average number of hours of work in the employee's scheduled tour of duty each week) to provide care for a child, spouse, or parent as a result of sickness, injury, pregnancy, or childbirth; make arrangements necessitated by the death of a child, spouse, or parent; or attend the funeral of a child, spouse, or parent. In addition,the proposed regulations would remove the 3-year break-in-service limitation on the recredit of sick leave.

DATES: Comments must be submitted on or before July 11, 1994.

ADDRESSES: Comments may be sent or delivered to Donald J. Winstead, Acting Assistant Director for Compensation Policy, Personnel Systems and Oversight Group, U.S. Office of Personnel Management, room 6H31, 1900 E Street NW., Washington, DC 20415.

FOR FURTHER INFORMATION CONTACT: Donald J. Winstead, (202) 606–2880.

SUPPLEMENTARY INFORMATION: OPM proposes to amend 5 CFR 630.401 to provide that agencies must grant a limited amount of sick leave to employees who provide care for a child, spouse, or parent as a result of sickness, injury, pregnancy, or childbirth; to make arrangements necessitated by the death of a child, spouse, or parent; or to attend the funeral of a child, spouse, or parent. The proposed regulations would limit the use of sick leave for these purposes to a total of 5 workdays in a leave year (or, in the case of a part-time employee or an employee with an uncommon tour of duty, the average number of hours of work in the employee's scheduled tour of duty each week).

In addition, OPM proposes to amend 5 CFR 630.502 and 504 to remove the 3-year break-in-service limitation on the recredit of sick leave and permit employees who separate from Federal service to have their unused and accrued sick leave recredited in full to their sick leave accounts upon return to Federal service. Under the proposed regulations, sick leave would be recredited to the employee regardless of the duration of the break in Federal service.

These proposed changes in the Federal leave system were recommended in the Report of the National Performance Review on September 7, 1993, and are part of OPM's continuing effort to develop human resource policies that are sensitive to the needs of employees and thereby enhance the Federal Government's ability to recruit and retain a well-qualified workforce. The purpose of the proposed changes in the circumstances under which employees may use sick leave is to recognize the needs of Federal employees who struggle to maintain an often precarious balance between work and family and to assist the Federal Government in recruiting and retaining the employees it needs to accomplish its mission. We have also proposed additional changes in § 630.401 to clarify our intent with regard to situations involving exposure to a severe contagious/communicable disease. We describe a severe communicable disease as one that requires isolation for a specified period, as prescribed by the health authorities having jurisdiction or as determined by a health care provider.

Because of the similarity of purpose, OPM proposes to use the same definitions of "child," "spouse," and "parent" as those used for "son or daughter," "spouse," and "parent" in the interim regulations implementing the Family and Medical Leave Act of 1993. (See 5 CFR 630.1202.)

The change in rules on the recredit of sick leave would ensure that, in the future, employees who have conscientiously maintained a substantial sick leave balance could leave Federal employment for any purpose (including the need to care for a child, spouse, or parent) without the risk of forfeiting all accrued sick leave upon returning to Federal employment thereafter. We believe this change would help to foster the conscientious use of sick leave by all employees.

Finally, the proposed regulations also include conforming changes in § 630.402 (Application for sick leave), § 630.403 (Supporting evidence), and § 630.405 (Use of sick leave during annual leave).

E.O. 12866, Regulatory Review

This rule has been reviewed by the Office of Management and Budget in accordance with E.O. 12866.

Regulatory Flexibility Act

I certify that these regulations will not have a significant economic impact on a substantial number of small entities because they would affect only Federal employees and agencies.

List of Subjects in 5 CFR Part 630

Government employees.

U.S. Office of Personnel Management.

James B. King,

Director.

Accordingly, OPM proposes to amend part 630 of title 5 of the Code of Federal Regulations as follows:

PART 630—ABSENCE AND LEAVE

1. The authority citation for part 630 continues to read as follows:

Authority: 5 U.S.C. 6311; section 630.303 also issued under 5 U.S.C. 6133(a); section 630.501 and subpart F also issued under E.O. 11228; subpart G also issued under 5 U.S.C. 6305; subpart H issued under 5 U.S.C. 6326; subpart I also issued under 5 U.S.C. 6332 and Public Law 100–566; subpart J also issued under 5 U.S.C. 6362 and Public Law 100–566; subpart K also issued under Public Law 102–25.

Subpart B—Definitions and General Provisions for Annual and Sick Leave

2. In § 630.201, paragraphs (b)(3), (4), (5), (6), and (7) are redesignated as (b)(4), (5), (7), (8), and (11), respectively, and new paragraphs (b)(3), (6), (9), and (10) are added to read as follows:

§ 630.201 Definitions.

* * * * *

(b) * * *

(3) *Child* means a biological, adopted, or foster child; a stepchild, a legal ward; or a child of a person standing *in loco parentis* who is—

(i) Under 18 years of age; or

(ii) 18 years of age or older and incapable of self-care because of a mental or physical disability. A child incapable of self-care requires active assistance or supervision to provide daily self-care in several of the "activities of daily living." Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, and using a post office. A mental or physical

disability refers to a "disability," as defined in 29 CFR 1630.2(g).

* * * * *

(6) *In loco parentis* refers to the situation of an individual who has day-to-day responsibility for the care and financial support of a child or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

* * * * *

(9) *Parent* means a biological parent or an individual who stands or stood *in loco parentis* to an employee when the employee was a child. This term does not include parents "in law."

(10) *Spouse* means a husband or wife, as defined or recognized under State law for purposes of marriage, including common law marriage in States where it is recognized.

* * * * *

Subpart D—Sick Leave

3. In subpart D, § 630.401, is revised to read as follows:

§ 630.401 Grant of sick leave.

(a) Subject to the limitation described in paragraph (b) of this section, an agency shall grant sick leave to an employee when the employee—

(1) Receives medical, dental, or optical examination or treatment;

(2) Is incapacitated for the performance of duties by sickness, injury, pregnancy, or childbirth;

(3) Provides care for a child, spouse, or parent as a result of sickness, injury, pregnancy, or childbirth;

(4) Makes arrangements necessitated by the death of a child, spouse, or parent or attends the funeral of a child, spouse, or parent; or

(5) Would jeopardize the health of others by his or her presence on the job because of exposure to a severe communicable disease that requires isolation for a specified period, as prescribed by the health authorities having jurisdiction or as determined by a health care provider.

(b) The amount of sick leave granted to an employee during any leave year for the purposes described in paragraphs (a)(3) and (4) of this section shall not exceed a total of 5 workdays (or, in the case of a part-time employee or an employee with an uncommon tour of duty, the average number of hours of work in the employee's scheduled tour of duty each week).

4. Section 630.402 is revised to read as follows:

§ 630.402 Application for sick leave.

An employee shall file a written application for sick leave within such time limits as the agency may require. An employee shall request advance approval for sick leave for the purpose of receiving medical, dental, or optical examination or treatment and, to the extent possible, for the purposes described in § 630.401(a)(3) and (4) of this part.

5. Section 630.403 is revised to read as follows:

§ 630.403 Supporting evidence.

An agency may grant sick leave only when supported by evidence administratively acceptable. Regardless of the duration of the absence, an agency may consider an employee's certification as to the reason for his or her absence as evidence administratively acceptable. However, for an absence in excess of 3 workdays, or for a lesser period when determined necessary by an agency, the agency may also require a medical certificate or other administratively acceptable evidence as to the reason for an absence for any of the purposes described in § 630.401(a) of this part.

6. Section 630.405 is revised to read as follows:

§ 630.405 Use of sick leave during annual leave.

Subject to the limitation described in § 630.401(b) of this part, an agency may grant sick leave during a period of annual leave for any of the purposes described in § 630.401(a) of this part.

Subpart E—Recredit of Leave

7. In subpart E, § 630.502 is revised to read as follows:

§ 630.502 Sick leave recredit.

(a) When an employee transfers between positions under subchapter I of chapter 63 of title 5, United States Code, the agency from which the employee transfers shall certify his or her sick leave account to the employing agency for credit or charge.

(b) Except as provided in paragraph (c) of this section, an employee who is separated from the Federal Government is entitled to a recredit of sick leave if reemployed in the Federal Government on or after the effective date of these regulations, unless such sick leave was used in the computation of an annuity.

(c) An employee who is separated from the government of the District of Columbia and who was first employed by the government of the District of Columbia before October 1, 1987, is entitled to a recredit of sick leave if reemployed in the Federal Government on or after the effective date of these regulations, unless such sick leave was used in the computation of an annuity.

(d) When sick leave is transferred between different leave systems under section 6308 of title 5, United States Code, 7 calendar days of sick leave are deemed equal to 5 workdays of sick leave.

(e) An employee who transfers to a position under a different leave system to which he or she can transfer only a part of his or her sick leave is entitled to a recredit of the untransferred sick leave if the employee returns to the leave system under which it was earned on or after the effective date of these regulations.

(f) An employee who transfers to a position to which he or she cannot transfer his or her sick leave is entitled to a recredit of the untransferred sick leave if the employee returns to the leave system under which it was earned on or after the effective date of these regulations.

8. In § 630.504, paragraph (b) is revised to read as follows:

§ 630.504 Reestablishment of leave account after military service.

* * * * *

(b) Reemployed in a position under subchapter I of chapter 63 of title 5, United States Code, on or after the effective date of these regulations;

* * * * *

[FR Doc. 94-11411 Filed 5-6-94; 3:24 pm]
BILLING CODE 6325-01-M

THE WHITE HOUSE
WASHINGTON

July 12, 1994

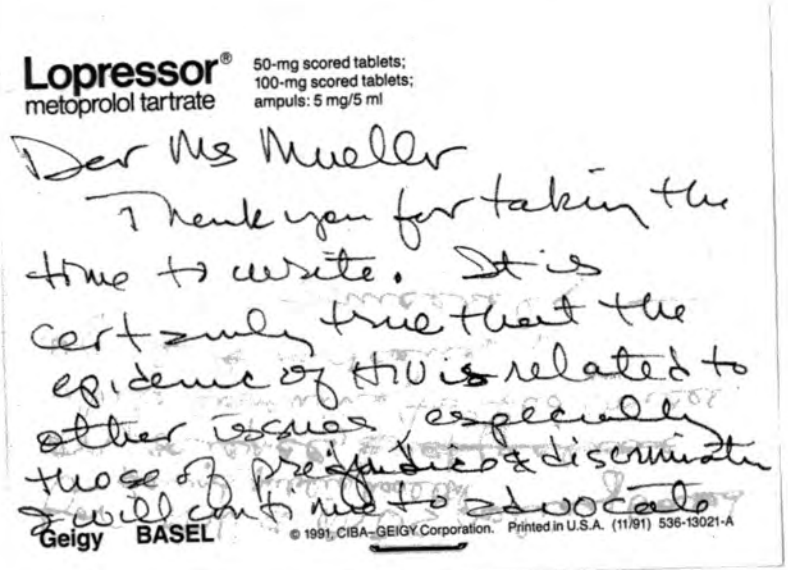
Mrs. Catherine Mueller
2925 Charleston
Albuquerque, New Mexico 87110

Dear Mrs. Mueller:

Thank you for taking the time to write. It is certainly true that the epidemic of HIV is related to other issues, especially those of prejudice and discrimination. I will continue to advocate for HIV and AIDS policy based on sound public health science, while listening to the voices of all Americans.

Sincerely,

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



for HIV & AIDS policy based on sound public health science, while listening to the voices of all Americans.

sincerely —

THE CHRISTIAN NEWS and THE ALBUQUERQUE TRIBUNE
New Haven, Missouri

ANOTHER HOAX: "Ah Feel Your Pain"
By Catherine L. Mueller

But does President Bill Clinton feel our pain? Does he feel the pain of the productive who work five months of every year in order to fund the local, state, and federal bureaucracies?

Does he feel the pain of Joe and Mary Smith, the low-income family who can barely keep body and soul together, but are forced through taxation to fund the single woman who was prescribed fertility drugs by an irresponsibl doctor in New Mexico and then had premature quadruplets at state expense?

Does he feel the pain of the retired Dicky Flatts of Paducah, who worked hard and lived frugally all their life and want to enjoy their golden years, but are now forced to fund the welfare mother in inner-city Chicago with five children, each by a different father?

Does he feel the pain of the morally responsible who are now forced to fund research for behavioral diseases and health care for the morally irresponsible who clamor for sexual "freedoms," and now have a deadly disease? And pornographic gay and lesbian "art" through the National Endowment for the Arts?

Does he feel the pain of young people, my daughter and others, who work and go to the university and pay $250.00 monthly health care premiums, while their peers buy new cars and other "things," and accept no responsibility for their health care?

Does he feel the pain of the working single women, who accept the resonsibility for their children, but are forced to also take care of unmarried teens who become pregnant and set up housekeeping at taxpayer expense?

Does he feel the pain of the responsible working people who have to fund SSI and health care for substance abusers?

Does he feel the pain of the victims of crime, while a "compassionate" jury gives the criminal another chance?

Does he feel the pain of Americans who picked up the $19 billion tab last year for illegal aliens?

I think not!

Ms. Debbie, do something about the gross immorality which is the root of our myriad social problems: Sodomy, adultery, fornication, lesbianism, teen sex, porno, Our nation is morally sick! CM

Mrs. Catherine Mueller
2925 Charleston
Albuquerque, NM 87110

ALBUQUERQUE, NM 87101
PM
1 JUL
1994

Ms. Kristine Gebbie
AIDS Czarina - The White House
Washington D.C 20500

THE WHITE HOUSE

WASHINGTON

July 12, 1994

Charles E. Lewis, M.D.
Center for Health Promotion
and Disease Prevention
UCLA School of Public Health
and UCLA School of Medicine
Center for the Health Sciences
10833 Le Conte Avenue
Los Angeles, California 90024-1772

Dear Chuck:

It was good to talk with you this morning, and I'm looking forward to receiving the paper you wrote about the AIDS Education and Training Centers.

I've shared the "60 Second Sexual History Taking" module with Carlos Velez (who helped with the June 30 meeting), along with the comments on American College of Physicians' publications. You will be receiving a summary of the meeting.

Wherever I end up for my "next life", I'll remain interested in this issue of clinicians and prevention. I'm sure our paths will continue to cross.

Sincerely,

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

Dear Chuck

It was good to talk with you this morning, and I'm looking forward to receiving the paper you wrote about the AIDS Education & Training Centers.

We shared the "60 Second Sexual History Taking" module with Carlos Velez (who helped with the June 30 meeting), along with the comments on ACP publications. You'll be receiving a summary of the meeting. Wherever I end up for my "next life", I'd remain interested in this issue of clinicians and prevention. I'm sure our paths will continue to cross.

Sincerely

UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

Carlos, Fyi

CENTER FOR HEALTH PROMOTION
AND DISEASE PREVENTION
UCLA SCHOOL OF PUBLIC HEALTH
AND UCLA SCHOOL OF MEDICINE
CENTER FOR THE HEALTH SCIENCES
10833 LE CONTE AVENUE
LOS ANGELES, CALIFORNIA 90024-1772

July 1, 1994

Ms. Kristine Gebbie
750 Seventeenth Street, N.W.
Suite 1060
Washington, D.C. 20503

Dear Kristine,

I enjoyed the meeting at your place!

I'm enclosing my promised review of routes to publication for various outputs of the American College of Physicains.

Because it was referred to a couple of times in the meeting, I'm sending you a copy of the "60-Second Sexual History Taking" module we developed during the mid-80's with support from the NIH. This module has probably received the most interest by others, and we have offered it "at cost." It's clearly meant to be used in a small-teaching session (not just watched passively).

I hope there will be some summary of what the conclusions of the meeting were.

Sincerely,

Chuck

Charles E. Lewis, M.D.

CEL/lpk
Enclosures

The American College of Physicians have several publications. Perhaps the most prestigious is the Annals of Internal Medicine. The Annals of Internal Medicine articles are selected for scientific merit, and only occasionally are articles such as reviews or position statements of the College included. This is at the pleasure of the Editor, who has total control of what's between the covers.

We have been without an editor for several months, but I will be making recommendations, as Chairman of the Search Committee for the editorship, to the Regents on July 15, 1994, and I suspect we will have a new editor soon thereafter.

The College also publishes The Observer, which is more of a newspaper and carries a variety of articles of general interest to the membership. These articles do not undergo peer review, so this is perhaps the place to put most of "What's new in AIDS", etc.

There are also individual publications of the College such as the Clinical Guidelines, etc., and these are published after with a kind of quasi-peer review. They are certainly certified as to their validity and accuracy, but the selection of the topics is a matter for the Vice-President of Publications, and a Committee of the Regents that deals with publications.

As I suggested yesterday, those who are seen as the "good guys" are the best persons to introduce topics, etc. to the Regents and publication groups.

THE WHITE HOUSE
WASHINGTON

July 12, 1994

Mr. Gary H. Leopold
Apartment 150
6549 North Palm Avenue
Fresno, California 93704

Dear Mr. Leopold:

Thank you for your inquiry. Unfortunately, I do not have any autographed pictures available. My best wishes to your nephew.

Sincerely,

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

RECEIVED

JUL - 6 1994

June 23, 1994

Dear Ms. Gebbie,

I am trying to do something very special for my nephew. He likes to collect autograph pictures of important and famous people. So, what I would like to do is get a complete collection of autographed pictures of each of President Clinton's Cabinet Members and other high ranking officers in the administration.

So, if it's at all possible would you please send me an autograph picture of yourself.

If possible would you please address it to RICH. I am hoping to get them all together for him so I can give them to him for Christmas.

Thank-you very much.

Sincerely,

Gary Leopold

Gary H. Leopold
6549 N. Palm Ave.
Apt. 150
Fresno, Ca. 93704

THE WHITE HOUSE

Dear Ciel -
Thank you for sharing your piece from Nature. You put your finger on some critical points in this continuing dialogue on how to manage & direct science without crippling it. Wherever I land in this change, I plan to continue sharing the discussion. My best to you -
Antone Gonsalves

Christine —
This is a reply to Fields & Billpad

RECEIVED
JUN 30 1994

Ciel Fox
301 216 1564

JUL 13 1994

If it ain't fixed, don't break it . . . .

Cecil H. Fox

Value-judgements about the need for more 'goal-directed' or 'basic' scientific research beg the question of how the publicly funded scientific enterprise works. An efficient management would start to put things right.

PEOPLE in countries where science is supported from taxes generally approve of using public money for scientific work. Unfortunately, there is rarely a fixed plan for obtaining these funds, nor does any western government have a hard and fast rule of how much money should be available. This means that support of science is dependent on the political and economic climate, creating repeated cycles aimed at making science more responsive to needs (applied science) or to wishes (basic science). Taxpayers (and most scientists) seem content to let politicians regulate the flow of money for science, but politicians are ill-prepared to deal with the everyday delivery of science, its integrity or the structural organization of the process. Mercifully, they seldom ask for an accounting in cash for scientific results.

In the United Kingdom there are elements of the government that believe science has a basic obligation to demonstrate its utility and cost-effectiveness — put simply, that all science should be applied science. In the United States, still recovering from the dark ages of the Reagan–Bush years, public funding for science is being examined from the opposing point of view. At the National Institutes of Health there is a pall of depression arising from uncertainties in the intramural research programme (see ref. 1) and a new emphasis on ill-defined 'basic' research. In Congress there is concern as to why universities are being subsidized through 'indirect costs' with money intended for scientific research. Because these funds may equal the amounts awarded to scientists for their work, radicals have even questioned why publicly supported science should be done in academic institutions or why scientists employed by private universities should require supplementary income from federal research grants.

Other factors essential to the support of science with public money are management and leadership. A frequently cited failure of applied science is the "war on cancer" in the 1970s, a concept of Richard Nixon (probably initiated by Benno Schmidt Sr). The idea was that if a problem such as cancer is carefully analysed and compartmentalized into attainable management-school-like research objectives, a solution could be expeditiously reached. A 'pie' chart showing the different programme objectives was drawn and waggishly labelled "the wheel of fortune". But these goals were often rapidly subverted for the convenience of scientists who intended to continue doing the research that they had always done. Worse still, managers of the programme were amateurs in the form of researchers converted to bureaucrats. Nobody got fired (indeed many are still at the same jobs), transferred or reprimanded for not accomplishing the goals set for them. These 'leaders' of the programme never appeared in the labs to assess progress. The only measure of success was in the numbers of papers produced; results were not effectively analysed and coordinated. I think the final death of the wheel of fortune occurred with the appearance of the AIDS epidemic and the rush to show that HIV was a tumour virus.

It seems reasonable to expect that scientists who become managers should have studied management in a Master of Business Administration programme before being allowed to control the expenditure of public money. The scientific skills of scientist-managers would then expedite, not impede, the work of bench scientists. In my opinion, the best-managed programme in science today, both in discovering promising young scientists and in nurturing mature ones, is the Howard Hughes Institute, a fraction of the size of the NIH. It boasts managers with experience, compassion and intelligence, and is, fortunately, immune to government politics and politicians.

Fields[2] has used the polio paradigm to argue that because research unrelated to polio resulted in conceptual advances leading to an effective vaccine, the future course of AIDS research should be guided by the tactic of supplying more money for basic and perhaps unrelated research. If one examines the history of polio, however, one sees that 'basic' researchers spent years passing the same strain of virus from one animal brain to another without considering the obvious enteric pathobiology of the disease. The stopgap killed vaccine (still being used) derived from this work protects only a single individual at a time and resulted in the injection of millions of children with SV40 (refs 3,4). Recognition of polio as an enteric infection, the oral vaccine (not without risk) and the resulting acquisition of herd immunity occurred only when the 'basic' discovery of cell-culture techniques was combined with 'applied' research on pathobiology of the disease. In contrast to Fields' argument, I suggest that all science needs support for progress in any area.

HIV research is still at a stage similar to the brain transfer work in polio. Countless cultures of the same HIV strain (LAI) of virus have been used by putative basic researchers, yielding few results with any relevance to patients. Instead, an AIDS industry sprang up early. Much of the money intended for HIV research was spent on administrative and indirect costs. A lethargy has enveloped basic scientists in a hideous tautology of despair. As with polio, the recognition of HIV disease as a disease of lymphoid tissues in humans, and as such a typical lentivirus[5,6], has required years to achieve.

Before basic research becomes a tenet of politically correct ideological rectitude it would be wise to remember that science involves a complex equation, with modern science a détente between Aristotelian descriptive science and Baconian experimental science, where nature is 'tortured' by experiment to reveal her truth. The method of practising science is selected by individual scientists themselves according to their proclivities. Edmund Burke wrote that "men must have a certain fund of moderation to qualify them for freedom else it becomes noxious to themselves and a perfect nuisance to every body else"[7]. If science is to enjoy the support of society, a rationale may be a practical necessity. But basic research must happen under the dictates of circumstance or conscience and not as an exercise in subsidized self-indulgence. Moderation, an obligation of intellectual freedom, requires that science retains the tacit understanding that taxpaying society has agreed to support not only scientists, but creativity, for increasing knowledge and to deal with specific problems. Science is not fixed, rather it is a vital entity, basic or applied, and its lugubrious progress is more easily crippled by attempts to regularize it than not. And finally, the practice of scientific thinking with public support is a privilege, not a right. □

Cecil H. Fox is at the Molecular Histology Labs, Gaithersburg, Maryland 20879, USA.

1. Macilwain, C. *Nature* **369**, 91 (1994).
2. Fields, B. N. *Nature* **369**, 95–96 (1994).
3. Shah, K. V. *Dev. Biol. Stand.* **70**, 67 (1988).
4. Carbone, M. *et al. Oncogene* **9**, 1781–1790 (1994).
5. Fox, C. H. *Nature* **326**, 636 (1987).
6. Fox, C. H. & Cottler-Fox, M. *Immun. Today* **13**, 353 (1992).
7. Burke, E. *Correspondence* **VI**, 9–12 (1798).

THE WHITE HOUSE

WASHINGTON

July 13, 1994

The Honorable Gloria Gutierrez
Deputy Assistant Secretary
for Administration
Office of the Chief Financial Officer
and Assistant Secretary for Administration
United States Department of Commerce
14th Street and Constitution Avenue, N.W.
Washington, D.C. 20230

Dear Ms. Gutierrez:

Thank you for taking time to review our first draft of the Action Agenda goals. We are in the process of collecting comments and determining the next steps in the review process. We will keep you informed as the process moves forward.

If you have any questions, my office number is (202) 632-1090. Thank you for your assistance.

Sincerely yours,

A. Dean for

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 13, 1994

Susan Mather, M.D., M.P.H.
Assistant Chief Medical Director for
Environmental Medicine and Public Health
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Dr. Mather:

Thank you for taking time to review our first draft of the Action Agenda goals. We are in the process of collecting comments and determining the next steps in the review process. We will keep you informed as the process moves forward.

If you have any questions, my office number is (202) 632-1090. Thank you for your assistance.

Sincerely yours,

A. Dean for

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 13, 1994

Ms. Elaine Holland
Office of Intergovernmental
and Interagency Affairs
United States Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202

Dear Ms. Holland:

Thank you for taking time to review our first draft of the Action Agenda goals. We are in the process of collecting comments and determining the next steps in the review process. We will keep you informed as the process moves forward.

If you have any questions, my office number is (202) 632-1090. Thank you for your assistance.

Sincerely yours,

L. Dean for

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 13, 1994

Dear Friend:

Thank you for participating as a volunteer in the Multicenter AIDS Cohort Study.

Your commitment to this critical work has helped expand our knowledge about how HIV infection occurs. The study has contributed to an important repository of information and specimens that has been used by numerous researchers in America and abroad.

I applaud your willingness to volunteer for the study ten years ago, and I appreciate your continuing participation.

Sincerely,

Bill Clinton

THE WHITE HOUSE

Office of National AIDS Policy
750 17th Street, N.W.
Suite #1060
Washington, D.C. 20503

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

Deliver To: Laurie Abrams

John - Hold on to until congress

Sent From:

X John Paul Gurrola, Director of Communications

Number of Pages: 4 + cover Fax Number: 4562806 Date: 6/9/98

Message:

Thanks lots. If you need more info, please let [redacted] me know.

THE WHITE HOUSE

WASHINGTON

Laurie —

Here's a second copy of the letter request for the MAC study participants. The phrase "guinea pigs" does not apply to these men — these are the folks who have opened their lives to us via questionaire, interview and blood sample for 10 years, and have helped us understand the course of this epidemic in the U.S. They have been more than generous, and a letter of Presidential appreciation is most appropriate - if there is any question at all please call —

Cristine Gebbie

632-1090

THE WHITE HOUSE

WASHINGTON

MAY 24, 1994

MEMORANDUM FOR LORI E. ABRAMS
PRESIDENTIAL MESSAGES

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

SUBJECT LETTER TO MULTICENTER AIDS COHORT STUDY (MACS) PARTICIPANTS

Attached is a requested letter to the participants in MACS at Johns Hopkins University.

If you have any questions about this request, please call me at (202)632-1090.

JOHNS HOPKINS
UNIVERSITY

School of Hygiene and Public Health
624 N. Broadway, Suite 894
Baltimore MD 21205

Department of Epidemiology
Infectious Diseases Program

Voice (410) 955-1228
Fax (410) 955-1836

May 11, 1994

Jeff Perkins
Office of AIDS Policy

Dear Mr. Perkins:

We have been working with Steve Lee and Kris Gebbie to secure a letter to the Multicenter AIDS Cohort Study (MACS) members on the occasion of the tenth anniversary of the MACS. There was initially some confusion over how many letters were needed. We only need a single signed copy that we will reproduce on a color copier and mail to our study participants. We have approximately 3,500 participants who will receive the letter. For your convenience, we are enclosing a copy of the draft letter that we had sent to Steve. It should not require any substantial editing.

We hope that the very positive comments that we have received about granting the request for the letter continues. If there are any questions or comments please feel free to call, a good of reaching me is to use my beeper, 410-748-0049. Thank you very much for your assistance and continued support.

Sincerely,

Alfred J. Saah

Alfred J. Saah, M.D., M.P.H.
Associate Professor
Infectious Diseases Program

May 23, 1994

Dear MACS Participant:

Thank you for your continuing participation as a volunteer in the Mulitcenter AIDS Cohort Study (MACS). The readiness with which the gay community has responded to the need for action in the early 1980's has been a lesson to us all.

Your commitment to this on-going work has resulted in a growth of knowledge about how HIV infection works, and has established an important repository of knowledge and specimens which have been used by countless research workers here and abroad, to answer important research questions.

Thank you for volunteering for the study ten years ago and for your continued active participation.

Sincerely,

B.C.

THE WHITE HOUSE

WASHINGTON

July 13, 1994

Paul Kawata
Executive Director
National Minority AIDS Council
300 I Street, N.E.
Washington, D.C. 20002

Dear Mr. Kawata:

You are cordially invited to participate in a community focus group sponsored by the White House Office of National AIDS Policy. The group will address the issues of substance abuse and HIV transmission among drug users. We plan to examine current efforts to reduce HIV transmission in this population, and discuss the effectiveness of these measures. We enthusiastically view this as an opportunity to form new ideas and strategies to combat the pandemic. Invited participants include researchers and representatives from national and local organizations involved in substance abuse prevention, treatment, and needle exchange programs. The meeting time and location are below.

Focus Group on Substance Abuse
9:00 a.m. - 12:00 p.m.
Thursday, July 28, 1994
Office of National AIDS Policy Coordinator
750 17th Street, N.W.
6th Floor Conference Room
Washington, D.C. 20503

Please contact Daniel B. Hawley at 202/690-6248 or Frances E. Page at 202/690-5560 by July 18, 1994, to indicate your plans to attend. We value your expertise and look forward to your participation.

Sincerely,

Kristine M. Gebbie RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 13, 1994

Herbert F. Young. M.D.
Director
Scientific Activities Division
The American Academy of Family Physicians
8880 Ward Parkway
Kansas City, Missouri 64114-2797

Dear Dr. Young:

Thank you for taking time to review our first draft of the Action Agenda goals. We are in the process of collecting comments and determining the next steps in the review process. We will keep you informed as the process moves forward.

If you have any questions, my office number is (202) 632-1090. Thank you for your assistance.

Sincerely yours,

A. Dean for

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 13, 1994

Mr. B. J. Thomas
Safety and Health Management Division
Office of Personnel
United States Department of Agriculture
14th Street and Independence Avenue, S.W.
Washington, D.C. 20250

Dear Mr. Thomas:

Thank you for taking time to review our first draft of the Action Agenda goals. We are in the process of collecting comments and determining the next steps in the review process. We will keep you informed as the process moves forward.

If you have any questions, my office number is (202) 632-1090. Thank you for your assistance.

Sincerely yours,

A. Dean for

Andrew E. Barrer, Ph.D.
Senior Advisor
Office of the National AIDS Policy Coordinator

THE WHITE HOUSE
WASHINGTON

July 13, 1994

Al Tarlov, M.D.
Health Institute
New England Medical Center
Room 345
750 Washington Street
Boston, Massachusetts 02111

Dear Al:

As a follow up to our meeting yesterday, enclosed is a current C.V.. I look forward to talking with you again soon and to reading your book. It sounds exciting.

Sincerely,

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

P.S. I've also enclosed Les Wright's C.V., for your information.

THE WHITE HOUSE
WASHINGTON

July 13, 1994

Mr. S. Robert Lehr
626 Church Street, #2
San Francisco, California 94114

Dear Robert:

Thank you for your kind letter. While I am leaving the position of National AIDS Policy Coordinator, I do expect to see much more action on educating young gay, lesbian, and bisexual people about HIV. This is certainly a needed part of our efforts, as is the fight against discrimination.

Sincerely,

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

S. ROBERT LEHR

626 Church Street (#2)
San Francisco, California 94114

July 6, 1994

Ms. Kristine Gebbie
National AIDS Policy Office
200 Indepedence Ave., SW; Room 738G
Washington, DC 20201

Dear Ms. Gebbie:

Hurray for your announced campaign aimed at young gay and bisexual men. We all need this attempt to limit the frightening growth of HIV infection among our youth. You have been critized in the past for not acting appropriately or forcefully enough in your position as "AIDS Czar". I dearly hope this is the beginning of a change that will cause more cheers and jeers for your efforts.

Clearly, the lack of reference to lesbians and gays in the last government-sponsored AIDS/HIV television campaign was inappropriate and its criticism justified. Equally clearly, though, as important as the new campaign is, it is vital that the message go out to young lesbians and bisexual women. One important message to all sexually active people, regardless of orientation or behavior, is the mutual responsibility each of us has to stop the spread of HIV and the lack of discrimination HIV shows when it infects its host.

Please hurry with this new and future campaigns, and keep up the good work.

Sincerely,

S. Robert Lehr

JUL 14 1994

THE WHITE HOUSE

Dear Ralph —

Many thanks for sharing the Lutheran article. I'm most pleased about the church interest in moving our HIV/AIDS efforts forward — this is a tough subject & faith communities are critical. I hope all is well with you —

Warm

Mr. Ralph Munro
Secretary of State
Legislative Building
P.O. Box 40220
Olympia, WA 98504-0220

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Community AIDS Servuces; [Personal] (Partial) (1 page)	07/14/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3770

FOLDER TITLE:
July Chron Files 1994 [3]

2018-0756-F
jp4824

RESTRICTION CODES

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE
WASHINGTON

July 14, 1994

(b)(6)

Dear (b)(6)

Thank you for sharing your concerns about community AIDS services with me. The Office of National AIDS Policy was created out of the commitment of the President to take positive steps to improve the services for people living with HIV/AIDS. It is troubling to hear of your difficulty with service organizations and with an AIDS "hot line." The National AIDS Hotline has been extremely responsive to the information needs of the public and particularly of those living with HIV/AIDS. The Hotline can be reached 24-hours a day, seven days a week at 1-800-342-2437.

[001]

In dealing with HIV/AIDS, the President has undertaken a new commitment to the development of improved care and treatment for those with HIV disease. Federal funding to meet the treatment needs of those living HIV/AIDS has increased by 66 percent since he took office.

Although there has been a substantial increase in funding for health care services for those with HIV disease, the system of care for these services is complex and often difficult for individuals to manage. As a result, inefficiencies in the system may go unchallenged or worse, unnoticed. I would recommend that you contact the Ohio Department of Health to assist you in identifying resources that will help you access and negotiate health care and support services available in your area. The contact person, address and phone number of the Ohio Department of Health is given below.

Robert J. Campbell, Ph.D.
Supervisor of AIDS Activities Unit
Ohio Department of Health
246 North High Street
Columbus, Ohio 43266-0188
(614) 466-0295

I hope this will be of help and again, thank you for writing.

Sincerely,

Kristine Gebbie

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Kristine Gebbie; re: Chronicle of My Experience (1 page)	05/24/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3770

FOLDER TITLE:
July Chron Files 1994 [3]

2018-0756-F
jp4824

RESTRICTION CODES

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. paper	re: Enclosure - Background (3 pages)	05/21/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3770

FOLDER TITLE:
July Chron Files 1994 [3]

2018-0756-F
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RESTRICTION CODES

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THE WHITE HOUSE

WASHINGTON

July 14, 1994

Adrianne Davis, RN
512 East 89 Street
Chicago, IL 60619

Dear Ms. Davis:

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

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

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

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

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

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinao5r

RECEIVED JUN 28 1994

Dear Ms. Gebbie,

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

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

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

Sincerely,

Adrianne Davis, R.N.
Name
512 East 89 Street
Address
Chicago IL 60619
City State Zip

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

THE WHITE HOUSE
WASHINGTON

file

July 19, 1994

Ms. Suzanne Dale
Speakers Program Director
The Junior Statesman Foundation
650 Bair Island Road, Suite 201
Redwood City, California 94063-2735

Dear Ms. Dale:

Kristine Gebbie had agreed to speak at the Junior Statesman Summer School Program at Georgetown University on July 26, 1994. As you may be aware, Ms. Gebbie will leave the position of National AIDS Policy Coordinator effective August 2, 1994.

Your request can be held for review by her successor. If you would prefer to make other arrangements, please contact me at (202) 632-1090 as soon as possible.

To contact Ms. Gebbie directly about activites after August 2, she may be reached at 2737 Devonshire Place, N.W., #315, Washington, D.C. 20008 or call (202) 387-0015.

Sincerely,

G. M. Ventura

Gus Ventura
Executive Assistant to the
National AIDS Policy Coordinator

The Junior Statesmen Foundation

650 Bair Island Road, Suite 201 Redwood City, California 94063-2735
(415) 366-2700 (800) 334-5353 FAX (415) 366-5067

June 24, 1994

RECEIVED
JUL - 6 1994

The Honorable Kristine Gebbie
Director of the Office of the Nation's AIDS Policy
The White House
Washington, D.C. 20500

Gus - I hope this will work —

Dear Director Gebbie:

On behalf of The Junior Statesmen Foundation, it is my pleasure to cordially invite you to participate as a guest speaker for the Junior Statesmen Summer School at Georgetown University.

We would be honored if you would meet with the outstanding high school student leaders attending the Junior Statesmen Summer School for a 20 to 30 minute off-the-record question and answer session on Tuesday, July 26, in Room 450 of the Old Executive Office Building. We schedule our speakers at half-hour intervals between 9:00 a.m. and 5:00 p.m. If July 26 is inconvenient, we will also be meeting on Tuesday, August 2, between 9:00 a.m. and 5:00 p.m. in the Loy Henderson Conference Room at the State Department and would be honored if you would join us there. The format we prefer is brief opening remarks on a political topic of your choice followed by a question and answer session with the students.

Two hundred of America's future leaders have been selected to participate in the fifty-fourth annual Junior Statesmen Summer School. During their three weeks in Washington, these high school scholars will engage in an intensive study of politics and government at Georgetown University. The highlight of the program is the opportunity for the students to both meet with and question national leaders. Because of the high academic caliber of our students, we have met with members of the Cabinet and Senior White House officials, leaders in the House and Senate, Supreme Court Justices, prominent journalists, lobbyists, and others in the political arena.

The Summer School is sponsored by The Junior Statesmen Foundation, a nonprofit, nonpartisan, educational organization founded sixty years ago to teach young people about public affairs and the responsibilities of leadership in a democratic society.

I know you will be impressed with the young leaders who attend the program and the thoughtfulness of their questions. The high school students who attend the Junior Statesmen Summer School are among the brightest and best informed young people in the United States.

Please find the enclosed information about our program, including a list of speakers from previous years on page five. If you or your staff have any questions or need any additional information, please do not hesitate to contact me at 202/333-0364 after 12:00 noon.

I hope that your schedule will permit you to join us and share some of your knowledge and expertise with these dynamic young leaders. I look forward to hearing from you soon.

Sincerely,

Suzanne Dale

Suzanne Dale
Speakers Program Director

enclosure

I know you've enjoyed meeting with our students in Washington State in the past. I hope you'll join us again this summer!

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HIGH SCHOOL STUDENTS

This summer YOU can experience the drama, power, and excitement of politics and government

Georgetown • Stanford • Yale • The University of Texas

THE JUNIOR STATESMEN Summer School

The Junior Statesmen Foundation

650 Bair Island Road, Suite 201 Redwood City, California 94063-2735
(415) 366-2700 (800) 334-5353 FAX (415) 366-5067

June 24, 1994

Gus — medium High priority

RECEIVED

JUL - 5 1994

The Honorable Kristine Gebbie
Director of the Office of the Nation's AIDS Policy
The White House
Washington, D.C. 20500

Dear Director Gebbie:

I hope you will seriously consider accepting an invitation you will be receiving shortly to address the Junior Statesmen Summer School. During every recent administration, this prestigious group has received a royal welcome from Cabinet Members and Senior White House officials.

I participated in the Junior Statesmen program in high school and I know that the organization does an absolutely splendid job of preparing high school student leaders to become actively involved in public affairs. I serve on the Board of Trustees for this nonpartisan, educational organization which sponsors the Junior Statesmen Summer School at Georgetown University.

Two hundred twenty future leaders from throughout the United States have been selected to participate in the fifty-fourth annual Junior Statesmen Summer School. From July 17 until August 7, these high school scholars will engage in an intensive study of politics and government at Georgetown University. The Summer School curriculum includes a rigorous academic introduction to American Government and student-run debates on national public policy issues. The highlight of the program is the opportunity to both meet and question national leaders from the three branches of government. Each year when I speak with the Summer School students, I am impressed by their excitement and challenging questions.

Suzanne Dale, the Speakers Program Director, will be in touch with you to invite you to meet briefly with these extraordinary young scholars on July 26 in the Old Executive Office Building or on August 2 here at the State Department.

Best regards,

Mike McCurry

Michael McCurry

THE WHITE HOUSE

WASHINGTON

July 18, 1994

Seth Berkley, M.D.
Associate Director
Health Sciences Division
The Rockefeller Foundation
420 Fifth Avenue
New York, New York 10018-2702

Dear Seth:

Thank you for sharing the report on the Bellagio meeting on vaccine development.

I would certainly enjoy participating in a discussion of the issues raised in the report. There are several other individuals in the Administration who should be included in such a conversation. I would be happy to schedule something, if possible before I leave at he end of the month. At the least, the preparation for a meeting can occur. Someone from my office will call to check on possible dates.

In case I do not see you before I step down, I want to let you know it has been a pleasure getting to know you and your work. I hope we will have other opportunities in the future.

Sincerely,

Kristine

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

THE ROCKEFELLER FOUNDATION

Seth Berkley, M.D.
Associate Director
Health Sciences Division

RECEIVED

June 28, 1994

JUN 30 1994

Krisitine M. Gebbie, RN
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, DC 20500

Dear Kristine:

I hope that you are well. Please find enclosed the report from the meeting the Foundation hosted on HIV vaccine development last March. The report calls for the establishment of a global initiative whose primary mandate would be to accelerate the development of preventive HIV vaccines by reducing the obstacles to vaccine development and filling the gaps in the current effort. Such an intervention was felt to be necessary due to the lack of incentives for industry to invest in vaccine production, particularly for vaccines for developing countries. A global initiative was viewed by the participants at the meeting as the most effective method to ensure that safe and effective preventive HIV vaccines appropriate for use worldwide use are developed in the shortest time possible. Over 90% of new infections are occurring in the developing world and it is important that their needs are not forgotten.

As we discussed prior to the meeting, while I believe strongly that behavior change has an important role to play in prevention, it is also quite clear that in some population groups and in some countries that behavior change will never be sufficient to stop the epidemic. Furthermore, given the recent decision to delay the field testing of vaccines in the United States and the chilling effects this will have on pharmaceutical companies, I am more convinced than ever that a new initiative is necessary.

I have enclosed some extra copies of the report should you wish to share it with others.

I would very much enjoy having the opportunity of discussing this idea with you. Please let me know what would be convenient for you. I look forward to hearing from you.

With best wishes.

Sincerely yours,

Seth Berkley, M.D.

P.S. Cooper's coffee continues to be my neighborhood savior keeping me happy and productive!

420 Fifth Avenue
New York, New York
10018-2702

Telephone: 212.869.8500
Facsimile: 212.764.3468
Facsimile: 212.398.1858

Cable: ROCKFOUND NEW YORK
Telex: 224862 ROCKFEL (RCA)

THE WHITE HOUSE

WASHINGTON

July 18, 1994

Byron J. Harris
Assistant Executive Director
The United States Conference of Mayors
1620 Eye Street, N.W.
Washington, D.C. 20006

Dear Mr. Harris:

Thank you for your letter of June 30 and your sending to me some of the official health policy resolutions adopted at the June meeting of the Conference. I am particularly interested in Resolution No. 34 about greater use of AZT treatment for pregnant women.

Within the Department of Health and Human Services a task force on the recent research on the use of AZT with pregnant woman is underway and being coordinated through the Office of the Assistant Secretary for Health. We are taking a careful, although fast-track, assessment of what type of additional research needs to be done before we know conclusively what recommendations about the use of AZT should be made.

Frances Page, RN, a prevention specialist in our office, is participating in the task force. Please feel free to contact Ms. Page at (202) 690-5560 if you would like further information regarding this process.

Again, thank you for writing and for sharing the efforts of your hard work at last month's meetings.

Sincerely,

Kristine Gebbie

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

THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330
FAX (202) 293-2352
TDD (202) 293-9445

June 30, 1994

dne - cc'd to staff
Andrew - draft reply - note 076

The Honorable Kristine Gebbie
National AIDS Policy Coordinator
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 738G
200 Independence Avenue, SW
Washington, DC 20201

Dear Ms. Gebbie:

Please find attached copies of the official health policy resolutions adopted at the 62nd Annual Meeting of the U.S. Conference of Mayors in Portland, Oregon, on June 14, 1994.

If you have any questions or would like to conduct a meeting to discuss the Conference's health policy resolutions, please have someone in your office contact me.

Sincerely,

Byron J. Harris
Assistant Executive Director

Attachment

Resolution No. 29

Submitted by:

The Honorable Kay Granger
Mayor of Fort Worth

The Honorable John McCarthy
Mayor of Everett

HEALTH CARE REFORM

1) **WHEREAS,** over 900 billion dollars was spent in 1993 on health care in our nation; and

2) **WHEREAS,** approximately 40 million mostly working class people a year have no health insurance; and

3) **WHEREAS,** the spiraling health care costs for public employees are taking an ever larger portion of strained municipal budgets and employee compensation; and

4) **WHEREAS,** municipalities across this nation employ over 16 million people; and

5) **WHEREAS,** according to the U.S. Bureau of Justice Statistics, there are approximately 200,000 pre-adjudicated/detained individuals -- who are innocent before proven guilty -- in local jails and they are not included in the President's Health Security Act (H.R.3600, §1757) thereby compelling local governments to assume the cost for this care with no hope for reimbursement; and

6) **WHEREAS,** a significant number of local governments, through their local health departments, are providers of last resort to indigent populations; and

7) **WHEREAS,** a significant number of cities participate in municipal health leagues or other local health purchasing cooperatives, which is the basis for cost containment under new health system reform; and

8) **WHEREAS,** it is at the local level where health care legislation will be implemented; and

9) **WHEREAS,** according to the Health Care Financing Administration, local governments spent approximately 47 billion on employee health premiums in 1991,

10) **NOW, THEREFORE, BE IT RESOLVED** that The United States Conference of Mayors reaffirms its support for legislation which provides universal coverage for all throughout the nation, which includes the District of Columbia, Puerto Rico, and the U.S. Territories; and

11) **BE IT FURTHER RESOLVED,** that the Conference of Mayors calls upon Congress to develop and the President to sign new health system legislation that:

- supports a shared financial responsibility between employer and employee in regard to health care premiums;
- treats public and private sector employers with parity in regard to self-insurance, premium payroll caps and early retirees;
- includes, to the greatest extent possible, coverage for undocumented immigrants;
- includes professionally recognized standards on inpatient and outpatient care for mental health and substance abuse treatment, and dental and long term care coverage;
- supplies full health coverage and reimbursement of costs for pre-adjudicated individuals/detainees in local jail facilities;
- provides funding **not** subject to the appropriations process for core public health functions through a transition period at the identified level ($2.7 billion) in the President's Bill (H.R.3600, S.1757); and

12) **BE IT FURTHER RESOLVED,** that the Conference of Mayors applauds the President and Congress for their continued efforts to reform our present health care system.

Project Cost: Unknown

Resolution No. 30

Submitted By:

The Honorable Thomas V. Barnes
Mayor of Gary

The Honorable Kay Granger
Mayor of Fort Worth

FIREARMS VIOLENCE - A HEALTH ISSUE

1) **WHEREAS**, injury and death from firearms is increasing at an alarming rate; and

2) **WHEREAS**, the growing proliferation of firearms of every type and description in urban and rural communities across this nation results in tens of thousands of injuries and deaths and untold costs; and

3) **WHEREAS**, in many urban communities across the United States, firearm violence represents the greatest health menace for adolescents, teenagers, and young adults; and

4) **WHEREAS**, 5,356 children and teens were killed by guns in 1991 through homicides, suicides, and accidental firearm deaths; and

5) **WHEREAS**, firearms were the second leading cause of death (after car accidents) for all children ages 10 to 14 as well as for teenagers and young adults; and

6) **WHEREAS**, among teenagers and young adults up to age 25, one in every four deaths was by firearm; and

7) **WHEREAS**, at least 30 children are wounded by guns each day; and

8) **WHEREAS**, death and infirmity from accidental and intentional use of firearms represents an epidemic as serious as any infectious disease in many communities; and

9) **WHEREAS**, the average hospital cost for treating a child wounded by gunfire is $14,434 (excluding physicians' fees and other lifetime rehabilitation expenses needed by many gunshot victims); and

10) **WHEREAS**, it is necessary to determine ways to prevent this costly menace to health and safety as urgently as any other health dilemma,

11) **NOW, THEREFORE, BE IT RESOLVED** that The United States Conference of Mayors supports the Administration's crime

prevention efforts, especially those components which address the root causes of violence; and

12) **BE IT FURTHER RESOLVED,** that the Conference of Mayors calls on the Administration and Congress to adopt further statutory, regulatory, and policy actions, necessary to address the root causes of firearms violence in order to stem and eliminate this epidemic.

Project Cost: Unknown

Resolution No. 31

Submitted By:

The Honorable Kay Granger
Mayor of Fort Worth

The Honorable Martha S. Wood
Mayor of Winston-Salem

A NATIONAL IMMUNIZATION PROGRAM

1) **WHEREAS**, the Centers for Disease Control and Prevention report that only two-thirds of children are appropriately immunized at age two; and

2) **WHEREAS**, the President has developed the Childhood Immunization Initiative; and

3) **WHEREAS**, the Omnibus Reconciliation Act of 1993 created the Vaccines for Children program; and

4) **WHEREAS**, the National Immunization Program (NIP) of the CDC has developed the Operations Guide for the Implementation of the Vaccines for Children; and

5) **WHEREAS**, states and many major cities have developed Immunization Action Plans (IAPS) outlining the activities necessary to improve all aspects of the delivery of immunization services and to increase state immunization rates to meet the national goal,

6) **NOW, THEREFORE, BE IT RESOLVED** that The United States Conference of Mayors endorses the Childhood Immunization Initiative to fully fund state IAPs and thus improve immunization and other health services delivery at the state and local levels; and

7) **BE IT FURTHER RESOLVED** that The U.S. Conference of Mayors encourages its members to form immunization coalitions of business, civic and health groups to take steps to meet the CDC immunization goal in all of our cities; and

8) **BE IT FURTHER RESOLVED THAT** any health reform proposal passed by Congress include coverage of all childhood immunization services without cost-sharing.

Projected Cost: Unknown

Resolution No. 32

Submitted By:

The Honorable Kay Granger
Mayor of Fort Worth

The Honorable Martha S. Wood
Mayor of Winston-Salem

HEALTH CARE FOR CHILDREN AND FAMILIES

1) **WHEREAS**, good health is essential for children's ability to learn, grow and reach their full potential as members of society; and

2) **WHEREAS**, to ensure that our children have good health, all children and parents, especially pregnant women, must have access to a wide range of affordable preventive, acute, tertiary and long-term care services; and

3) **WHEREAS**, to obtain that access we must make certain that all children and parents, especially pregnant women, are insured; and

4) **WHEREAS**, our failure as a nation to make that commitment results in higher costs, missed opportunities for prevention, unnecessary disability and death; and

5) **WHEREAS**, there is an urgent health care crisis today for well over half of America's 65 million children; and

6) **WHEREAS**, over 8 million children and one-half million pregnant women have no health insurance; and

7) **WHEREAS**, 17 million children are uninsured for part or all of the year; and

8) **WHEREAS**, 19 million children on Medicaid face the prospect of losing benefits because of state fiscal problems; and

9) **WHEREAS**, many thousands of children are locked out of the health insurance system because of pre-existing conditions exclusions; and

10) **WHEREAS**, millions of families have private insurance that fails to cover preventive services as well as treatment needed by children with physical and emotional disabilities,

11) **NOW, THEREFORE, BE IT RESOLVED** that The U.S. Conference of Mayors is firmly committed to assuring health security to our nation's children and families; and

12) **BE IT FURTHER RESOLVED THAT** any health care reform plan must include the guarantee of affordable universal coverage and access to care for pregnant women, children and families; and

13) **BE IT FURTHER RESOLVED THAT** comprehensive benefits be clearly defined by law; and

14) **BE IT FURTHER RESOLVED,** that The U.S. Conference of Mayors urges Congress to pass and the President to sign in 1994 health reform legislation that provides health insurance coverage to everyone in the United States.

Projected Cost: Unknown

Resolution No. 34

Submitted By:

The Honorable Hector L. Acevedo
Mayor of San Juan

ADVOCATING GREATER USE OF AZT TREATMENTS FOR PREGNANT WOMEN WITH HIV

1) **WHEREAS,** the total number of AIDS cases in the U.S. is rapidly approaching 400,000; and

2) **WHEREAS,** as of December, 1993, the number of AIDS cases in women total over 44,000; and

3) **WHEREAS,** as of December, 1993, the total number of child AIDS cases was 5,234 and of these 90 percent contracted HIV in utero or at birth; and

4) **WHEREAS,** a study conducted by the Pediatric AIDS Clinical Trials Group of the National Institute of Allergy and Infectious Diseases demonstrated a highly significant reduction (67.5 percent) of the risk for transmission of HIV from mother to infant for the group which received Zidovudine (AZT),

5) **NOW, THEREFORE, BE IT RESOLVED** that The U.S. Conference of Mayors calls upon the Administration and Congress to fund further research concerning the efficacy and saftey of Zidovudine and other treatments to prevent mother to infant transmission of HIV, and to provide funding for these treatments; and

6) **BE IT FURTHER RESOLVED** that the Conference of Mayors calls upon all local governments to establish programs for routine voluntary testing of pregnant women and provide appropriate preventive treatment for pregnant women with HIV to reduce the risk of mother to infant transmission, and urges the World Health Organization and the United Nations to do the same for women and children throughout the world.

Project Cost: Unknown

Resolution No. 62

Submitted By:

The Honorable Alex M. Olejko
Mayor of Lorain

PROSTATE CANCER AWARENESS

1) **WHEREAS**, more than 130,000 men are diagnosed with prostate cancer and tragically, more than 34,000 deaths occur every year from this form of cancer; and

2) **WHEREAS**, approximately one of every eleven men will develop prostate cancer, which is the second leading cause of cancer deaths in men; and

3) **WHEREAS**, the incidence of this form of cancer occurs mainly in men over the age of sixty-five and, for reasons yet unknown, black Americans, Hispanics and minorities have the highest diagnostic rate in the world; and

4) **WHEREAS**, through the help of awareness and early detection by specific testing for prostate cancer of every male over the age of forty; these numbers can be decreased and numerous lives can be saved; and

5) **WHEREAS**, new technologies for the diagnosis and staging of prostate cancer have been developed, such as the transrectal ultrasound, which may reveal cancers too small to be detected by physical examination, but we also need to continue to understand and detect the causes of this disease;

6) **NOW, THEREFORE, BE IT RESOLVED** that the U.S. Conference of Mayors urges the Administration to increase the public's awareness of prostate cancer and make funding available for early detection testing and treatment for this disease; and

7) **BE IT FURTHER RESOLVED,** that the U.S. Department of Health should continue its studies in finding the cause of prostate cancer and making treatments available to those stricken with this form of cancer.

Projected cost: Unknown

THE WHITE HOUSE

WASHINGTON

July 18, 1994

Mr. Damon F. Dunaway
Post Office Box 33380
Baltimore, Maryland 21218

Dear Mr. Dunaway:

Thank you for writing and for sending me a copy of "Do Your Own HIV and AIDS Survey, Volume 1." The Office of the National AIDS Policy Coordinator is devoted to the development and implementation of policies that will stop the spread of HIV. Current and accurate educational materials are critical in this effort.

I have forwarded your publication to the Office of the Deputy Director (HIV) at the Centers for Disease Control and Prevention, who will be able to determine whether it can be used in their operations.

Again thank you for writing and best wishes with your endeavors.

Sincerely,

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

Mr. Damon F. Dunaway
Post Office Box 33380
Baltimore, Maryland 21218

June 29, 1994

Ms. Kristine Gebbie
A.I.D.S. Policy Coordinator
A.I.D.S. PROGRAM OFFICE
200 Independence Avenue S.W. # 738-G
Washington D.C. 20201

Dear Ms. Gebbie

This is Damon F. Dunaway, I have just published my book called, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**" a free personally autographed complementary copy of which you will find enclosed within this envelope. Ms. Gebbie I am a very poor severely disabled black man who lives on a combination of fixed Social Security Disability Income and, Supplemental Security Income sources. It is because I have used up a great deal of my own very limited personal and, financial resources in order to publish this book, I now desparately need all the help you can give me in my goal of helping to get this book in the hands of people, professionals and, organizations who are actively helping people living with H.I.V. and, A.I.D.S. Ms. Gebbie with your help I can to my part to fight the war on H.I.V. and, A.I.D.S. dispite my multiple severe handicaps by using my computer and, its external FAX modem I have added. Ms. Gebbie I would very much appriciate the names and, FAX telephone numbers of any people, businesses and, organizations who you feel could make effective use of my, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY, *Volume 1***" as a potent educational or, other resource in their personal, corpaorate or, other war against H.I.V. and, A.I.D.S. Ms. Gebbie I have spent a great deal of my very limited physical resources, abilities and, fixed income in the cause of writing this book because, I wanted to help people living with H.I.V. and, A.I.D.S. enhance their quality of life by using my book as an empowering tool that motivates them monitor their H.I.V. related healthcare and, associated issues.

Ms. Gebbie I have spent a great deal of my very limited physical resources, abilities and, fixed income in the cause of writing this book because, I also wanted to write a book that actively encouraged people living with H.I.V. and, A.I.D.S. to keep thinking of themselves as valid, valuable human beings worthy of both quality healthcare and, societies compasionate supportive love that makes fighting live despite a medically confirmed H.I.V. or, A.I.D.S. diagnosis a worthwhile activity. Ms. Gebbie I had to write this book and, put myself in danger of losing my Social Security Disability Income and, Suplemental Security Income benefits because, it was imposible for me to just stand on the sidelines and, watch so many people diagnosed with H.I.V. and, A.I.D.S. just give up on living because of fear, ignorance, low self esteem issues that often can keep marginalized people from asking the assertive, empowering questions required sometimes to get the best H.I.V. and, A.I.D.S. healthcare services today because, they have spent lifetimes abusing drugs, ignoring their health, making other excuses to continue suffering unnecessarily. I have seen far too many people die prematurely of H.I.V. or, A.I.D.S. related complications simply because, they did not have an outline of subjects they needed to raise with their doctor, nurse or, other healthcare professional. I have seen far too many active and, former drug addicts, prostitutes or, active homosexuals and, other marginalized people intentionally and, unintentionally shamed so completely into submission in healthcare facilities that they many times leave without getting the proper healthcare they both desparately needed and, certainly deserved.

Ms. Gebbie my heart aches for people living with H.I.V. and, A.I.D.S. who feel themselves so ignorant, uneducated, useless or, otherwise so completely unworthy of quality healthcare and, H.I.V. and, A.I.D.S. supportive care because, of the negative lifestyle choices, sexual orientation issues or, any other misfortunes life has visited upon them. Ms. Gebbie I know from personal experience what it feels like to have the misunderstandings, ignorace, active bigotry or, prejudiced indifference of society make you both hate isolate yourself in a prison of apathy and, despair until the sweet death caused by complications related to your disabilities are allowed to come take you away. Ms. Gebbie I know from personal experience that in the absence of a supportive knowledgible reassurances of a caring friend my surveys can provide support, encouragement, empowerment to marginalized drug addicts, prostitutes and, other disadvantaged populations living with H.I.V. and, A.I.D.S that make them assertive enough to, make healthier lifestyle choices, seek the proper healthcare options and, monitor their H.I.V. or, A.I.D.S. related symptoms with a renewed zeal. It is my hope to motivate marginalized people living with H.I.V. and, A.I.D.S. to live and, I need your help. DORRANCE PUBLISHING COMPANY, INC. is a very small subsidy publisher that does not have sales arrangements with the larger major book chain stores that would afford the wide distribution needed to get my book in the hands of all people living with H.I.V. / A.I.D.S. and, those doctors, nurses, other professionals, family and, friends who support them. Ms. Gebbie I would simply ask you let people know that my book exist's and, please promise me you will do everything you can to help me get my, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***" into the hands of every person, business or, organization in the United States who could possibly have any legitimate reason to use my book as an effective resource in their part of our nation's fight against H.I.V. and, A.I.D.S. Remember I have a fax modem, personal computer and, the limited time my disabilities allow me to function so I can contact people via FAX machine or, telephonically. Please help me to make better the lives of all people in our world living with H.I.V. or, A.I.D.S. because, this was the reason why I took the great risk and, physical pain of writing this book called, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***". Finally Ms Gebbie please note that I am available to speak to groups or, individuals who are interested in either myself or my, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***" book however, my schedule is determined by my health at any given instant of time so keep in mind that I am only as available as my multiple physical disabilities and, chronic pain allow at the time of an event

Yours In Christian Love
Mr. Damon F. Dunaway

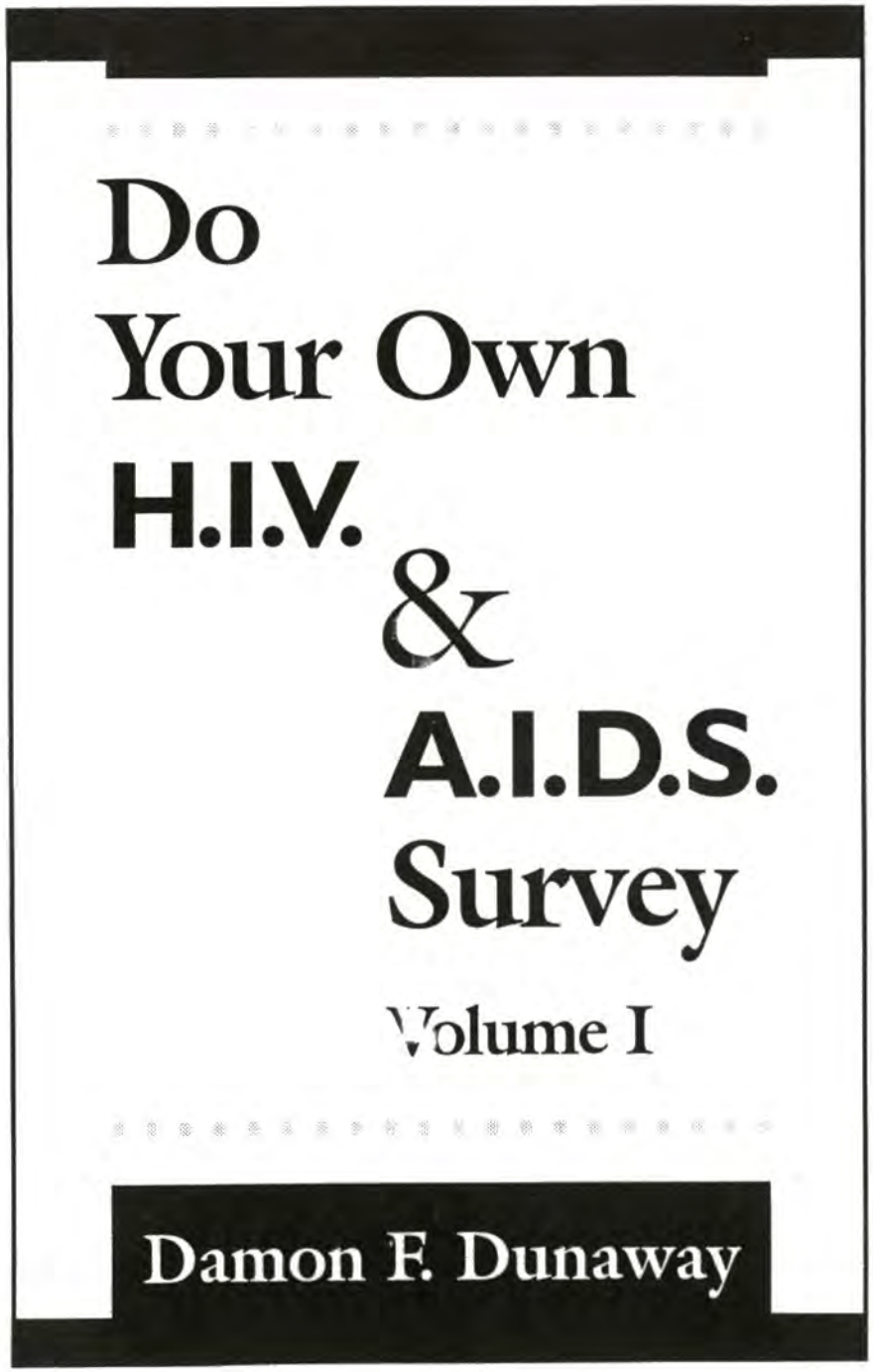
P.S. As always if you need me for any purpose whatsoever feel free to call me at (410) 323-0728

Enclosures:

Letter,
One copy of , "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***",
Book Announcement / Order Forms,
A Breif Personal History Of The Author.

My name is, Mr. Damon F. Dunaway. I have written and, published a book called, **"DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, Volume 1". This book is designed to help people living with H.I.V. and, A.I.D.S. by using questions set up in a survey format to educate, empower, affirm and, enhance the quality of life for all people who have to deal with the social, political or, other important issues facing people living with H.I.V., A.I.D.S. I hope my book, **"DO YOUR OWN H.I.V. & A.I.D.S. SURVEY, Volume 1"** puts a human face on the issues and, pains people living with H.I.V. and, A.I.D.S. must endure daily. My book was designed to give people living with H.I.V. and, A.I.D.S., questions about basic things needed to live effectively with H.I.V. or, A.I.D.S. creating, "an educated and, empowered starting off point" in the relationship they must build with their doctors, nurses, health care professionals and, other H.I.V. and, A.I.D.S. service organizations they will need". I am a 35 year old severely multiply handicapped black man living on a fixed income who truly needs all the help you can give me to get my book in the hands of people, families, co-workers and, a society which must learn to live effectively with H.I.V. and, A.I.D.S. On June 27, 1959, I was born with, Cerebral Palsy, Water On The Brain, Organic Brain Disorder, Bi-lateral Foot Deformities, Alternating Exitropia, Seizures, Rhuamotoid Artheritis, No Visual Depth Perception, Chronic Pain among other disabilities. Despite my own many disabilities I have always tried to use my limited abilities in the service of people in my community who most needed help securing a better quality of life. By publishing this book I have gone very deep into debt in hopes of helping people living with H.I.V. and, A.I.D.S. secure better healthcare using the questions in this survey was an easy concept for me to develop because, most of my childhood and, young adult life has been spent in doctors offices where I learned to ask eduated, empowering questions and, keep accurate records of my medical experiences which included monitoring any other aspects of my life that positively or, negatively affected my many disabilities or, related conditions. If doctors see that you take an active role in monitoring and, caring for your health they become more effective at managing your H.I.V. or, A.I.D.S. based problems.

I have invested a great deal of my limited strength, ability and, financial resources in writing this book because, I know how ignorance or, fear can cause any person to forget vital questions during visits to the doctors office. I also know from painful experience how difficult it is to keep up with the massive amounts of information you are exposed to when fighting anything complex as H.I.V./A.I.D.S. Living with H.I.V. and, A.I.D.S. requires infected individuals to effectively monitor each part of their body for sometimes very subtle changes that could alter a person's quality of life. I understand that by not asking the right questions while in the doctors office and, not having your information at the ready while the doctor is prepared to speak about your concerns, can cause so much uneccessary suffering. Living with H.I.V. and, A.I.D.S. also means effectively monitoring how H.I.V. or, A.I.D.S. is affecting the quality of life of the individual and, their family or friends. Living with all my complex multiple disabilities is a constant severe painful fight I have waged for 35 years and, I know what fighting any painful life changing debilitating disease process like H.I.V. or, A.I.D.S. can take out of even the strongest person, who must face living with H.I.V. or, A.I.D.S. when they are ignorant or, unprepared for constant medical or personal quality of life challenges. With your help maybe we can use the survey's in my book, ***"DO YOUR OWN H.I.V. & A.I.D.S. SURVEY, Volume 1"*** to better prepare people living with H.I.V. and, A.I.D.S.for the difficult medical, emotional or, political fight that awaits them. If I have learned one lesson in my 35 years of living with my multiple severe disabilities it is, "The best way to insure you are always ready for adversity is by praying, planning and, preparing for all possible eventualities, only then can we hope to live a quality fulfilling life that inspires others with hope while, giving us the strength to live beyond the physical or emotional pains of disabilities that constantly conspire to steal our faith in God, confine our human spirit and drain the love we share with our world".



Do Your Own H.I.V. and A.I.D.S. Survey

Volume I

by Damon F. Dunaway

Do Your Own H.I.V. and A.I.D.S. Survey: Volume I provides a template, via computer software, that H.I.V. and A.I.D.S. sufferers can use to unveil intimate details of their experiences. Author Damon F. Dunaway introduces this novel concept with special sensitivity because of his lifelong experience dealing with his own severe multiple disabilities, which include cerebral palsy and debilitating rheumatoid arthritis, an auto-immune disorder.

Dunaway successfully attacks the mystery and shame which shrouds A.I.D.S. and gives people living with H.I.V. and A.I.D.S. the opportunity to use his survey in battling society's perceptions of this century's most misunderstood and feared disease.

The goal of *Do Your Own H.I.V. and A.I.D.S. Survey: Volume I* is simple—to reduce prejudice, to garner better healthcare, and ultimately, to improve the public's awareness. Dunaway's unique work is a must read for all those afflicted by A.I.D.S. or H.I.V. and for those who desire to change attitudes from ignorance to compassion and understanding.

About the Author

Damon F. Dunaway has been afflicted since birth with severe multiple disabilities, which include cerebral palsy and debilitating rheumatoid arthritis, an auto-immune disorder. He has worked through the emotional trauma of living with severe handicaps by reaching out to help others in need to better themselves both physically and spiritually.

Do Your Own H.I.V. and A.I.D.S. Survey: Volume I is Dunaway's first published work. He plans to write a sequel in the near future.

Dunaway currently resides in Maryland.

DO YOUR OWN H.I.V. AND A.I.D.S. SURVEY: VOLUME 1
by Damon F. Dunaway
ISBN # 0-8059-3494-4 $5.95
Order from your bookseller or direct from:
Dorrance Publishing Co., Inc., 643 Smithfield Street, Pittsburgh, PA 15222
Please ship _____ copies. ❑ Payment enclosed for $5.95 each.

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

Mr. Damon F. Dunaway
Post Office Box 33380
Baltimore, Maryland 21218

June 29, 1994

Ms. Kristine Gebbie
A.I.D.S. Policy Coordinator
A.I.D.S. PROGRAM OFFICE
200 Independence Avenue S.W. # 738-G
Washington D.C. 20201

Dear Ms. Gebbie

This is Damon F. Dunaway, I have just published my book called, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**" a free personally autographed complementary copy of which you will find enclosed within this envelope. Ms. Gebbie I am a very poor severely disabled black man who lives on a combination of fixed Social Security Disability Income and, Supplemental Security Income sources. It is because I have used up a great deal of my own very limited personal and, financial resources in order to publish this book, I now desparately need all the help you can give me in my goal of helping to get this book in the hands of people, professionals and, organizations who are actively helping people living with H.I.V. and, A.I.D.S. Ms. Gebbie with your help I can to my part to fight the war on H.I.V. and, A.I.D.S. dispite my multiple severe handicaps by using my computer and, its external FAX modem I have added. Ms. Gebbie I would very much appriciate the names and, FAX telephone numbers of any people, businesses and, organizations who you feel could make effective use of my, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY, *Volume 1***" as a potent educational or, other resource in their personal, corpaorate or, other war against H.I.V. and, A.I.D.S. Ms. Gebbie I have spent a great deal of my very limited physical resources, abilities and, fixed income in the cause of writing this book because, I wanted to help people living with H.I.V. and, A.I.D.S. enhance their quality of life by using my book as an empowering tool that motivates them monitor their H.I.V. related healthcare and, associated issues.

Ms. Gebbie I have spent a great deal of my very limited physical resources, abilities and, fixed income in the cause of writing this book because, I also wanted to write a book that actively encouraged people living with H.I.V. and, A.I.D.S. to keep thinking of themselves as valid, valuable human beings worthy of both quality healthcare and, societies compasionate supportive love that makes fighting live despite a medically confirmed H.I.V. or, A.I.D.S. diagnosis a worthwhile activity. Ms. Gebbie I had to write this book and, put myself in danger of losing my Social Security Disability Income and, Suplemental Security Income benefits because, it was imposible for me to just stand on the sidelines and, watch so many people diagnosed with H.I.V. and, A.I.D.S. just give up on living because of fear, ignorance, low self esteem issues that often can keep marginalized people from asking the assertive, empowering questions required sometimes to get the best H.I.V. and, A.I.D.S. healthcare services today because, they have spent lifetimes abusing drugs, ignoring their health, making other excuses to continue suffering unnecessarily. I have seen far too many people die prematurely of H.I.V. or, A.I.D.S. related complications simply because, they did not have an outline of subjects they needed to raise with their doctor, nurse or, other healthcare professional. I have seen far too many active and, former drug addicts, prostitutes or, active homosexuals and, other marginalized people intentionally and, unintentionally shamed so completely into submission in healthcare facilities that they many times leave without getting the proper healthcare they both desparately needed and, certainly deserved.

Ms. Gebbie my heart aches for people living with H.I.V. and, A.I.D.S. who feel themselves so ignorant, uneducated, useless or, otherwise so completely unworthy of quality healthcare and, H.I.V. and, A.I.D.S. supportive care because, of the negative lifestyle choices, sexual orientation issues or, any other misfortunes life has visited upon them. Ms. Gebbie I know from personal experience what it feels like to have the misunderstandings, ignorace, active bigotry or, prejudiced indifference of society make you both hate isolate yourself in a prison of apathy and, despair until the sweet death caused by complications related to your disabilities are allowed to come take you away. Ms. Gebbie I know from personal experience that in the absence of a supportive knowledgible reassurances of a caring friend my surveys can provide support, encouragement, empowerment to marginalized drug addicts, prostitutes and, other disadvantaged populations living with H.I.V. and, A.I.D.S that make them assertive enough to, make healthier lifestyle choices, seek the proper healthcare options and, monitor their H.I.V. or, A.I.D.S. related symptoms with a renewed zeal. It is my hope to motivate marginalized people living with H.I.V. and, A.I.D.S. to live and, I need your help. DORRANCE PUBLISHING COMPANY, INC. is a very small subsidy publisher that does not have sales arrangements with the larger major book chain stores that would afford the wide distribution needed to get my book in the hands of all people living with H.I.V. / A.I.D.S. and, those doctors, nurses, other professionals, family and, friends who support them. Ms. Gebbie I would simply ask you let people know that my book exist's and, please promise me you will do everything you can to help me get my, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***" into the hands of every person, business or, organization in the United States who could possibly have any legitimate reason to use my book as an effective resource in their part of our nation's fight against H.I.V. and, A.I.D.S. Remember I have a fax modem, personal computer and, the limited time my disabilities allow me to function so I can contact people via FAX machine or, telephonically. Please help me to make better the lives of all people in our world living with H.I.V. or, A.I.D.S. because, this was the reason why I took the great risk and, physical pain of writing this book called, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***". Finally Ms Gebbie please note that I am available to speak to groups or, individuals who are interested in either myself or my, "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***" book however, my schedule is determined by my health at any given instant of time so keep in mind that I am only as available as my multiple physical disabilities and, chronic pain allow at the time of an event

Yours In Christian Love
Mr. Damon F. Dunaway

P.S. As always if you need me for any purpose whatsoever feel free to call me at (410) 323-0728

Enclosures:

Letter,
One copy of , "**DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, ***Volume 1***",
Book Announcement / Order Forms,
A Breif Personal History Of The Author.

My name is, Mr. Damon F. Dunaway. I have written and, published a book called, **"DO YOUR OWN H.I.V. & A.I.D.S. SURVEY**, Volume 1". This book is designed to help people living with H.I.V. and, A.I.D.S. by using questions set up in a survey format to educate, empower, affirm and, enhance the quality of life for all people who have to deal with the social, political or, other important issues facing people living with H.I.V., A.I.D.S. I hope my book, **"DO YOUR OWN H.I.V. & A.I.D.S. SURVEY, Volume 1"** puts a human face on the issues and, pains people living with H.I.V. and, A.I.D.S. must endure daily. My book was designed to give people living with H.I.V. and, A.I.D.S., questions about basic things needed to live effectively with H.I.V. or, A.I.D.S. creating, "an educated and, empowered starting off point" in the relationship they must build with their doctors, nurses, health care professionals and, other H.I.V. and, A.I.D.S. service organizations they will need". I am a 35 year old severely multiply handicapped black man living on a fixed income who truly needs all the help you can give me to get my book in the hands of people, families, co-workers and, a society which must learn to live effectively with H.I.V. and, A.I.D.S. On June 27, 1959, I was born with, Cerebral Palsy, Water On The Brain, Organic Brain Disorder, Bi-lateral Foot Deformities, Alternating Exitropia, Seizures, Rhuamotoid Artheritis, No Visual Depth Perception, Chronic Pain among other disabilities. Despite my own many disabilities I have always tried to use my limited abilities in the service of people in my community who most needed help securing a better quality of life. By publishing this book I have gone very deep into debt in hopes of helping people living with H.I.V. and, A.I.D.S. secure better healthcare using the questions in this survey was an easy concept for me to develop because, most of my childhood and, young adult life has been spent in doctors offices where I learned to ask eduated, empowering questions and, keep accurate records of my medical experiences which included monitoring any other aspects of my life that positively or, negatively affected my many disabilities or, related conditions. If doctors see that you take an active role in monitoring and, caring for your health they become more effective at managing your H.I.V. or, A.I.D.S. based problems.

I have invested a great deal of my limited strength, ability and, financial resources in writing this book because, I know how ignorance or, fear can cause any person to forget vital questions during visits to the doctors office. I also know from painful experience how difficult it is to keep up with the massive amounts of information you are exposed to when fighting anything complex as H.I.V./A.I.D.S. Living with H.I.V. and, A.I.D.S. requires infected individuals to effectively monitor each part of their body for sometimes very subtle changes that could alter a person's quality of life. I understand that by not asking the right questions while in the doctors office and, not having your information at the ready while the doctor is prepared to speak about your concerns, can cause so much uneccessary suffering. Living with H.I.V. and, A.I.D.S. also means effectively monitoring how H.I.V. or, A.I.D.S. is affecting the quality of life of the individual and, their family or friends. Living with all my complex multiple disabilities is a constant severe painful fight I have waged for 35 years and, I know what fighting any painful life changing debilitating disease process like H.I.V. or, A.I.D.S. can take out of even the strongest person, who must face living with H.I.V. or, A.I.D.S. when they are ignorant or, unprepared for constant medical or personal quality of life challenges. With your help maybe we can use the survey's in my book, ***"DO YOUR OWN H.I.V. & A.I.D.S. SURVEY, Volume 1"*** to better prepare people living with H.I.V. and, A.I.D.S.for the difficult medical, emotional or, political fight that awaits them. If I have learned one lesson in my 35 years of living with my multiple severe disabilities it is, "The best way to insure you are always ready for adversity is by praying, planning and, preparing for all possible eventualities, only then can we hope to live a quality fulfilling life that inspires others with hope while, giving us the strength to live beyond the physical or emotional pains of disabilities that constantly conspire to steal our faith in God, confine our human spirit and drain the love we share with our world".

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Volume I

Damon F. Dunaway

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About the Author

Damon F. Dunaway has been afflicted since birth with severe multiple disabilities, which include cerebral palsy and debilitating rheumatoid arthritis, an auto-immune disorder. He has worked through the emotional trauma of living with severe handicaps by reaching out to help others in need to better themselves both physically and spiritually.

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THE WHITE HOUSE

WASHINGTON

July 18, 1994

David H. Martin, M.D.
President
International Society for STD Research
Louisiana State University Medical School
Section of Infectious Diseases
1542 Tulane Avenue
New Orleans, Louisiana 70112

Dear Dr. Martin:

Thank you for the invitation to co-sponsor the next meeting of the International Society for Sexually Transmitted Disease Research (ISSTDR) to be held in New Orleans in August. I am aware of the fine work your organization has done in the area of STD research and fully support your efforts.

As the National AIDS Policy Coordinator, I am especially supportive of all efforts to broaden the discussion between basic science and social science researchers whose work could further the understanding of human sexual behavior and produce new approaches to modifying and sustaining high risk behaviors. It is important that AIDS researchers recognize and utilize the vast body of knowledge produced by scientists in related fields such as Sexually Transmitted Diseases. Nowhere is this more important than in the field of behavioral research, for behavioral interventions that will reduce high risk sexual behaviors and enable us to sustain long term adherence to safer sex practices will be the key to reducing the transmission of all sexually transmitted diseases and to significantly lowering the number of unplanned pregnancies.

I fully acknowledge and support the role of the International Society for Sexually Transmitted Disease Research in providing a forum for this important research dialogue.

Sincerely,

Kristine Gebbie

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

Eleventh Meeting of the International Society for STD Research

New Orleans, Louisiana (USA) August 27 - 30, 1995

Bud - draft reply

LSU Medical School
Department of Medicine
Section of Infectious Diseases
1542 Tulane Avenue
New Orleans, Louisiana 70112
U.S.A.
Phone: (504) 568-5030
FAX: (504) 568-6752

June 8, 1994

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

Dear Ms. Gebbie:

I am writing you to ask for co-sponsorship of the Office of the National AIDS Policy Coordinator for the next meeting of the International Society for Sexually Transmitted Disease Research (ISSTDR) which will be held in New Orleans August 27-29, 1995. As you may know, our organization is the preeminent international society devoted to sexually transmitted disease research. The ISSTDR exists solely for the purpose of putting on a high quality scientific meeting focused on this field every two years. The meeting serves to bring together basic scientists, clinicians, epidemiologists, social scientists, and public health administrators for discussion of the latest research on pathogenesis, diagnosis, treatment, and prevention of all of the STD's, including HIV infection. An increasingly important presence at the meeting are the behavioral scientists whose research focuses on understanding sexual behavior and new approaches to modifying high risk sexual practices. The AIDS epidemic has brought new resources for research to this area and the ISSTDR meeting has provided an important venue for the presentation of this important work. I have enclosed a summary of the 1993 program to give you an idea of the meeting contents. Nearly 600 persons attending the 1993 meeting; we anticipate 700 or more will attend in 1995.

ISSTDR DISK/A:\AIDSCOOR.LTR

I and the members of the ISSTDR Board would very much like to have the support of Office of the National AIDS Policy Coordinator for the 1995 meeting. If you agree, your organization would be listed in the official program as a meeting co-sponsor. We are currently applying for a grant to partially support the cost of the meeting. Demonstration of support from national and international organizations who share our goals will be important in this application process. Therefore, if at all possible, I would like to receive your letter of support prior to June 29. If this time frame is too short, please be assured that I and the ISSTDR Board will welcome your support at any time.

Thank you for considering this request. Please do not hesitate to call me if you have any questions.

Sincerely,

David H. Martin, M.D.
President, ISSTDR
Harry E. Dascomb Professor of Medicine
and Professor of Microbiology
Chief, Section of Infectious Diseases

DHM:vmp

ISSTDR DISK/A:\AIDSCOOR.LTR

Time	Sunday, August 29	Monday, August 30				Tuesday, August 31				Wednesday, September 1		
08.00–09.15		PLENARY SESSION 1 STD and Oncogenesis Trends in Sexual Behavior (Great Hall)				PLENARY SESSION 3 Recent Advances in STD Diagnosis Infection and Pregnancy (Great Hall)				PLENARY SESSION 5 New Developments in the Biology of Genital Herpes The Epidemiology and Prevention of STD (Great Hall)		
09.15–09.45		COFFEE				COFFEE				COFFEE		
09.45–12.00		SCIENTIFIC SESSIONS				SCIENTIFIC SESSIONS				SCIENTIFIC SESSIONS		
		A1 STD and Oncogenesis HPV (P III)	B1 Chlamydia (P II)	C1 STD Epidemiology I (P I)	S1 Hemophilus ducreyi Chancroid (P IV)	A3 Technological Advances (P I)	B3 STD and Reproductive Health (P III)	S4 Management of STD (P IV)	S5 Assessing and Influencing Sexual Behavior (P II)	B5 HPV Genital Warts (P II)	D2 Public Health Measures to Prevent STD (P III)	S7 STD Treatment Guidelines (P I)
12.00–13.30		AVDA LUNCHEON				LUNCH				12.30–13.00 PLENARY SESSION 6 Summary (P I)		
13.30–14.30		POSTER SESSION 1 Tracks A+B (Poster Hall)				POSTER SESSION 2 Tracks C+D (Poster Hall)						
14.30–15.10		PLENARY SESSION 2 Vaccines in the Prevention of HIV and Other STDs (P I)				PLENARY SESSION 4 STDs and Infertility (P I)						
15.10–15.30		COFFEE				COFFEE						
15.30,–17.45		SCIENTIFIC SESSIONS				SCIENTIFIC SESSIONS						
		A2 Vaccines and Immunity (P III)	B2 Gonorrhea Vaginal Infections (P II)	S2 Mobile Prostitution in Europe (P IV)	S3 STD/HIV Is everyone at risk (P I)	B4 Genital Ulcer Disease (P I)	C2 STD Epidemiology II (P III)	D1 STD and Sexual Behavior (P II)	S6 Rapid STD Assessment (P IV)			
	19.00 Opening Ceremony Keynote Lecture: STD Epidemiology	18.30 City Reception				20.00 Banquet						

Track A: Basic science | Track B: Clinical science | Track C: Epidemiology | Track D: Social science | S: Special Symposium

1993

PROGRAM OUTLINE

Attached is the first announcement of the 10th ISSTDR meeting held in 1993. The announcement lists present and past board members, among whom are many of the world's preeminent sexually transmitted disease investigators.

HELSINKI

1993

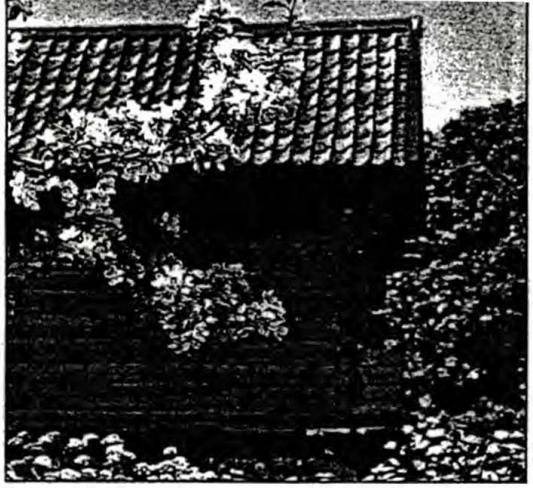
ISSTDR

First Announcement

Tenth International Meeting of the International Society for STD Research

Helsinki, Finland

August 29 – September 1, 1993


Dear Colleague,

The International Society for STD Research (ISSTDR) organizes an important scientific meeting every two years with an opportunity for STD researchers from all over the world to share their science and enthusiasm. Members of the International Board of the ISSTDR strongly agree that there is a continuing need for a smaller scale, scientifically oriented, general STD research meeting.

Meeting Site

The Tenth ISSTDR Meeting has been set for August 29–September 1, 1993, in Helsinki, Finland. Opening ceremonies will take place August 29 in the main Auditorium of the University of Helsinki. All conference facilities are located in the historic old city in downtown Helsinki, a short walk from most tourist attractions. The weather in Helsinki in late August is generally excellent.

Meeting Organization

Dr. Jorma Paavonen, Helsinki, will serve as an overall meeting Chair, Drs. H. Hunter Handsfield, Seattle, and Timo Reunala, Helsinki, as Co-chairs. A local (Helsinki) Organizing Committee, and an International Scientific Committee have been recruited.

Meeting Schedule

Registration will take place in the main hall of the Porthania Building, University of Helsinki, Hallituskatu 11, 00100 Helsinki, on Sunday, August 29, from 12 noon. Scientific sessions will continue between 8am and 5pm, on Monday, August 30, Tuesday, August 31, and Wednesday, September 1. A conference banquet will be held on Tuesday evening. All scientific sessions, poster sessions and exhibitions will take place in the Porthania Building. The scientific sessions will start with plenary presentations and state-of-the-art lectures given by experts. Special symposia will be organized on selected topics.

Scientific Organization

The preliminary scientific organization is summarized as follo. The categories will be modified as needed, depending on submitted abstracts and or advice from the Scientific Committee.

Track A: Basic Science
- STD organisms: Advances in Biology
- Diagnostics
- Interactions between viral and bacterial STDs
- Vaccines
- Humoral and cellular immunity
- Oncogenesis

Track B: Clinical Science
- Diagnosis
- STD syndromes
- STD sequelae
- STD and neoplasia
- Treatment
- Natural history

Track C: Epidemiology
- Transmission
- Incidence
- Risk factors
- Models and algorithms

Track D: Social impact, behavior and prevention
- Sexuality
- Behavioral research
- Intervention
- Counseling
- Public health, prevention and control

Commercial Exhibition

A commercial exhibition of pharmaceutical and diagnostic products will be arranged during the Meeting. Interested representatives are encouraged to contact the organizers.

Registration fee

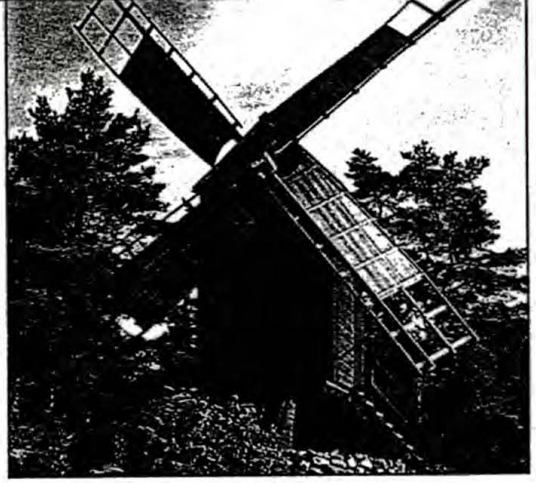
The registration fee (before April 30, 1993) is Fmk 1600 (approximately 330 US$).

Abstracts

The deadline for abstracts is April 30, 1993. A formal call for Abstracts will be mailed with the Second Announcement in January, 1993.

Accommodation

Conference delegates will be offered housing in hotels comfortably located in the City Center. A list of hotels and rates will be mailed with the Second Announcement.


Travel

Helsinki International Airport is located 25 minutes from downtown Helsinki. There is a regular bus service to and from the airport to major hotels in the City Center. The official air carrier of the Meeting is Finnair.

We cordially invite you to participate in the Tenth ISSTDR Meeting in Helsinki, Finland, and to join together in the exciting intellectual, scientific, and social climate of this meeting. Please protect your calendar now! Circle August 29–September 1, 1993 ! We look forward to seeing you in Helsinki !

On behalf of the Organizing Committee,

Jorma Paavonen, MD	Chair
H. Hunter Handsfield, MD	Co-Chair
Timo Reunala, MD	Co-Chair
Jukka Suni, MD	Coordinator
Sirkka-Liisa Valle, MD	Secretary General
Pekka Oksanen, MD	Treasurer

International Board of ISSTDR

Present members
S. Aral (USA), N. Chaika (Russia), H.H. Handsfield (USA), Y. Kumamoto (Japan), M. Laga (Belgium), D. Martin (USA), Y-F. Ngeow (Malaysia), E. Ngugi (Kenya), M. Paalman (The Netherlands), J. Paavonen (Finland), E. Perea (Spain), D. Taylor-Robinson (UK), E. Sandström (Sweden), A.E. Washington (USA), J. Wasserheit (USA)

Emeritus members
L. Corey (USA), K.K. Holmes (USA), I. Lind (Denmark), T.F. Mroczkowski (Poland), P. Piot (Belgium), A. Lassus (Finland), D. Petzoldt (Germany), A. Ronald (Canada), E. Stolz (The Netherlands), J. Wallin (Sweden), A. Luger (Austria), S.E. Thompson (USA), J.R.W. Harris (UK)

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Conference Secretariat

Congress Management Systems
10th ISSTDR
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SF-00141 Helsinki
Finland
Tel 358-0-175 355
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Supporting Organizations

International
World Health Organization
Pan American Health Organization
National Institute of Allergy and Infectious Diseases, National Institutes of Health
Division of STD/HIV Prevention, Centers for Disease Control
International Union against the Venereal Discases and the Treponematoses
American Venereal Disease Association
International AIDS Society
Center for STD Research, University of Uppsala

Local:
University of Helsinki
Ministry of Health and Social Affairs
Finnish Society for thc Study of Infectious Diseases
Finnish Society for Social Hygiene
Finnish Union Against Communicable Diseases
Finnish Dermatological Society
Herxheimer Society

DRAFT

MEMORANDUM

TO : Deputy Ethics Counselors

FROM : Jack M. Kress
Special Counsel for Ethics

SUBJECT: Co-Sponsorship Guidance

The Department of Health and Human Services (HHS) increasingly has recognized the benefits of co-sponsoring events with non-federal entities. Proper use of the co-sponsorship mechanism benefits HHS by providing the opportunity to combine non-federal experience and resources with HHS expertise and capabilities. On the other hand, improper use of the co-sponsorship mechanism can raise legal, ethical and public relations problems. Therefore, the Office of the Special Counsel for Ethics (OSCE) is providing this guidance to inform Deputy Ethics Counselors (DECs) about some of the basic legal and policy considerations concerning co-sponsorship. We ask that DECs in turn distribute this Memorandum to program offices who may have an interest in conducting co-sponsored events.

Definitions

At the outset, two terms require definition. First, for the purposes of this Memorandum, the term "HHS" refers to the Department as a whole and/or any component or subdivision thereof. In the past, co-sponsored events have been developed by OPPDIVs, STAFFDIVs, Regional Offices, PHS Agencies, and various other subdivisions of the Department. This Memorandum is not intended to establish which components or subdivisions of the Department have authority to conduct co-sponsored activities, but rather to set out the criteria for permissible co-sponsorships by any offices that have authority to engage in such activities.

Second, the term "co-sponsorship" needs explanation. Not every joint effort between HHS and a private entity is properly viewed as a co-sponsorship. Many relationships between HHS and private entities are governed by different legal requirements than those set out in this Memorandum. As used in this Memorandum, the term "co-sponsorship" refers to the joint development and/or presentation of a conference, seminar, symposium, educational program, public information campaign, or

similar event related to the mission of the Department, by HHS and one or more non-federal entities that share a mutual interest in the subject matter. For reasons discussed under "Statutory and Regulatory Restrictions" below, this definition excludes prospective co-sponsors who would provide only funding for an event, as well as prospective co-sponsors who do not have a demonstrated substantive interest in the subject matter of the event.

Basic Principles

The co-sponsorship guidance set forth here embodies several important principles. It is particularly important that HHS involvement in a co-sponsored event not create the appearance that HHS endorses the general policies, activities, or products of a co-sponsor. Likewise, there must be no appearance that the co-sponsor's support of an event will improperly influence the Department or any HHS employee. It is also crucial that HHS abide by all legal restrictions on the use of federal funds and all applicable appropriations law requirements.

In part, the provisions developed below reflect specific statutory and regulatory requirements (see "Statutory and Regulatory Restrictions"). However, some of these provisions exceed narrow requirements as a matter of ethical and legal policy (see "Policy Guidance"). Adherence to this additional policy guidance will hold the Department and those employees associated with a co-sponsored event to a high ethical standard and avoid appearances of impropriety.

Therefore, subject to the restrictions below, HHS may co-sponsor an event with a non-federal entity. Permissible events include conferences, seminars, symposia, educational programs, public information campaigns, and similar events permitted under the relevant authorizing legislation.

Statutory and Regulatory Restrictions

As a federal agency, HHS is subject to certain statutory and regulatory restrictions on its co-sponsorship of an event:

(1) Funds-Only Contributors. HHS may not enter into a co-sponsorship with a non-federal entity that would contribute only funding, logistical services, or other material support for an event, but would not participate in the development or presentation of the substantive aspects of the event. Such a contribution might constitute an augmentation of appropriations and would be impermissible, unless authorized by an applicable agency gift acceptance statute.

(2) **Substantive Interest of Co-Sponsor.** HHS may not enter into a co-sponsorship with a non-federal entity that does not have a demonstrated substantive interest in the subject matter of the event. An outside entity with no demonstrated substantive interest in the subject matter of the event will be allowed to provide services and goods only pursuant to a contract, an applicable agency gift acceptance statute, or other appropriate legal mechanism.

(3) **Registration Fees.** Absent applicable user fee authority, any registration fee collected by HHS must be deposited in the Treasury of the United States, without deduction for any charge or claim. 31 U.S.C. § 3302. However, a private co-sponsor may collect a mandatory fee from attendees to cover its share of the expenses incurred for rental of the facilities, production of the event, and food and refreshments.

(4) **Free Attendance for HHS Employees.** If HHS and the private co-sponsor(s) agree at the outset that HHS employees will be allowed free attendance at the event, then HHS employees may attend the co-sponsored event for free, at the discretion of their supervisors. If HHS and the private co-sponsor(s) do not provide for free attendance in their basic co-sponsorship agreement, then HHS personnel may accept free attendance at the event only if free attendance would not improperly augment the agency's appropriations or violate the Standards of Ethical Conduct for Employees of the Executive Branch. See, e.g., 5 C.F.R. §2635.204(g)(1)-(4)(free attendance at widely attended gatherings). For these purposes, "free attendance" would include the waiver of all or part of any registration fee, the provision of food, refreshments, entertainment, instruction and materials furnished to attendees as an integral part of the event.

(5) **Government Property.** HHS equipment, supplies, penalty envelopes, or other property may not be made available for use by a private co-sponsor unless used to assist in the development or presentation of the co-sponsored event.

(6) **Fundraising.** HHS staff may not engage in fundraising, or solicitations for donations of any kind, to support an event, except as may be authorized specifically by law. (HHS may, however, actively seek out potential co-sponsors, subject to restrictions noted below.)

(7) **Internal Events.** HHS may not co-sponsor an event where attendance at the event is limited to HHS staff.

(8) **HHS Payment for Food and Refreshments for Employees.** HHS may spend appropriated funds, including contract funds, to pay for the costs of food and refreshments for HHS employees attending a co-sponsored event only if:

(a) the event is an authorized training program conducted pursuant to the Government Employees Training Act, 5 U.S.C. §4101 et seq., and the provision of food and refreshments is considered necessary to achieve the objectives of the training program; or

(b) the food and refreshments are incidental to the event; the serving of the food and refreshments is necessary for HHS employees to participate fully in the event; and the HHS employees attending the event would miss essential formal discussions, lectures, or speeches concerning the purpose of the event if they took their meals elsewhere.

(9) HHS Payment for Food and Refreshments for Non-Employees. HHS may not spend any appropriated funds, including contract funds, to pay for the costs of food and refreshments for non-HHS attendees at a co-sponsored event unless the event is conducted pursuant to the Government Employees Training Act and such attendees are officially participating as speakers in the event.

Policy Guidance

There are additional restrictions which, while not strictly required by statute or regulation, also should apply to events which HHS co-sponsors with a non-federal entity:

(1) **Co-Sponsor Created for Event.** HHS may not co-sponsor an event with an entity created solely for involvement in that particular event.

(2) **Agreements and Records.** Whenever practicable, HHS should enter into a written co-sponsorship agreement and should do so well in advance of the event. Agreements and records concerning co-sponsored events should account fully and accurately for each co-sponsor's programmatic and financial responsibilities and activities. Agreements and records should describe separately any portion of an event exclusively sponsored by HHS or exclusively sponsored by a private co-sponsor. Agreements and records concerning the amount, sources, and uses of funds generally should be made available to the public. HHS generally should not co-sponsor an event with an organization that will not make information concerning funding publicly available.

(3) **Prohibited Sources.** While not prohibited, any proposed co-sponsorship with an entity that would be deemed a "prohibited source" under the Standards of Ethical Conduct should be reviewed with particular care. A "prohibited source" is any person or entity that: (a) is seeking official action by the agency planning the event; (b) does business or seeks to do business

activities of its co-sponsors. However, where the private co-sponsor wants to solicit gifts from prohibited sources, the private co-sponsor must agree in advance to do the following: (a) ensure that any solicitation will make clear that the private co-sponsor, not HHS, is asking for the gift, and that any gift will go solely toward the expenses of the private co-sponsor, not HHS; and (b) give assurances that it will not imply that HHS endorses any fundraising directed toward prohibited sources.

(5) **Commercialized Events.** HHS may not co-sponsor an event that is developed by the co-sponsor as a profit-making endeavor. Any registration fees charged to attendees of a co-sponsored event should not be designed to exceed the co-sponsor's costs for the event.

(6) **Promotion or Sale of Products.** HHS may not co-sponsor an event where the event is primarily devoted to promoting a product. However, educational materials prepared for a co-sponsored event may be sold to participants at cost. Also, transcripts and recordings of a co-sponsored seminar, conference, or workshop may be sold at cost after the event is concluded.

(7) **Independently Sponsored Portions of An Event.** Sometimes, a private co-sponsor will desire to sponsor a discrete portion of an event independently. HHS staff may not assist the co-sponsor in planning or otherwise organizing any discrete portion of an event that is exclusively sponsored by a private co-sponsor, except to the extent necessary to coordinate the overall program. Furthermore, HHS staff may not use or provide HHS equipment, supplies, or penalty envelopes to promote an independent portion of the event that is clearly not sponsored by HHS. However, official announcements and brochures for the event may contain factual references to the existence and scheduling of the entire event, including those portions of the event that are sponsored solely by a private co-sponsor, and HHS may participate in the preparation and distribution of such materials.

(8) **Event Publicity vs. General Endorsement.** Once a co-sponsored event has been approved, the co-sponsor may use its name in connection with HHS only in factual publicity for that specific event. Factual publicity includes dates, times, locations, purposes, agendas, fees, and speakers involved with the event. Such factual publicity should not imply that the involvement of HHS in the event serves as an endorsement of the general policies, activities, or products of the co-sponsor; where confusion could result, publicity should be accompanied by a disclaimer to that effect. Private co-sponsors must agree to clear all promotional material for the event with HHS to ensure compliance with these restrictions.

(9) **Purely Social Events.** HHS may not co-sponsor an event

on the concerns of the insurance industry. Participation in the conference is by invitation only and includes two box lunches, a continental breakfast, and a buffet dinner, the costs of which will be paid for by HIAA; all other costs will be covered by HCFA. This proposal would be allowed because HIAA, in addition to paying for the costs of food and refreshments, is actively participating in the substantive portions of the conference. However, the costs paid by HCFA and by HIAA should be separated clearly in the records of the proposed event. HCFA must ensure that it does not provide HHS staff, equipment, supplies, or penalty envelopes for those portions of the conference independently organized and presented by HIAA. The official brochure for the conference may refer to the independently sponsored sessions as part of the overall schedule for the event, but HHS may not be associated otherwise with the promotion of those sessions.

(5) The National Institutes of Health (NIH) and the Association of Biotechnology Companies (ABC) propose to co-sponsor a two-day conference on technology transfer. ABC would arrange and pay for the conference rooms, lunches, and all promotional and informational materials. ABC also would be responsible for promoting the conference to other private organizations, while NIH would be responsible for contacting other federal agencies. NIH would provide speakers, although representatives of several ABC members would serve as panel moderators. The agenda for the conference would be developed jointly by NIH and ABC. This event would be approved, even though ABC is a prohibited source. ABC would be making a significant contribution to the planning and presentation of the event, including developing the agenda and providing panel moderators. Moreover, the dissemination of information regarding the benefits of technology transfer between the government and the private sector is part of NIH's mission; ABC represents many member organizations that could benefit from technology transfer arrangements with the government, and, therefore, ABC would be particularly well-suited to co-sponsor a conference on this subject.

(6) The National Institute of Child Health and Human Development proposes a conference on emerging child health issues. Science Productions of America (SPA) would like to participate in the event. SPA is an organization that specializes in providing logistical support for scientific conferences. SPA is expert in handling the audio-visual and other technical equipment that is involved in producing conferences, as well as in arranging for publications, catering, facilities and other logistical details. SPA proposes to provide these services for the child health conference. However, SPA would not make any substantive contribution (such as the development of the conference agenda or the selection of

qualified speakers), and in fact SPA has no history of involvement or interest in the field of child health issues. Therefore, SPA is not a permissible co-sponsor. The services SPA wants to provide might be procured pursuant to a contract, or they might be accepted as a gift pursuant to any applicable gift acceptance statute.

(7) XYZ Corporation, a large manufacturer of oil drilling equipment, proposes to co-sponsor a workshop on "Aging Issues in the Work Place" with the Administration on Aging (AOA). XYZ representatives have long participated on AOA's Private Sector Management Committee, which deals with aging issues in business. XYZ also has implemented a well-recognized internal program for dealing with aging issues that arise in the work place. With respect to the proposed workshop, XYZ would arrange for qualified speakers from the private sector and take responsibility for promoting the workshop within the private sector. Although XYZ is a for-profit corporation whose main business is unrelated to the mission of AOA, XYZ would be an appropriate co-sponsor of this workshop, in light of the corporation's long history of involvement in aging issues in the private sector.