FOIA Number: 2018-0756-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3770

FolderID:

Folder Title:
July Chron Files 1994 [6]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	3	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Sharing Concerns (1 page)	07/26/1994	b(6)
002. letter	To: National Commision on AIDS; re: Desperate Situation (2 pages)	05/05/1994	b(6)
003. letter	From: Kristine Gebbie; re: Sharing Concerns [Duplicate of 001] (1 page)	07/26/1994	b(6)
004. letter	From: Kristine Gebbie; re: sharing Concerns [Duplicate of 001] (1 page)	07/26/1994	b(6)
005. resume	[Personally Identifiable Information] [Partial] (1 page)	00/00/0000	b(6)

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

FOLDER TITLE:
July Chron Files 1994 [6]

2018-0756-F
jp4826

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
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]

PHS SUPPLEMENT BRIEFS

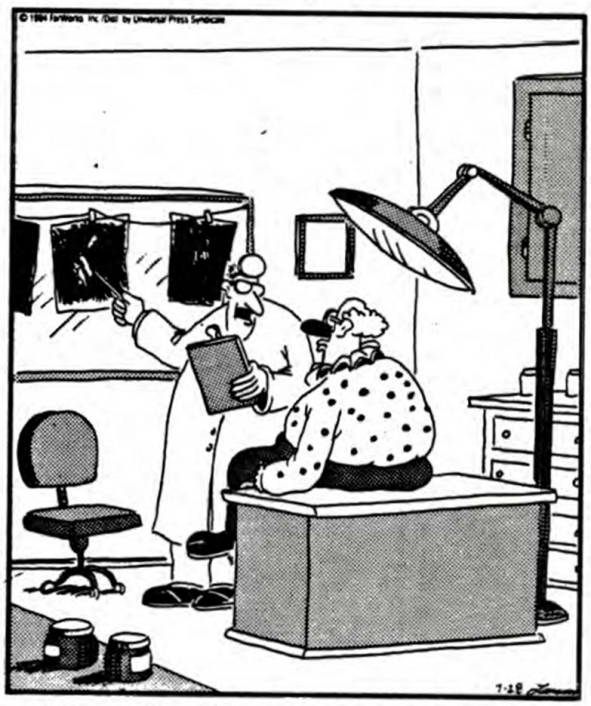
THURSDAY, JULY, 28, 1994

Test Tube Baby Costs A Bundle–...Making test tube babies costs $60,000 to $110,000 depending on how many attempts for each successful pregnancy–(Richmond Times-Dispatch 7/28/94)

Clinton Plaintive On Health Bill–...President Clinton proclaimed that he "desperately" wants a bipartisan bill but said Republicans retreat each time he reaches out to them–GOP leaders were unmoved by Clinton's entreaty – (Richmond Times-Dispatch 7/28/94)

Proposed TB Rules Debated–...A proposal that hospital workers wear high efficiency air filters when in isolation rooms with TB patients is said to be too costly-and unnecessary–(Richmond Times-Dispatch 7/28/94)

THE FAR SIDE / *BY GARY LARSON*



"It's worse than I first suspected, Mr. Binkley — you don't even *have* a funny bone."

Clippings of interest to the Public Health Service
Compiled by the PHS News Division 202/690-6867

RICHMOND TIMES-DISPATCH JULY 28, 1994 A12

Test tube baby costs a bundle, study says

THE ASSOCIATED PRESS

BOSTON — Making test tube babies costs the nation's health care system an average of $60,000 to $110,000 for each successful pregnancy, a study has found.

Typically a single attempt at in vitro fertilization costs $8,000. So even if a couple has to go through the process several times, it is unlikely to spend anywhere near $60,000.

However, most attempts do not produce children. So researchers set out to find the average cost to society when the occasional successes are balanced against the many failures.

Average delivery costs $72,000

The study, conducted by Dr. Peter J. Neumann of Project Hope in Bethesda, Md., suggests that the average cost of in vitro deliveries is about $72,000.

Is that too much? Or a bargain?

"That's the important question that comes out of this, but it's not a question that can be answered unless you compare it to other things," Neumann said.

Big price tags are hardly rare in medicine. For instance, the average cost of a normal delivery is $10,000. Costs go up as people grow older. A coronary bypass operation to relieve chest pain — one of medicine's most routine major procedures — may add up to $40,000 or more.

Some insurance companies routinely pay for in vitro fertilization; many do not. However, eight states require companies to cover it.

Virginia lawmakers take no action

A bill requiring health insurance companies to cover infertility treatment has come up in the Virginia General Assembly for the past several years, but the legislature has taken no action on it.

Neumann's study is the first to put a price on success. He said insurance companies might use the data to decide how many tries to pay for.

The study, published in today's New England Journal of Medicine, was based on a review of charges at six large in vitro fertilization centers.

In this procedure, a woman receives fertility drugs to stimulate egg development. Eggs are then removed, mixed with her partner's sperm and put back in her uterus.

The average cost of a successful pregnancy after the first attempt was $66,667. By the sixth attempt, this had increased to $114,286.

Clinton plaintive on health bill

GOP is unmoved as he 'desperately' asks bipartisan bill

WASHINGTON — The political oratory over health care reform took on an even harder edge yesterday as President Clinton proclaimed that he "desperately" wants a bipartisan bill but said Republicans retreat each time he reaches out to them.

GOP leaders were unmoved by Clinton's plaintive entreaty during a South Lawn rally commemorating the enactment of the Americans With Disabilities Act.

"If we didn't pass it, my view is there might be a big sigh of relief around the country," said Senate Minority Leader Bob Dole, R-Kan., as he emerged from a GOP strategy session.

In race with clock

The exchange came as Democratic leaders in both houses raced to complete separate health care reform bills for floor debate early next month.

With the broad outlines of the House Democratic leadership bill already known, the focus is riveted on efforts of Senate Majority Leader George J. Mitchell, D-Maine, to craft a compromise that stands some chance of passage — "a difficult task," he said yesterday.

In its current state, Mitchell's bill would seek universal coverage without imposing an employer mandate unless voluntary measures failed to provide coverage to at least 95 percent of the population, perhaps by the year 2001. Even then, sources said, it would exempt some small businesses — the most vocal opponents of an employer mandate in any form.

Health reform fervor cools

How Americans' views have changed this year.

Q: Does the health care system in this country . . .

Need reforming and change:

July **69%**

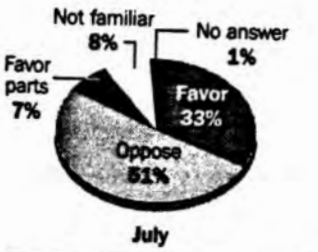
January **83%**

Work pretty well the way it is:

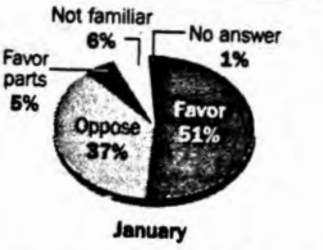
July **28%**

January **17%**

Q: Based on what you know about the changes President Clinton is proposing for the nation's health care system, do you favor or oppose his plan?



July



January

SOURCE: AP national telephone poll of 1,000 adults taken July 20-24 by ICR Survey Research Group of Media, Pa., part of AUS Consultants. Margin of sampling error plus or minus 3 percentage points.

ASSOCIATED PRESS

Competing provision

Sources also said that a competing provision being floated privately would impose an employer mandate only on a state-by-state basis. In essence, just states that had not reached a target or goal — probably 95 percent of their populations — by a certain date would be subject to an employer requirement.

The House bill, being shaped by Majority Leader Richard Gephardt, D-Mo., is a virtual clone of that passed by the Ways and Means Committee and could be ready tomorrow.

Mitchell said that his bill will be ready either by the end of the week or early next.

With a scheduled monthlong recess to begin on Aug. 13, time is running out on Congress to debate and enact comprehensive reform.

Once debate begins, Mitchell said, he intends to keep the Senate going six days a week and "stay in session until we finish — however long it takes."

In a related development, 42 advocates of universal health care were arrested in the Capitol as they tried to stage a sit-in at Dole's office. Separately, police blocked more than 100 activists in wheelchairs from entering the Capitol.

Meanwhile, in an attempt at bipartisanship, a small group of House members is nearing agreement on a scaled-down approach to health reform that relies on insurance-law changes and federal subsidies for poor people to expand coverage.

Proposed TB rules debated

BY BEVERLY ORNDORFF
TIMES-DISPATCH STAFF WRITER

If proposed federal guidelines for preventing the spread of tuberculosis in hospitals were to go into effect, University of Virginia Medical Center physicians figure it would take 41 years to prevent a single case of TB in a hospital employee.

And the added cost of implementing the proposed procedures at U.Va. over 41 years would be between $1 million and $18 million, the physicians said in a report in last week's New England Journal of Medicine.

The current control methods recommended by the Centers for Disease Control and Prevention, they said, are highly effective when hospitals comply with them.

Dr. Barry Farr, U.Va.'s hospital epidemiologist, said that TB outbreaks occurred several years ago in some New York and Florida hospitals that were not complying with the CDC recommendations. Those outbreaks led to the currently proposed guidelines.

A major proposal in the guidelines is that hospital workers wear high-efficiency air filters when in isolation rooms with patients who have TB or are suspected of having it. Current guidelines call for wearing a simple isolation mask.

The isolation masks, Farr said, cost about 6 cents apiece. The prices of the high-efficiency masks range from $7 to $9 each.

The U.Va. physicians looked at 1992 data about TB patients treated at the medical center and at the results of TB tests that are routinely given to all hospital workers who have contact with patients.

During that year, the tests indicated that eight workers, out of 3,852, had the TB organism in their systems as a result of being exposed to someone with the disease. It doesn't mean they have active TB or that they necessarily will develop it.

Further investigation, Farr said, indicated that only one of the newly positive tests in a worker was linked with exposure to a patient. In that case, the patient was not yet in isolation and the worker did not wear a mask.

Requiring the more expensive masks, Farr said, is something that "we feel is inappropriate and excessive."

Big tab comes with in vitro

By Kim Painter
USA TODAY

The baby-making industry brings bundles of joy to some infertile couples, but it costs society a bundle of money.

One birth resulting from in vitro fertilization — eggs and sperm are joined in a lab dish and the embryo put in the womb — costs $55,143 to $211,940, says a study in today's *New England Journal of Medicine*. Included:

▶ Cost of lost work time and medical complications.

▶ The average $8,000 paid for each attempt by couples who don't get babies.

The decision to try in vitro is one for "each individual couple," says Peter Neumann of Project Hope Center for Health Affairs.

But he says the data should inform the debate over whether insurers should cover the procedures.

A second study points to the costs of multiple births, a common side effect.

Studied: 11,671 single babies, 2,144 twins and 218 triplets and other multiples born at Brigham and Women's Hospital in Boston over five years. Hospital charges:

▶ $9,845 for a single baby.

▶ $18,974 for each twin.

▶ $36,588 for each triplet.

Prematurity and low birth weight account for many costs, says Dr. Janet Hall.

Only 2% of the singles, but 35% of the twins and 77% of the triplets, were conceived with fertility treatments.

Eating fish may help salvage smokers' lungs

By Doug Levy
USA TODAY

Eating fish may provide smokers some protection against chronic lung disease, says a study in today's *New England Journal of Medicine*.

But "this is not a panacea," says study co-author Dr. Aaron Folsom, a University of Minnesota epidemiologist. "The message we want to get out is that smokers should not smoke."

Researchers studied bronchitis and emphysema symptoms in 8,960 current or former smokers in four communities in North Carolina, Mississippi, Minnesota and Maryland.

Those who ate an average of four servings of fish per week were 45% less likely to develop bronchitis or emphysema than were those who ate ½ serving or less of fish per week.

"The findings ... suggest a role for ... (omega-3) fatty acids and fish consumption as protective factors against (chronic lung disease) and deterioration of lung function among cigarette smokers," says the report.

The researchers think fish oil inhibits inflammation and deterioration of the lung. More study is needed to prove it.

"It's a new indication of the wide versatility and applicability of the omega-3 fatty acids in the prevention of disease," says Dr. William Cooper, Oregon Health Sciences University, Portland, who already recommends 2-3 servings of fish a week to prevent heart disease.

Good sources of omega-3 fatty acids include herring, anchovies, salmon, tuna, sardines, mackerel and swordfish. Frying or cooking in oil will reduce health benefits; better to poach, steam or broil.

The American Lung Association estimates 14.2 million Americans have chronic lung disease. Cigarette smokers are 10 times more likely than nonsmokers to die from it.

OLDER ADULTS:

Arm yourself against flu and pneumonia

If you're a senior, a couple of shots in the arm may help you get the drop on influenza and pneumonia—two potentially life-threatening infections.

Vaccines can prevent most serious cases of flu or pneumonia. And for years, public health officials have urged people at high risk of getting either infection to be immunized.

Yet, according to the Centers for Disease Control and Prevention (CDC), no more than 30 percent of adults who should receive flu shots get them; no more than 20 percent get pneumonia shots.

"Unfortunately, both flu and pneumonia are perceived by many people as minor illnesses. So they don't bother to get immunized. But these can be deadly infections," says Dominick Iacuzio, Ph.D., influenza program officer with the National Institute of Allergy and Infectious Diseases.

Pneumonia kills about 40,000 Americans annually. And while flu deaths vary from year to year, it's not unusual for at least 10,000 people to die annually from influenza, the CDC reports.

Which is it?

How do you know if you've got a cold, flu or pneumonia?

COLD
- Runny or stuffy nose.
- Sneezing.
- Sore throat.
- Low fever (up to 101 degrees).
- Dry, hacking cough.

FLU
- High fever (101 degrees or higher) and chills.
- Headache.
- General body aches and pains.
- Extreme tiredness and weakness.

PNEUMONIA
- High fever (101 degrees or higher).
- Chills.
- Shortness of breath.
- Chest pain during breathing.
- Cough that produces thick yellow-green sputum and sometimes blood.

Sources: The National Institutes of Health and the American Medical Association

120

Who's at highest risk

Although flu or pneumonia can strike virtually anyone, as a group older adults are the most vulnerable.

At least 80 percent of flu and pneumonia deaths each year occur in adults 65 and older, says Ray Strikas, M.D., a medical epidemiologist with the national immunization program at the CDC.

"If there is one group in particular that needs to be immunized against flu and pneumonia, it is the elderly," he says.

Older adults are typically more susceptible to flu and pneumonia complications because they tend to have more underlying health problems, Dr. Iacuzio says.

"Plus as you get older, your body's ability to mount an immune response to an infection wanes," he adds.

The CDC recommends that all adults 65 and older get an annual flu shot unless they are allergic to eggs. The vaccine is grown in egg embryos, and "very tiny amounts of egg residue can remain in the vaccine and can hurt someone who is allergic," Dr. Iacuzio says.

Yearly vaccination against flu is necessary because the viruses that cause influenza change frequently. Often the strain of flu circulating one year will not be the same strain going around the next, Dr. Strikas says.

Current CDC recommendations for the pneumonia vaccine call for those 65 and older to receive a one-time shot that protects against 23 of the most common strains of pneumonia.

"The vaccine won't protect you from all forms of pneumonia, but the most prevalent ones are covered by it," Dr. Iacuzio says.

Not perfect—but good enough

Doctors point out that the vaccines aren't perfect. "Neither vaccine guarantees complete immunity. The flu vaccine is about 70 percent effective in preventing the disease in the elderly and the pneumonia vaccine about 60 percent," Dr. Strikas says.

But both vaccines are very good at reducing the risk of serious infection, complications and death. "And that's reason enough to get them," he says. □

420

Emory to study skin cells, their impact on tumors, other diseases

By Amanda Husted
STAFF WRITER

Emory University researchers are looking into the physiology of cells that line the tiny blood vessels in human skin for information on the role endothelial cells play in skin disease and other illnesses — from kidney disease to atherosclerosis.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases has awarded a five-year, $3.14 million grant for the research, led by Dr. S. Wright Caughman.

Twenty-four researchers will be involved in the study at Emory's Skin Disease Research Core Center, exploring the role of vasculature in patient diseases, Caughman said. Their work may provide more clues in the role of endothelial cells in skin disease, hypertension, kidney disease, atherosclerosis and clotting disorders. It may also help determine how tumor cells move around and spread throughout the body.

Dr. Thomas Lawley, associate director of the skin research center, recently developed an effective way to grow dermal microvascular endothelial cells in a laboratory dish.

Emory's center is one of four recently funded by the National Institutes of Health; the others are at Brigham & Women's Hospital in Boston, Vanderbilt University in Nashville and Case Western Reserve University in Ceveland.

Smokeless tobacco safer

Chewing tobacco doesn't reduce life expectancy, a new study in the journal Nature suggests.

■ **LEGIONNAIRES' DISEASE BLAMED IN DEATH:** The death of a **Long Island, N.Y.**, man Friday may be the first fatality from the outbreak of Legionnaires' disease among passengers who traveled on the cruise ship Horizon, health officials said. The results of an autopsy on Pasquale Cantone, 68, of **West Babylon,** N.Y., will not be available for two weeks, said officials at Good Samaritan Hospital in **Islip,** N.Y. But one of Cantone's doctors, who is a specialist in infectious diseases, said it appeared likely that Cantone died of Legionnaires' disease, a virulent form of pneumonia. Cantone had returned from Bermuda on the Horizon, a Celebrity Cruise line vessel, on July 9.

— From our news services

NEWS UPDATE

DAVID TULIS / Staff

Charles Nelson has moved to Washington since he joined the National Task Force on AIDS Drug Development.

AIDS task force appointment prompts move, pride in fight

By Paul Kaplan
STAFF WRITER

Charles Nelson was a student at Morehouse College in 1983 when he was learned he was HIV-positive and was told he had two years to live. In April — 11 years later — the biochemist was named to an 18-member federal task force that was created to speed the research and testing of drugs to fight AIDS.

He was surprised by the appointment, and proud of it. "We've never had a disease in this country where the people who are infected are proactive in shaping the issues of care and treatment," Nelson said, noting that three members of the National Task Force on AIDS Drug Development are HIV-positive.

"One of the first things we've done is identify the barriers to AIDS drug development and make recommendations for removal," he said.

The committee meets in Washington, and Nelson recently decided to move there full time and take a job with the National Minority AIDS Council, a nonprofit organization that develops leadership on AIDS issues in communities of color.

Nelson said he's still not showing symptoms of the illness, but his T-cell count is dropping — a possible indicator of the onset of full-blown AIDS. "Clearly, the virus is having an impact on my immune system," he said.

But the 33-year-old gay-rights advocate has come to grips with his illness.

"I no longer feel oppressed by my status; I accept where I am," he said. "HIV is a part of my life, but it doesn't become me. I'm more than HIV."

THE ATLANTA JOURNAL/THE ATLANTA CONSTITUTION MONDAY, JULY 25, 1994

Stillwater County Woman Hospitalized Two MOnths
twl

BOZEMAN (AP) - Montana's third confirmed hantavirus victim is a Stillwater County woman who has been in St. Vincent Hospital in Billings for two months.

The 69-year-old woman lived in the country between Columbus and Absarokee and first had symptoms of the disease on May 19, said Rodney Fink, Stillwater County Sanitarian.

The Centers for Disease Control in Atlanta, Ga., confirmed she had hantavirus in June, state epidemiologist Todd Damrow of Helena said.

Both of Montana's other hantavirus victims, both men, died last year.

The woman's daughter-in-law told Fink her lungs are damaged and she is on oxygen. Her relatives have not released her name, and the Health Department can't release it because of privacy laws.

The woman may be suffering from another illness as well as hantavirus, Damrow said.

Health officials do not know how she contracted the disease.

The disease is transmitted to people through airborne particles of deer mouse droppings and nesting materials. It is not transmitted from human to human.

Deer mice have lived in Montana and other western states for thousands of years, but only last year, after an outbreak of the disease in the Southwest, did scientists learn they could transmit the illness to humans.

"We have to expect there will be more cases," Damrow said. "This is just another hazard of life that came to our attention."

Eighty cases have been recorded in 17 states since the spring of 1993, and 45 people have died, said Bob Howard, a CDC spokesman in Atlanta.

The virus grows in cells lining the lungs. When a person's immune system attacks the infected cells, small holes develop and liquid in the blood floods the lungs, according to Karl Johnson of Bozeman, a retired CDC scientist who has spent his career investigating viruses. When blood floods the lungs, the person can die unless he or she is on a life-support system.

The disease can kill within r4 Uo 48 hours after symptoms appear.

Symptoms are fever, muscle aches, chills, cough, headaches and vomiting, traditional flu symptoms. Severe problems develop when the lungs begin filling with fluid, making breathing difficult.

People can take precautions to keep from inhaling the dust from mouse drNppings.

To clean out barns or cabins, the state Health Department suggests letting the buildings air out, then spraying them or washing them with a bleach and water solution.

The solution should be allowed to dry for 10 minutes, said Beth Cottingham, a Health Department official in Helena. Then, people can shovel out any droppings or whatever else they find, and double-bag the garbage, putting it outside in a garbage can. Vacuuming or sweeping could send dust into the air.

Tobacco loses a round in California

Californians now enjoy the nation's most comprehensive statewide protections against the health hazards of secondhand smoke. How long they keep them may depend on voters' ability to see through a tobacco industry smoke screen.

The law signed by California Gov. Pete Wilson this week eventually will ban or restrict smoking in public places, with a few exceptions. The law also allows local communities to adopt even tougher restrictions.

(Maryland's state Department of Licensing and Regulation issued similar restrictions scheduled to take effect in August. However, since they are not laws, an attempt to block the regulations through a civil suit is expected.)

Tobacco industry lobbying had stopped strong anti-smoking legislation from getting through the California Assembly for years. That it got through this time was considered an upset. Even then, there was some suspense over whether Wilson would sign it.

But Wilson said he decided to sign the bill after reviewing medical studies on the dangers of secondhand smoke. Like many elected officials, the California governor finally saw the issue in terms of his obligation to protect the public health.

But California's progress in protecting nonsmokers could be undone by a tobacco industry-sponsored initiative on the November ballot. It got on the ballot by masquerading as an anti-smoking measure. It is anything but that.

Proposition 188 has about as many loopholes for allowing smoking as it has restrictions on it. Worse, it would pre-empt local jurisdictions from enacting stronger rules than the weak ones outlined in the proposition.

It will be interesting to see if California voters can cut through the tobacco industry haze. If they do and the Golden State keeps its statewide ban on the books, it may again be a trendsetter — this time in the movement toward a healthier, smoke-free America.

No more pleasure on the half shell

One of the joys of living in Georgia is being able to hop in the car and head down to the Gulf Coast for a week of sun, sand and seafood.

After the long drive, there's no better formula for refreshment than this: Find a friendly restaurant near the beach and order some very cold beers with a big platter of raw oysters on ice.

What a treat! Gulf oysters on the half shell. Grab a lemon wedge and squirt some juice over those fat bivalves. Impale one with a small silver fork and dip it in hot cocktail sauce. Mmm.

Sorry. That scene was from a simpler time. The days of eating raw oysters at the beach may be coming to an end.

The Food and Drug Administration (FDA) says it will urge Florida, Louisiana and Texas to impose an annual six-month ban on raw, unshucked oysters harvested off their coasts.

No matter how much pleasure they may give seafood lovers, raw oysters from the Gulf Coast are becoming too dangerous to eat, especially in the summer. Oysters often contain vibrio vulnificus bacteria.

About 15 people a year die from that bacteria, the FDA says, and others become ill.

People who are especially vulnerable include alcoholics with damaged livers, cancer patients getting chemotherapy and anyone who suffers from AIDS, diabetes, liver disease, low stomach acid or certain blood disorders.

The FDA would allow the sale only of shucked oysters in warm months. And even those would have to be sold in containers with labels warning customers to fully cook the marine mollusks.

The FDA is trying to get the ban in place with the help of the Interstate Shellfish Sanitation Conference, a group of state regulators and industry representatives. The conference may adopt the ban at its annual meeting next month in Tacoma, Wash. It appears, however, that the industry will oppose the FDA recommendation.

There's good evidence to back up the FDA's concerns about oyster safety. In the long run, the industry will do itself no favors by opposing the regulators. If oysters get a reputation for being killers, customers won't even want to buy the cooked ones.

Better to promote safe, fully cooked oysters than to continue pushing potentially hazardous raw ones.

Let's deal with reality, instead of Murphy Brown

Murphy Brown's decision to become a single mother is still the subject of debate.

Never mind that the TV news personality does not exist and her child will never grow up to exhibit either vice or virtue, dysfunction or responsibility. The character played by Candice Bergen still makes good political fodder.

Last week, Health and Human Services Secretary Donna Shalala joined the down-on-Brown crowd. She told a congressional committee considering welfare reform that former Vice President Dan Quayle had been right to denounce Murphy Brown's single motherhood in a speech two years ago.

Since American political discourse has become characterized by its cavalier mix of fiction with fact, a fictional TV character may be an appropriate political symbol. But Murphy Brown still seems an odd choice for a discussion of welfare reform.

While Murphy Brown does not exist, many women with lives similar to hers do. They are affluent, unmarried professionals who have decided to bear children. They take vitamins, visit their obstetricians regularly and deliver


CYNTHIA TUCKER

healthy babies. They hire live-in nannies or enroll their kids in tony day-care centers. They buy Oshkosh and read Dr. Spock.

Those women are college professors, lawyers and architects, not welfare recipients. And the children they conceive are unlikely to become caught up in the debilitating web of circumstances that frequently attaches to children born to women on welfare, circumstances that include poverty, violent crime, abuse and limited educational attainment.

Shalala did not bother with that distinction. "I don't think anyone in public life today ought to condone women having children born out of wedlock," she told the committee, "even if the family is financially able."

Perhaps Shalala wanted to use her bully pulpit to buttress the traditional family structure. It is certainly true that the children of affluent single moms may still miss having fathers in their lives. There is no substitute for the love and commitment of a mature, responsible, devoted father.

But marriage does not guarantee that. Some fathers desert their children, even after marrying the children's mothers. Some are drunks or drug addicts. Some are wife-beaters. Some simply lack the emotional maturity to be good fathers. There is no use pretending that all would be well with the American family if Murphy Brown would just get married.

Quayle opened the attack on the TV character in California in 1992, shortly after South-Central Los Angeles was rocked by the senseless riots that followed the decision of a jury to acquit the police officers who beat motorist Rodney King. Quayle linked the riots to welfare, family dissolution and the decline of moral standards in American culture.

Quayle seems an odd standard-bearer for traditional values, since he used his contacts to avoid combat in Vietnam and misused an affirmative action program to get into law school. But let's take him at his word: He wants to shore up families and return to standards of personal responsibility. Those are admirable goals.

Many young women do consign themselves and their children to lives of poverty when they bear children outside the bonds of marriage. The welfare rolls are growing because of the epidemic of adolescent pregnancy. Teenagers ought to get the clear message that they should not produce families they cannot care for. But Murphy Brown is no kid and using her as an example does not help children understand why they should not have babies.

Successful family life cannot be reduced to simple formulas or sterile caricatures — two parents, one job, 2.3 children. There are many other models that work, some involving just one parent, some with two, some with grandparents. When Quayle and Shalala diss Murphy Brown, they also show contempt for some families that are doing quite well, thank you.

Cynthia Tucker is editor of the Constitution's editorial pages.

44

The bare facts on using condoms: They can protect you from AIDS

DEAR ANN LANDERS: Everybody is terrified of AIDS. You have said repeatedly that the only safe sex is *no* sex. You have also said that this is not realistic for some and have suggested condoms.

How reliable are condoms? I'm a sexually active 33-year-old male. I've had condoms break, leak and come off. How can you recommend them? — **On Tenterhooks in Tennessee**

DEAR TENNESSEE: I've stated that abstinence is the only sure guarantee against pregnancy and sexually transmitted diseases. I have also stated that for some, abstinence is not a realistic alternative, and for those, I have recommended condoms.

I turned your letter over to Dr. David Satcher, director of the Centers for Disease Control and Prevention in Atlanta. Here are his comments:

"Scientific evidence demonstrates that latex condoms, when used consistently and correctly, are highly effective in stopping HIV, the virus that causes AIDS. The Food and Drug Administration requires manufacturers to test every batch of condoms made.

"The FDA also regularly tests condoms to be sure they meet stringent quality standards. Samples representing millions of condoms have shown that the average batch tests better than 99.7 percent defect-free.

"The FDA and other researchers have shown that latex condoms are an effective barrier to viruses, including HIV and the much smaller virus, hepatitis B. In one set of laboratory tests, the FDA subjected condoms to unrealistically strenuous conditions, such as virus concentrations 100 million times higher than found

in infected people.

"Even under these conditions, researchers concluded that condoms would reduce exposure to the virus by 10,000 times.

"Two recent studies have been conducted with a total of 550 couples, in which one person was infected with HIV, and the other was not. Among those who did not use condoms or did not use them every time, 11 percent became infected. But among the 294 couples reporting consistent condom use, 1 percent became infected — none out of 123 couples in one study and three of 171 couples in the other.

"Those three infections could have been caused by user errors. When condoms slip, break or leak, user error — not product failure — is usually the problem.

"The CDC has developed a brochure [in English and Spanish] on how to use a condom properly. Free copies are available by calling 800-342-2437.

"Refraining from sexual activity is the only sure way to prevent HIV infection. However, latex condoms are highly effective when used consistently and correctly."

DEAR ANN LANDERS: If the surgeon general wanted a really effective health warning on cigarettes, she would place the following messages on cigarette packs:

"Warning: Smoking can reduce the enjoyment and frequency of sexual activity."

"Warning: Smoking is a contributing factor to sexual impotence."

These are health risks associated with cigarette smoking. Most teenagers cannot relate to the word "cancer." They do, however, understand the word "sex."

Please send copies of this letter to the various health agencies. — **Kansas City Reader**

DEAR K.C.: Better yet, I'm printing it. Thanks for the suggestion.

DEAR ANN LANDERS: My son gave me this little essay. I think it's fascinating and hope you will pass it on. — **Reader in the Bahamas**

DEAR READER: So do I. Here it is: "How a Man Became His Own Grandfather:

I married a widow who had a daughter. My father visited our house frequently and fell in love with my stepdaughter and married her. Thus, my father became my son-in-law, and my stepdaughter became my mother, for she was my father's wife.

My stepdaughter also had a son. He was, of course, my grandchild and my brother at the same time, because he was the son of my father. My wife was my grandmother, for she was my mother's mother.

I was my wife's husband and grandchild at the same time. Since the husband of a person's grandmother is his grandfather, I was my own grandfather.

Write to Ann Landers, Box 11995, Chicago, Ill. 60611. For a personal reply, enclose a self-addressed, stamped envelope.

Sharp drop found in blood lead levels

A federal study credits 21 years of environmental action. Still, problems remain for some groups.

Phil. Inq 7/27/94

By Mark Jaffe
INQUIRER STAFF WRITER

Lead levels in the bloodstreams of Americans dropped a dramatic and unexpected 78 percent between 1976 and 1991, largely because of the success of environmental laws that reduced lead in gas, paint and food containers, a national study has found.

Problems remain, however, in poor, minority and urban areas, where an estimated 1.7 million children still suffer from lead poisoning that can impair their physical and mental development.

"This a dramatic decline, bigger than anything we ever expected," said Debra J. Brody, a health statistician with the National Center for Health Statistics, which did the study. It appears in today's issue of the Journal of the American Medical Association.

"But it doesn't mean that there is no lead-poisoning problem," Brody said. "I think this study helps us see the problem more clearly."

The study was done as part of the National Health and Nutrition Examination Survey — a periodic study by the federal Centers for Disease Control and Prevention.

The researchers compared blood lead levels taken during the 1976-80 survey with levels from the 1986-91 survey.

They found that the average blood lead level for the more than 13,000 people surveyed had dropped from 12 micrograms of lead in a deciliter of blood to 2.8 micrograms.

The CDC's "target level" for lead poisoning is 10 micrograms. This is the level at which scientists believe children may be harmed and at which some remedial action, such as finding the source of the lead and eradicating it, should be undertaken.

A microgram is one-thousandth of a gram or 1/20,000 of an ounce.

The primary reasons for the decline, according to the study, have been a series of actions taken in the last 21 years. These include:

- The near ban of leaded gasoline. The federal Environmental Protection Agency began the phaseout of leaded gasoline in 1973.
- The 1978 rule by the Consumer Product Safety Commission limiting lead in paint to no more than 0.06 percent by weight.
- The steady reduction in the use of lead solder in food cans. In 1985, nearly half of all food cans used lead solder. By 1991, lead-solder food and soft-drink cans were no longer manufactured in the United States.

A previous Food and Drug Administration study found that in the decade between 1982 and 1991 a 2-year-old's daily intake of lead from food plummeted from 30 micrograms to 1.9 micrograms.

"It really shows that you can take environmental actions and get public health benefits," said Sue Binder, chief of the Lead Poisoning Prevention branch of the CDC.

"We're very excited. On the other hand, the fact that one in five black children have high lead blood levels means it's still a concern."

Almost 9 percent of all children under the age of 6 surveyed in today's study had blood lead levels of 10 micrograms or more.

Twenty percent of African American children had elevated lead levels, while 10 percent of Mexican American children did. The incidences of lead poisoning were also found to be higher in cities.

The study concluded that, in large part, these cases were caused by deteriorating lead paint in homes and contaminated soil and dust found in urban areas.

Lead poisoning affects the neurological development of children and can impair their intelligence and motor coordination.

The CDC two years ago dropped the target level for taking action from 26 micrograms per deciliter to 10. But, Brody cautioned, "we aren't sure there is any safe level for lead in children."

Karen Florini, an attorney who has worked on lead-poisoning issues for the Environmental Defense Fund, a national activist group, said, "There is good news in this study and there is bad news.

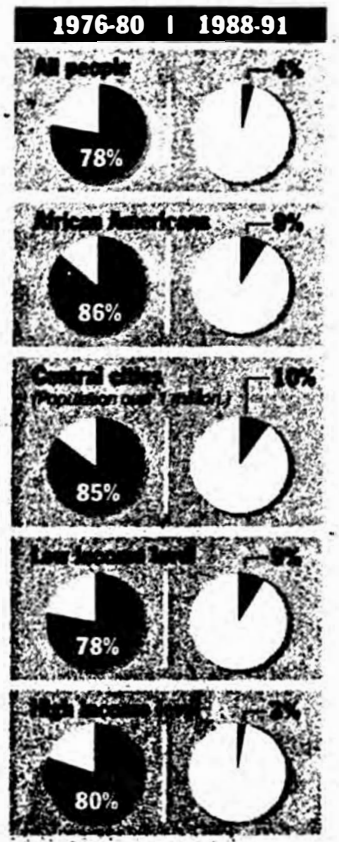
"The good news is that this is a testament to the source reduction policies — getting lead out of gasoline, food solder cans, paint and plumbing components," she said.

"The bad news is that even having taken these steps, there are still nearly two million children with unacceptably high lead levels.

"We have to attack the source of that lead — deteriorating paint in urban homes," she said.

Lower Blood Lead Levels

People with problematic lead levels at or above the 10-microgram level.



SOURCE: National Health and Nutrition Examination Survey

The Philadelphia Inquirer

Drug care of elderly is debated

A study says many are prescribed inappropriate drugs. Critics disputed the report.

Phil. 7/27/94 P.A2
Inf.

By Brenda C. Coleman
ASSOCIATED PRESS

CHICAGO — More than 6.6 million elderly Americans not in nursing homes are prescribed a dangerous or inappropriate medication every year, researchers say.

Use of such medications can cause loss of balance or fainting, resulting in serious injury or death. It can also rob people of their memory and ability to think clearly, causing them to wind up in a nursing home.

In some cases, the medications can have toxic side-effects, such as shutting down the production of blood cells in the bone marrow.

People receiving such drugs are "often placed at risk for loss of their memory, loss of their balance and mental slowing," study co-author Steffie Woolhandler said in a telephone interview from Boston, where she is an associate professor of medicine at Cambridge Hospital and Harvard Medical School.

The study appeared in today's Journal of the American Medical Association.

Critics complained that its research was outdated and that there was disagreement among doctors about what drugs were inappropriate for elderly people.

Woolhandler herself cautioned that no one should stop taking a prescription drug without consulting a doctor. "Some of these drugs ... have severe withdrawal symptoms, and sometimes fatal withdrawal symptoms," she said.

The study, involving 6,171 people over age 65, was based on 1987 federal survey data, the most recent available. It was the first to examine medicines prescribed to the elderly not in institutions, Woolhandler said.

tant by others in the academic field," said Steve Berchem, a spokesman for the Pharmaceutical Research and Manufacturers of America, an industry group in Washington.

Jerry H. Gurwitz, a physician at Brigham and Women's Hospital and Harvard Medical School, said the study uncovered only "the tip of the iceberg."

Some inappropriate medications were not included and the study also did not account for adverse drug interactions or excessive doses, he said. Undermedication also was not considered, Gurwitz said in an editorial accompanying the study.

People were considered to be using inappropriate drugs if they were taking any of 20 medications that a panel of experts said in 1991 should always be avoided by the elderly.

Of those surveyed, 23.5 percent were using at least one of the drugs. In the general population, that would mean about 6.6 million of the more than 26 million elderly people not in nursing homes were getting inappropriate drugs.

The most common drugs used were the anticoagulant dipyridamole, better known as Persantine; the pain reliever propoxyphene, or Darvon Compound, and the antidepressant amitriptyline, or Elavil.

High use rates also were found for the diabetes drug chlorpropamide, or Diabinese; the tranquilizer diazepam, or Valium; the arthritis drug indomethacin, or Indocin, and the tranquilizer chlordiazepoxide, or Librium.

The study's critics disputed its assertion that doctors' prescription practices have not changed much since 1987 and argued that not every drug on the list is harmful.

"Some of the drugs she thinks are unacceptable are considered impor-

Lethal chemical flavors the coffee; a deadly gas is released.

In N.Y., a mad scientist may be on the loose

By Tom Hays
ASSOCIATED PRESS

NEW YORK — The great minds at Rockefeller University work mainly to unlock the mysteries of science and medicine. But now they're caught in another mystery: Who is the potential killer among them?

During one week in early June, someone spiked the coffee with a potentially lethal chemical, turned on valves releasing deadly gas, set a fire and made anonymous death threats to two scientists. All of the incidents took place in the school's 15th-floor lab, headed by world-renowned scientist Robert Roeder.

After June 10, the incidents stopped. No one, including the threatened scientists, Luz Matsumoto and Magda Carvalho, was seriously hurt.

University employees have declined to discuss the matter, saying they were advised to keep quiet.

Police believe the culprit is a scientist engaged in the lab's highly competitive genetic research. The person is smart and apparently insanely jealous of the women's work, said a police source who spoke on condition of anonymity.

"This is not the work of a janitor," the source said. "It's the work of a mad scientist."

An investigation that has included lie-detector and DNA tests has pointed detectives to a single "peer" of the women, said John Hill, chief of detectives for Manhattan. But police do not have enough evidence to make an arrest, Hill said.

No one knew it at the time, but the culprit first struck during a coffee break on June 6, police said. About 15 lab workers who drank coffee and tea that day later began vomiting. Most dismissed the illness as food poisoning and unwittingly tossed out any potential evidence.

Later that evening, someone left on several Bunsen burners, spreading flammable toxic gases around the lab. It was assumed that the burners were left on by mistake, and they were quickly turned off.

Two days later, someone set a pile of towels on fire in a utility closet. The fire burned out without major incident.

On June 10, anonymous letters containing death threats against Matsumoto and Carvalho were found in a women's restroom. The letters said the workers had been sickened by sodium fluoride, a substance that in small doses prevents tooth decay but is deadly in larger amounts.

Hill said none of the incidents so far constitutes attempted murder, only felony harassment. But he added: "I think if this person was out to kill someone, he or she would have the expertise to do it."

Under-treated water flows to 50 million

By Linda Kanamine
USA TODAY

One in 5 Americans still drinks contaminated or inadequately treated water, says a report out Wednesday.

The Natural Resources Defense Council says nearly 50 million people use improperly treated or contaminated water.

"There is no reason why any American should drink contaminated water," says report author Erik Olson. "We know how to make water safe and we know how to do it cheaply."

Most pervasive contaminants: coliform bacteria, cancer-causing trihalomethanes, radioactive elements and lead.

Utilities say most violations are paperwork problems, not imminent hazards. "We're not Rwanda," says Joan Dent of the American Waterworks Association. "People are not getting sick in the streets."

The study, a follow-up to one last year, found 26,939 water systems — nearly half the USA's 58,000 systems — reported violations in 1992-1993.

The report comes as Congress prepares to vote on renewal of the Safe Drinking Water Act. Environmentalists say industry wants to weaken water pollution standards.

Says EPA administrator Carol Browner: "Today's report shows that there is still cause for concern."

NEW STUDY SHOWS BLACK TEA EQUALLY AS EFFECTIVE AS GREEN IN THE FIGHT AGAINST SKIN CANCER

NEW YORK, July 18 /PRNewswire/ -- According to a recent study published in the international journal, Cancer Research(A), both black and green teas have been found to inhibit ultraviolet B light (UVB)-induced skin cancer in mice.

Researchers at Rutgers University discovered that oral administration of black tea, green tea, decaffeinated black tea and decaffeinated green tea as the sole source of fluid, two weeks prior to and during 31 weeks of UVB treatment, resulted in decreased formation of UVB-induced skin tumors. Administration of the tea preparations not only inhibited the numbers of tumors, but markedly decreased the size of tumors.

According to Allan H. Conney, Ph.D., Director of Laboratory for Cancer Research at Rutgers, State University of New Jersey, College of Pharmacy, "We do not yet understand the exact mechanism(s) by which green and black tea inhibit UVB-induced carcinogenesis, but it may be related to the antioxidant and free radical-scavenging activities of the teas."

Previous studies have shown that several polyphenolic substances in both black and green teas appear to have antioxidant properties which may decrease the risk for cancer, heart disease and other chronic illnesses. Until recently, the majority of research has concentrated on the effects of green tea or green tea polyphenol fraction on cancer. However, since the majority of tea produced worldwide is black tea, scientist have begun to look at the possible health effects related to this particular beverage.

In 1990, 78 percent of the 2.5 million metric tons of tea leaves produced throughout the world was used for black tea, which is mainly consumed in Western nations. The remaining 20 percent was used for the preparation of green tea, which is generally consumed in Asian countries and in some parts of North Africa.

"Although some work has been done on the effects of tea on cancer, because both black and green teas are complex mixtures, more research is needed," said Chung S. Yang, Ph.D. at Rutgers, State University of New Jersey, College of Pharmacy. "Future epidemiological studies are required to determine whether or not tea is beneficial in the fight against cancer."

(A) Wang, Z.Y. et al. Inhibitory Effects of Black Tea, Decaffeinated Black Tea, and Decaffeinated Green Tea on Ultraviolet B Light-induced Skin Carcinogenesis in 7,12-Dimethylbenz(a) anthracene-initiated SKH-1 Mice, Cancer Research, 54:3(2)3435.

-0-

The Washington Times

FDA urged to nix over-the-counter sales of Rogaine

Panel cites unrealistic expectations

ASSOCIATED PRESS

A drug to fight baldness should not be sold without a prescription, a scientific advisory panel told government regulators yesterday.

The Upjohn Co. is seeking permission from the Food and Drug Administration to sell Rogaine, the hair-growth medicine, over the counter.

But an FDA advisory committee recommended against the move, saying so few people benefit from Rogaine, wider availability would merely encourage the general public to waste its money. The FDA is not bound by advisory committee decisions but usually follows them.

"There's a tremendous investment of patient time, energy and money, and the committee was concerned that people would not have realistic expectations" without a doctor's guidance, said committee chairman Randy P. Juhl, dean of the pharmacy school at the University of Pittsburgh.

He said one trial showed that 26 percent of men using Rogaine had hair growth, compared with 11 percent of men who used the product without its key ingredients. Mr. Juhl said even this benefit might be lost without a doctor's supervision.

"The effectiveness seen in clinical trials may not hold if the patients aren't seeing a doctor," Mr. Juhl said.

Upjohn is "disappointed" with the recommendation, said Dr. Joann L. Data, a company vice president. "But the final outcome will be made by the agency."

Upjohn officials presented extensive studies yesterday showing Rogaine has been used safely by 3.8 million people worldwide, even if patients have other medical conditions.

"This drug is remarkably safe," agreed Dr. Robert L. Reitschel of the Ochsner Clinic in New Orleans, who has used the drug on more than 1,000 patients since 1982 and found no side effects.

Rogaine, or minoxidil, is now on the market as a prescription drug for inherited pattern baldness in men and women. Patients spray the medicine onto the scalp twice daily, and Dr. Strauss said studies show a benefit after about four months of use for 60 percent of men and 40 percent of women.

"Rogaine users indicate they get real personal value from its use," Dr. Strauss added. About 79 percent of male patients still use the drug after 12 months "despite the cost and inconvenience," he said.

Rogaine sells for $50 to $55 for a month's supply. Sales were about $120 million last year.

For a drug to be sold over the counter, it must be safe and be for a condition that patients can easily diagnose themselves. That's the case for men, who don't need a doctor's help in recognizing the signs of male pattern baldness, Dr. Reitschel said.

The picture is more complicated for women, who experience what he calls a diffuse hair thinning that can be caused by several types of disorders, he said.

Still, "in absence of other signs, hair loss in women does not suggest a medical workup," Dr. Reitschel said.

The advisory committee questioned whether children could be poisoned by taking the drug accidentally. Upjohn officials said that was unlikely because the drug has a "vile" taste and would be marketed in containers with child-proof caps.

Earlier yesterday, the committee adjourned without deciding whether the ulcer drug Tagamet should be sold without prescription for the relief of heartburn.

Tagamet manufacturer Smith-Kline Beecham presented two studies showing the drug was effective for adults suffering from heartburn.

FINDINGS

Test-Tube Babies Cost $60,000 to $110,000 Each

Test-tube babies cost the nation's health care system an average of $60,000 to $110,000 for each successful pregnancy, a study has found.

Typically a single attempt at in vitro fertilization (IVF) costs $8,000. But most attempts do not produce children. So researchers set out to find the average cost to society when the occasional successes are balanced against the many failures.

Peter J. Neumann, of Project Hope in Bethesda, and colleagues, in an article in today's New England Journal of Medicine, calculate that the average cost of IVF deliveries is about $72,000.

Some insurance companies routinely pay for IVF; many do not. However, eight states require companies to cover it. Neumann's study—based on a review of charges at six large IVF centers—is the first to put a price on success. He said insurance companies might use the data to decide how many attempts to pay for.

In the procedure, a woman receives fertility drugs to stimulate egg development. Eggs are then removed, mixed with her partner's sperm and returned to her uterus. There are several variations on the technique.

The first time around, there is a 12 percent chance of success. With each successive try the overall odds that couples will achieve a pregnancy grow worse. In general, this is because only those with the most severe fertility problems need to try so many times.

Success rates fall and average costs climb when mothers are older or fathers have low sperm counts. For instance, the average cost of a successful pregnancy after the first attempt was $160,000 in couples in which the mother was over 40 and the father had fertility problems. By the sixth attempt for such a couple, the cost had risen to $800,000.

—Associated Press

Panel Backs Rogaine Restrictions

■ Rogaine, a drug to fight baldness, should not be sold without a prescription, a scientific advisory panel recommended to the Food and Drug Administration last night.

The Upjohn Co. is seeking FDA permission to sell the drug over the counter. But the agency advisory committee concluded that so few people benefit from Rogaine that wider availability would merely encourage the general public to waste its money. The FDA is not bound by advisory committee decisions but usually follows them.

"There's a tremendous investment of patient time, energy and money, and the committee was concerned that people would not have realistic expectations" without a physician's guidance, committee chairman Randy P. Juhl of the University of Pittsburgh said.

He also said people who do benefit from Rogaine do better when under a doctor's care. One trial showed hair growth in 26 percent of men who used Rogaine that way, compared with 11 percent of men not under supervision.

Upjohn is "disappointed" with the recommendation, said Joann L. Data, a company vice president. "But the final outcome will be made by the agency."

Upjohn officials presented extensive studies showing Rogaine (or minoxidil) has been used safely by 3.8 million people worldwide, even if patients have other medical conditions. It sells for $50 to $55 for a month's supply. Sales were about $120 million last year. Patients spray the medicine onto the scalp twice daily, and Upjohn researcher Paul C. Strauss said 60 percent of men and 40 percent of women tell the company they look better after four months of use.

But by hair count, that benefit is fairly small, FDA researcher Jonathan Wilkin said. One study showed women grew only 33 additional hairs per square centimeter of scalp after four months of Rogaine use, and another found men grew 72 hairs per square inch, only 33 more than a control group that did not use the drug.

But "hair counts do not describe the full benefits," Strauss countered.

The advisory committee also said it feared that people, particularly women who experience a more diffuse hair thinning, might turn to Rogaine when the balding was actually caused by thyroid problems, anemia or even fungal infections that a doctor could diagnose.

—Associated Press

Few Penalized for Dirty Water

■ There are more than 100,000 violations of drinking water standards every year, but few cases ever lead to penalties by federal or state regulators, according to a report by the Natural Resources Defense Council released yesterday. It also concluded that one in five Americans drinks water that is not adequately treated for toxic chemicals, bacteria, parasites, human and animal waste or other pollutants such as lead.

The report, "Think Before You Drink," said an examination of Environmental Protection Agency data and nationwide compliance records indicates that nearly 50 million people are drinking improperly treated water. NRDC researchers said they documented 223,042 violations of federal drinking water standards during 1992 and 1993, including 26,275 cases where water was found to be more contaminated than health standards allow. But "only a tiny percentage of violations are ever subject to any formal enforcement action," the report added.

Federal, state and local officials have acknowledged that there are tens of thousands of drinking water violations, but say most of them are for lapses in record keeping and monitoring.

EPA Administrator Carol M. Browner said on ABC's "Good Morning America" yesterday that "the current law is very bureaucratic" and inhibits enforcement actions. She said the Clinton administration is asking Congress for more authority.

—Associated Press

Finding cause of seizures may be thorny

There can be many reasons for a "short circuit" in the brain

By MANDY SETLIFF

Lois was in high school when she learned she had epilepsy. "She blacked out one day in school," her mother recalled. "All the tests in the emergency room were normal, and no one could tell us what was happening."

After many more trips to the emergency room, and after visiting doctor after doctor trying to find answers, the family was introduced to John Pellock, MD, a pediatric neurologist at MCV.

"At first people said Lois was fainting, then it was low blood sugar, then it was 'acting out' or being frustrated. Then these events started happening regularly in the middle of the night, and after looking at the threads of similarity between the events, Dr. Pellock had an idea it was epilepsy."

Epilepsy is actually a group of disorders, all of which are characterized by recurrent seizures. A seizure is something like an electrical short circuit in the brain. It may cause convulsions, staring spells, lapses of consciousness, spasms, strange sensations, blackouts or any combination of these symptoms.

BRAIN CELLS MISFIRE

The first indication that Lois was having seizures was when she had what she called a "tingling" in her lips and around her mouth. "The tingling sensation would last for several weeks, then all of a sudden she'd have a series of mild convulsive seizures," her mother said, "many of them at night." The family learned from Dr. Pellock that both the tingling sensation and the convulsions are different parts of her seizures.

"Seizures can be anything from a staring spell to a convulsion," Dr. Pellock explained. "We don't always know why something goes wrong in the brain, but with seizures we do know that brain cells misfire. One brain cell will give a message to the next cell, and so on down the line, but somewhere they start working in an uncontrolled way, and that produces a seizure."

Members of MCV's Comprehensive Epilepsy Institute team (including specialists in neurology, child neurology, neurosurgery, neuroradiology, psychiatry and rehabilitation medicine): Looking for the thread of similarity among the symptoms.

Aside from epilepsy, there are a number of conditions that can cause seizures. Kidney or liver failure, for instance, can bring on seizures. A small child may suffer a seizure because of high fever. Low blood-sugar (hypoglycemia) and low levels of minerals can also trigger seizures.

Epilepsy itself has many causes, including strokes, brain tumors, severe brain infections and conditions that alter body chemistry. Epilepsy may also occur in families in which there are no other abnormalities.

In about 50 percent of epilepsy cases, no specific cause is ever found.

UNCONTROLLED EVENTS

"The diagnosis of epilepsy is a very complicated question," Dr. Pellock said. "People might have fainting spells, or jerking spells, or what they call 'funny feelings' in their face, and what the doctor is looking for, no matter what the symptoms, is a thread of similarity between them, and whether the events are uncontrolled—that is, in the absence of medication, there's nothing people can do to stop them."

The typical diagnostic process begins with a doctor taking a medical history and performing a thorough physical exam. Doctors use an electroencephalograph (EEG) to measure electrical activity in the brain, or brain waves. An EEG measures brain waves through electrodes attached to the patient's scalp.

"In only about 50 percent of the patients we see," said Dr. Pellock, "do we get an initial positive EEG reading—something that correlates with seizures. If the EEG is normal, then we can go to a *sleep-deprived EEG*, which means we keep the patient awake throughout the night at home, then bring the patient in to have the electrodes put on, and then record the brain waves for several hours while the patient is both asleep and awake. We generally get an 80- to 90-percent positive reading with sleep-deprived EEGs."

24-HOUR MONITORING

Some patients, like Lois, are even more difficult to diagnose. These patients may benefit from 24-hour video and EEG monitoring in the epilepsy monitoring unit (EMU).

"Monitoring the patient in the EMU helps us find where the abnormal electrical activity is coming from," Dr. Pellock noted. At that point doctors can use sophisticated imaging techniques to look at parts of the brain that may be causing the abnormal activity—parts that may, for instance, have been abnormal from birth, or may have been injured in the past or affected by a growth or tumor.

Doctors may then prescribe one or more anti-seizure medications. Epileptic seizures that can't be controlled with medication can be brought under control with brain surgery. Most seizure disorders, however, *can* be controlled with medicine alone.

MCV is one of several academic medical centers involved in the development of new medications for the treatment of epilepsy. According to Dr. Pellock, there are now about 20 clinical studies being conducted at MCV on about six different drugs. These studies give patients an opportunity to be treated with a medication many years before it becomes available on the market.

But there's more to epilepsy therapy than diagnosis and treatment. Said Dr. Pellock: "At MCV, we tend to look at the quality of life of a person with epilepsy. We don't just say, How many seizures have you had, and here's your medicine. Instead, we have a comprehensive program that includes neurology nurses, neuropsychologists, speech therapists, teachers and social workers [in addition to the neurologists, neurosurgeons and radiologists who diagnose and treat the patient]. These healthcare professionals help make a person with epilepsy a whole person in all aspects of his or her life."

MYTHS AND FACTS ABOUT EPILEPSY

Myth: Epilepsy is a rare disorder.
Fact: Epilepsy affects more than two million Americans.

Myth: A person having a seizure can swallow his tongue.
Fact: It's physically impossible to swallow your tongue, and forcing somebody's mouth open can injure the mouth and teeth. Instead, turn the person having a seizure on his side so the tongue doesn't block the airway.

Myth: A person having a seizure needs to be held down.
Fact: This can also cause injury. Instead, move sharp and hard objects out of the way and, if possible, place something soft under the person's head. Also, remove eyeglasses and ties to help prevent injury.

Myth: All seizures require quick medical attention, including an ambulance.
Fact: Generally, only seizures that last longer than about five minutes, or a series of seizures one right after the other, require emergency medical attention.

Myth: There's a known way to help a person having a seizure "snap out of it."
Fact: There's usually nothing anyone can do to end a seizure. It's best just to stay with the person during the seizure and be supportive and reassuring when he regains consciousness. Some people may be confused and disoriented and may need someone to give them a ride or walk with them to their destination.

MATION OR REFERRAL, PLEASE CALL 804-VCU-MCVH (828-6284).

THE BOSTON GLOBE • MONDAY, JULY 25, 1994 /25

TO BIOLOGISTS, MECCA IS AT WOODS HOLE

Intense summer course draws the elite

By Richard Saltus
GLOBE STAFF

WOODS HOLE – Worlds removed from the tourists who swirl through nearby streets in search of another Cape Cod T-shirt or a cup of capuccino, a hand-picked group of young scientists here is hard at work here probing The Secret of Life.

At least that's what someone has scrawled with a felt pen, probably only half in jest, on a lab door at the Marine Biological Laboratory, where several hundred young biologists come each summer to immerse themselves in experiments, lectures, and even – occasionally – the ocean at nearby Stony Beach.

Most universities, laboratories and businesses slow down in the summer. The century-old MBL, by contrast, bursts into life "like Brigadoon" when June comes, as one scientist has written. Researchers from across the country set up equipment in rented laboratory space here and work day and night over the summer, taking advantage of the squid, horseshoe crabs, fish, clams and other marine creatures that are abundant in the nearby waters, for they are some of the most useful of all animals for studying the basic processes of life.

The students, chosen from top graduate school programs in the United States and abroad, compete for spots in one of the summer courses, some of which have been offered for more than 100 years.

Such is the renown of the MBL that 35 Nobel laureates have had labs here, or taught or taken the six main summer courses – physiology, embryology, neurobiology, neural systems and behavior, parasitism and microbial diversity.

Unaffiliated with any university, supported by an always shaky combination of a small endowment and researchers' federal grants, the MBL was founded in 1888 as a place where scientists could get away from their routine pressures and do biology, teach it and talk about it.

"There is no place like it, not in England, France, Italy or the United States," says Timothy Hunt, a British researcher who has maintained a lab or lectured here for many summers. About 10 years ago, Hunt and Harvard biologist Joan Ruderman, who also heads a summer lab,

were studying fertilized clam eggs when they made the landmark discovery of a protein (subsequently named 'cyclin') that signals cells to go into the essential process of cell division.

"That's an MBL story that started in a course and led to experiments" that came up with a key finding about life processes, says Ruderman. Another MBL regular says the list of course graduates "reads like a Who's Who of the life sciences."

The MBL courses have had "dramatic" impact on the careers of his students in England, Hunt says. "They come here and work with these wonderful marine organisms, they can come and use electron microscopes and other instruments and get over being afraid of them, and they really learn what it is to become a biologist."

This year, the physiology course, considered the flagship, drew 36 students who wanted to learn the latest techniques and strategies for probing the structure and secrets of cells.

Wearing T-shirts emblazoned with school colors, rock band names, World Cup teams, DNA code letters or biology humor ("Life is Totally Cellular" reads one), the students of 1994 look a far cry from the sober-seeming men and women of earlier generations in photos on the lab's walls. One group photo, taken in 1954, includes instructor James Watson, co-discoverer of the DNA double helix. "The physiology course is frightfully intense," he was quoted later as saying, "and I have never worked so hard in my life."

• • •

In the physiology lab in the Loeb building, one of the instructors, Robert Palazzo, clam knife in hand, is extolling the virtues of the locally harvested giant surf clam (the same creature that ends up in Snow's canned chowder), because it produces millions of eggs whose reproductive cycles are perfectly synchronized. Under his guidance, students will break open the eggs' miniscule cells, mash up their contents and extract proteins from which the cells' machinery is made.

After shaking, stirring, and adding various chemicals to the clam egg debris in a test tube, Palazzo explains that even in this unnatural state, the proteins spontaneously join together to form key components called microtubules. Students watch through microscopes as the hollow microbubules, made up of intertwined threads of protein called tubulin, grow like spokes on a wheel from a tiny center, forming star-like structures called asters.

It's as if the scientists had smashed open a watch, only to see the shattered fragments of metal reassemble themselves into working gears and springs on the tabletop.

"Aren't they lovely? Isn't that nice?" says Palazzo, who teaches at the University of Kansas, peering through a microscope at the asters, which play a key role in cell division. "I've been doing this for 10 years, and seen it a million times," he exults, "but I get excited every time I see it!"

• • •

It's excitement about biology at its most-basic level, and gaining mastery over techniques like "running gels" to identify proteins or using a video microscope – that drives these young scientists through the numbingly tedious experiments that go on for hours, days, and sometimes through much of the night.

They've been given fair warning. Mark Mooseker, a Yale biologist who directs the physiology course, told the students at their first meeting: "After week one, you will have sleep deprivation. As the course goes on, you'll run out of clean laundry, you'll be working 18, 20 hours a day, and at some point you'll just have to stop and get some sleep. But you'll do first-class science."

True to Mooseker's stern advisory, by about 10 days after the course began, students could be seen dozing off in lectures, even occasionally face-down on a lab bench, asleep. One afternoon, a young woman snoozes on a small sofa outside the laboratory, waking when other students came by. "I've never felt so bad in my life," she says. I've been getting three or four hours of sleep a night, I have a cold, I'm dehydrated."

Not all of the sleep loss is lab-related. The student concedes she had been in the lab until late at night, but then, in a time-honored tradition, headed for the Captain Kidd bar for beer and some unwinding non-science talk, then to Stony Beach, where generations of summer students have ended up in the wee hours for a dip or a songfest or simply more talk.

"If I didn't play this hard, I couldn't work this hard," she says.

• • •

Erik Schultes, a wiry graduate student from the University of California at Los Angeles, wears shorts and hiking boots and sweeps his long dark hair back from his forehead as he works at the lab bench.

"Being here is like a dream," says Schultes. As a youth, he had read a book that mentioned Woods Hole and the Marine Biological Lab, and later, through the writings of physician-essayist Lewis Thomas, had become intrigued with the MBL legend. "So it's almost a feeling of nostalgia," he says, to walk through the Lillie and Loeb buildings where many leading biologists have worked.

Schultes explains that as an undergraduate, his focus was on animals and plants as whole organisms, so he was short on lab experience in cloning genes, isolating proteins that make up cells, or even using the basic lab tool, the pipetteman. This hand-held device can drip the tiniest amounts of solutions into test tubes, but learning how to read the measurements or manipulate the squirting button takes time.

Schultes says he could have tried to pick up this and a long list of other commonly used techniques from people in the laboratory where he now works, but "it's much faster and more systematic here, and there are more instructors."

Schultes and his fellow students learn by doing. The instructors – scientists from universities like Duke, Dartmouth, Princeton, the University of California and Yale who work on cell biology questions the rest of the year – show the students how to chemically open up cells, how to extract and purify certain of the thousands of proteins each cell makes, how to determine the function of a particular protein.

"The cell is still something of a mystery," says Robert Goldman, a Northwestern University biologist who formerly ran the physiology course here. A human cell may manufacture 2,000 complete proteins a second to build the body, make it function, allow it to produce. There are thousands of different proteins in every cell, made according to

instructions in the genes in the cell's nucleus.

"There isn't a protein in cells that's been studied that's fully understood," says Goldman.

One of the hottest areas of cell study these days involves the "cytoskeleton," the reinforcing rods and scaffolding that give a cell its shape help transport its nutrients and chemical messages.

Shinya Inoue, a longtime MBL researcher, has written, "Unlike most manmade structures, the living cell doesn't have a fixed structure. We are finding that the building blocks are repeatedly taken apart and then reassembled again into new structures to be used in different ways." Those shifting functions include transporting "organelles" – tiny containers of chemical messengers or nutrients – and reproduction, when chromosomes have to be duplicated and pulled to opposite sides of the cell before the cells divides.

One part of the physiology course focuses on what are called "molecular motors" – proteins that convert energy in the cell into motion. These protein molecules attach themselves to microtubules – the long, thread-like structures that formed asters in Palazzo's clam experiment – and, like switch engines chugging along a railroad track, carry organelles inside the cell.

The cleverest and most high-tech method for studying molecular motors is attracting a lot of attention this year. This is the "optical tweezer" that Princeton researcher Steven Block demonstrates to the class.

By marrying a laser beam to a video microscope, scientists have devised a way to grab an individual bacterium or even molecular components of cells and hold them still for study, or move them around. Block showed videos in which he used optical tweezers to hold a motor protein in the laser beam and measure how strongly the molecule could tug agains the force of the beam.

• • •

To the outsider, the problems that so excite these students seem incredibly narrow; nor are most of them principally interested in applications, although the knowledge they contribute lays the groundwork for attacking cancer and Alzheimer's disease and a myriad others.

"Nobody is stupid enough to go through grad school and post-doctoral work and go after grants and all the rest of it if they don't really love it," says Judy Yanowitz, a former MIT undergraduate now at Princeton. "To wonder about what's going on inside the cell is to ask, 'What is life?' "

MONA CHAREN

Growing piles of plutonium pose a peril that won't go away

The element is used in making nuclear bombs. Inhaling it can cause disease. No one is sure who has it — or what to do with it now.

Phil Inq. 7/26/92 p. A5

By Robert S. Boyd
INQUIRER WASHINGTON BUREAU

WASHINGTON — It was created barely 50 years ago but will still spew deadly rays 24,000 years from now. It's so radioactive that a lump glows in its own eerie red light.

It's one of the most dangerous man-made materials on earth, the stuff of nuclear bombs.

Plutonium.

More than 1,000 tons of it are scattered around the globe, often in unstable or unfriendly lands, and the hoard keeps growing like a malignant cancer. Another 100 tons are created every year as a byproduct of nuclear power plants.

As the magnitude of the peril becomes clear, statesmen and scientists are at a loss about what to do with this lethal legacy of the atomic age.

Some want to burn it as fuel, others to stockpile it for future use. Some would pack it in glass logs and bury it under a mountain or the sea floor. There is even talk of blasting it into space, if the risk of accident weren't so high.

The current crisis over North Korea's secret nuclear processing plants — and the discovery of similar facilities in Saddam Hussein's Iraq during the Persian Gulf war — show how difficult, if not impossible, it is to control the spread of this material.

"The world is losing control of its plutonium," Paul Leventhal, president of the Nuclear Control Institute, an organization dedicated to halt the proliferation of nuclear materials, wrote recently.

"Plutonium is fast becoming a way of life and a likely way of death for mankind."

The threat to health and safety is twofold.

• If plutonium escapes accidentally, it emits microscopic subatomic particles (known as alpha rays). If inhaled or ingested, the particles lodge in the lungs or other organs and can cause cancer, brain tumors and other diseases. Several such escapes have occurred at nuclear facilities at Rocky Flats, Colo., and Hanford, Wash.

• If a hostile nation acquires a small amount — say 20 pounds on the black market — it could make a nuclear bomb bigger than the one that destroyed Hiroshima. Already, North Korea is believed to have one or two plutonium warheads.

Experts fear that part of the huge stockpile, almost inevitably, will escape by accident or fall into the hands of thieves, terrorists or rogue states such as Iran and Libya.

Already, Japan cannot account for about 150 pounds of plutonium lost in its nuclear reprocessing factory. In the former Soviet Union, control of nuclear materials is so shaky that "the situation is hair-raising," according to Leventhal.

Just this week, German authorities confirmed that a fifth of an ounce of plutonium — apparently stolen from a Russian nuclear arms plant — was found in a garage in Stuttgart.

The Clinton administration, breaking from years of indifference by previous administrations, has declared a policy to "control, limit and eventually eliminate the growing stockpiles of plutonium," Richard Stratford, a State Department expert on nuclear affairs, told a congressional committee in June.

But the international community

Heavy metal is made by man

Plutonium, a radioactive metal almost twice as heavy as lead, does not occur in nature. It was created in 1941 by Glenn Seaborg, a University of California physicist, who was tinkering with elements heavier than uranium.

An atom of plutonium is a miniature solar system composed of 94 negatively charged electrons whirling around a nucleus containing 94 positively charged protons. The nucleus also holds a varying number of neutrons lacking any electric charge.

Plutonium comes in 15 different forms — called isotopes — depending on its supply of neutrons. One isotope, plutonium-238, is not explosive and is used to generate electricity. Another form, plutonium-239, is used in nuclear warheads. Two pounds of it has the energy of 20,000 tons of TNT.

Most plutonium isotopes emit subatomic particles called alpha rays, composed of two protons and two neutrons. Alpha rays cannot penetrate clothing or skin. But if inhaled or ingested, the particles stick in the lungs or other organs and can cause cancer or other diseases.

Plutonium-238 has a half-life of 87 years, meaning half of it will be transformed into another element in that time. The half-life of plutonium-239 is 24,000 years. One isotope, plutonium-244, lasts 82 million years.

— *Knight-Ridder News Service*

so far has proved unable or unwilling to go along.

Last fall, the U.N. General Assembly adopted a resolution urging the world to negotiate a treaty banning production of plutonium for military purposes, as the United States and Russia already have agreed to do.

But the proposed treaty wouldn't forbid the use of plutonium in civilian power plants. The United States no longer uses plutonium for energy but has done nothing to stop Europe and Japan from continuing to do so.

"One spent fuel load from a typical nuclear power plant contains enough plutonium for many weapons," said Edward Fei, director of the Department of Energy's Office of Nonproliferation Policy.

A silvery metal, almost twice as heavy as lead, plutonium is not found in nature. It was first isolated in 1941, but because of its military potential, its very existence was a deep secret until after the end of World War II.

As the Cold War heated up, plutonium — along with its equally explosive partner, highly enriched uranium — came to be used in ever more powerful warheads. But it also was seen as a virtually limitless source of energy, heating water to generate electricity.

Thus the plutonium problem has both military and civilian dimensions:

Military. The Defense Department has identified the spread of nuclear weapons as "the most urgent threat to U.S. security." Defense Secretary William Perry said recently that there is "no problem more important than the problem of the proliferation of weapons of mass destruction."

The United States and Russia, their enmity behind them, have agreed to retire tens of thousands of their nuclear weapons. Their plutonium cores — known as "pits" — are to be placed in temporary storage while officials and scientists try to figure out a permanent solution.

One idea is to mix the radioactive material with glass and dump it in tunnels under Yucca Mountain in a remote corner of Nevada — a scheme Nevadans are vigorously resisting.

At Los Alamos National Laboratory, scientists have proposed a method to "transmute" plutonium into a relatively harmless substance by bombarding it with powerful proton beams developed in the "Star Wars" program.

But skeptics say every remedy proposed so far fails to completely eliminate the danger and suffers from political, economic or technical problems.

Says the Congressional Office of Technology Assessment: "In practice it is impossible to convert surplus weapons plutonium into a substance that is . . . harmless to human health and the environment [or] that cannot be reformed into weapons material at a later date."

Civilian. While nuclear weapons are reasonably well-guarded, controls are weaker over the plutonium from nuclear power reactors. Consequently, "peaceful" plutonium may pose an even greater danger than warhead materiel.

Edward Teller, father of the H-bomb, warned recently that there is enough plutonium in leftover nuclear fuel in the world today to make 130,000 bombs.

"Frightening nuclear weapons can be constructed from rather small quantities of plutonium from reactor spent fuel," Teller told a conference at Los Alamos, where the first atomic bombs were fashioned half a century ago.

President Jimmy Carter halted U.S. civilian production of plutonium in 1976 because of the proliferation risk. But other countries — including Russia, Ukraine, Great Britain, France, India, Israel and Japan — continue to churn it out.

In May, Leventhal wrote to Secretary of State Warren Christopher, asking him to seek a shutdown of the Japanese plutonium plant. Japan is friendly now, he pointed out, but was once a bitter enemy.

"What is to prevent a future Japan from converting a large store of surplus plutonium into weapons?" Leventhal told a conference on nuclear proliferation. Such a scenario, he said, "represents perhaps the greatest threat to human survival over time."

COVER STORY

Tactics get results and raise hackles

7/27/94 D-1

In-your-face activism is a nuisance to some, a passion to others

By Ann Oldenburg
USA TODAY

ROCKVILLE, Md. — Wearing gas masks and lab coats and carrying canisters of urine, the People for the Ethical Treatment of Animals plan to strike again today.

The target: a Philadelphia company named Wyeth-Ayerst, producers of Premarin, a hormone replacement drug made from the urine of pregnant mares. PETA claims that to collect the specimens, horses are separated from foals, confined with rubber sacks on their groins and kept dehydrated so their urine is more concentrated. They claim to know this from undercover investigations.

Audrey Ashby of Wyeth-Ayerst says PETA is "inaccurate." Horses get "excellent care," said a statement by the company, with suitable bedding, temperature-controlled barns and balanced diets. They wear flexible, lightweight pouches and mares and foals "are kept together."

In protest, PETA plans today at noon to slosh human urine over the walls of the firm's Lancaster Avenue headquarters. Pennsylvania PETA members have been collecting their own since the weekend.

"PETA is making a stink," jokes Dan Mathews, PETA's head of international campaigns. It's typical of the group that has made it risky to cook a lobster on TV or wear a fur on a fashion runway.

With outrageous tactics and flashy spokespeople like Hugh Grant — who this week joined PETA's campaign against the Gillette Co. with his girlfriend, actress/model Elizabeth Hurley — PETA is the advocacy darling of the moment.

London magazine *Time Out* rated it No. 1 in its "Hip Causes" category. Its membership, at $15 a pop, has jumped from 60,000 in 1985 to 450,000 this year. In the past six months, new offices have opened in Germany, England and Holland. Japan is next.

Coming this summer to buses and maybe theaters: Pat ads, in which the odd, androgynous "Pat" character from *Saturday Night Live* urges people to buy cruelty-free shavers as part of a new attack against Gillette's animal testing.

"It's a very effective organization," says Jason Weinberg, who represents models in New York, at the center of one of PETA's more successful targets: fashion and fur.

"If I was wearing a fur I'd be real scared," says model Karen Alexander, 28. "Not so much for me getting hurt, but having to face someone saying, 'Why are you wearing this fur?' "

Some say they go too far. Paul Wilmot, spokesman for *Vogue*, recalls when half a dozen PETA people raided the magazine's Manhattan offices last fall for taking fur ads — a stance that remains unchanged.

"They had bullhorns and they started this sort of chant, at a very, very loud level," he recalls. "They were so *in people's faces*, wanting people to push them away. . . . It was pretty horrible."

Calvin Klein's offices were hit in January, forcing him to go no-fur. And last month, when a live lobster was sliced up and thrown in a hot pan on NBC's *Today*, PETA sent a guy dressed like a lobster to protest the next day.

Just who are the "People"?

At the center of the headline-making gang is Mathews, 29, tall, blond, fluent in Italian and a former model. It all started for him when he was 9 and his father took him fishing. He never forgot that poor fish wriggling on the hook. Now his job is to fire up the folks — to the point of being more than just a nuisance.

"We're a movement, we're not a Tupperware party," he growls with delight. "It's all about pressure."

The pressure-cooker here for about 100 paid staffers is not lavish. Even the fur rooms — two closets with donated sables, minks, ape and fox wraps that are bloodied at protests — hardly resemble vaults. Mary Tyler Moore's $160,000 coat is somewhere, but no one can find it.

The employees are all hip, vegetarian or vegan (no animal products such as milk or eggs and no meat, chicken or fish), and passionate.

"Extremists. Zealots with a religious fervor." That's how the biomedical research community views them, says Debra Cavalier, president of the Massachusetts Society for Medical Research. She knows them from long-time head-butting over animal testing, and through Gillette.

While animal rights activists have prompted many researchers to alter their use of lab animals, scientists say eliminating lab animals would make medical research practically impossible.

"There is virtually no medical breakthrough of the last century which hasn't depended in whole or in part on animal research," says Barbara Rich of the National Association for Biomedical Research.

Recent advances include genetically engineering mice or rats to mimic human systems for the study of diseases like cystic fibrosis and breast cancer.

Gillette's Danielle Frizzi declined comment on PETA, but says, "Until an alternative is found by state and regulatory agencies, we must test."

That's not stopping PETA.

During a strategy meeting, Mathews pulls out ideas scribbled on notebook paper. The meeting is like a high school prom committee session.

We could send the cow. Anybody know where the cow suit is?

Will you go, Dan, when we raid the building?

How about a home demo? (Home demonstration.)

They are excited when Mathews announces Chrissie Hynde has agreed to dress in a rat suit and climb atop a Gillette plant.

It reminds Mathews of the time he went to Iowa in the Chris P. Carrott costume to tell school kids to, "Eat your veggies, not your (animal) friends."

Didn't go over well in beef country. "We were pelted with bologna in Des Moines," he laughs. But you can tell he, like the others, enjoys a fight.

And when fighting doesn't work, charm does.

"He's incredible," says actress and PETA member Elvira (Cassandra Peterson). "He's the one that sucked me in. He has endless energy and amazing charisma."

And he's amazingly "committed to animals," she says. (Even rats, he says. "I've always loved them.) "I've been to his (Northern Virginia) apartment: it's a total dump. The guy has no money."

Mathews says his salary is in "the 30s." Average for employees at PETA: "around $24,000 a year."

It's a labor of love. On the topic of animal testing, as they eat a Chinese vegetarian lunch (faux Kung Pao chicken), they suggest humans be used — especially in researching AIDS. The best defense?

"Don't get (diseases) in the first place, schmo," says Mathews, turning unusually callous.

"We do realize some people can't help getting their diseases," says Mary Beth Sweetland, "but I haven't been to a doctor in over five years. . . . I know that by being vegan, I do the best thing for my body that one can do."

Argue any topic you want, the validity of doctors, rats, cockroaches, meat-eating or cattle-branding. The answer is this, says Sweetland: "I'm intelligent enough and compassionate enough to not cause suffering."

Paul Ford, head of Join Hands, a non-profit group whose focus is on public education of laboratory research, says, "We don't want harm to come to animals. But those are things they (at PETA) play up: they bring fear into the lives of young children. The bad guys turn out to be scientists. That in itself is unfair."

Mathews still holds on to the vision of a world where all animals live freely. "Maybe not in my lifetime, but I believe it will happen."

In the meantime: urine splashing.

Contributing: Doug Levy

American Medical Association

Physicians dedicated to the health of America

Highlights

AMERICAN MEDICAL TELEVISION, only on *CNBC*.
July 30 & 31.

	Saturday	*Sunday*
11:00 AM	From the Hill	From the Hill
11:30 AM	JAMA Medical Rounds	JAMA Medical Rounds
12:30 PM	Heart Healthy Cooking	Heart Healthy Cooking
1:00 PM	Healthcare Consumer	Living with Diabetes
1:30 PM	Living Well America	Living Well America

Programming for physicians and health care professionals:

From the Hill. This week's program focuses on the Indian Health Service. Is the quality of health care on Native American reservations high enough? Join *From the Hill* for an interview with the newly appointed director Michael Trujillo, MD, the first Native American to hold the office.

JAMA Medical Rounds. This week's episode features new information on drug prescribing for older adults. How can physicians insure they are prescribing appropriately? Also featured are segments on lead levels in blood; the United Nation's medical presence in the Balkans; and an interview with Stephen Pauker, MD, from the New England Medical Center, on clinical decision making.

Programming for the health-conscious consumer:

Heart Healthy Cooking. Heart healthy cooking doesn't have to be bland or boring. Discover a rich world of taste without the fat. This week, join Chefs Ralph Pausina of *Bub City* and Tim Cushman with *R.J. Grunts* for California pasta with vegetables, catfish with creole sauce, and chocolate banana cream pie.

Healthcare Consumer. In today's consumer world, there are thousands of health products to choose from. Join us for ways to choose the right product for your health needs.

Living with Diabetes. This week, see how a Type I diabetic has lived with diabetes for 64 years.

Living Well America. Is your home safe from radon? This week, look at the important issues to consider when searching for or building a home. Also, understanding your toddler, what to do for an aching back, and study & sports.

515 North State Street
Chicago, Illinois 60610
312 464 4430

American Medical Association
Physicians dedicated to the health of America

News Release

SPECIAL EMBARGO FOR RELEASE: 3 p.m. (CT) TUESDAY, AUGUST 2, 1994

Media Advisory: To contact Steven A. Grover, MD, MPA, call 514/934-8292.

DIETARY MODIFICATIONS, SMOKING CESSATION WILL ADD TO YOUR LIFESPAN

Increase greater from stopping smoking, though

CHICAGO-- Lowering cholesterol levels and stopping smoking will increase a person's life expectancy, according to an article published in the August 8 issue of the AMA's *Archives of Internal Medicine.*

Researchers report that the benefits for smoking cessation are greater than those predicted for dietary change. Smoking cessation would increase life expectancy roughly 2-4 years for men and about 2-3 years for women.

Steven A. Grover, MD, MPA, and colleagues from the Division of Clinical Epidemiology of Montreal General Hospital, used a computer model to estimate the change in life expectancy for men and women following risk factor modifications. They then estimated the total number of adults who would be targeted by national guidelines and the total person-years of life that would be saved. The targeted group was men and women aged 30 to 74 years who were free of coronary heart disease.

The researchers write: "Younger men, aged 30 to 59 years, might live slightly longer after dietary change, but among women and older men the average benefits would be negligible. The benefits of smoking cessation are more uniform across age and sex and are substantially greater than those predicted for dietary change."

Jeff Molter, Director
Department of Science News

515 North State Street
Chicago, Illinois 60610

312 464 5374
312 464 5839 Fax

(LIFE EXPECTANCY)

The risk factor modifications included smoking cessation or serum cholesterol-reducing diets with eight to ten percent saturated fat and 240 to 300 mg of daily cholesterol, respectively. On average, dietary modification would reduce serum cholesterol levels from 0.45 millimole/liter (mmol/L) to 0.75 mmol/L in men and 0.12 mmol/L to 0.55 mmol/L in women, increasing life expectancy by 0.03 to 0.4 year and 0.01 to 0.16 years, respectively. Among adult Canadians, dietary modification would save 373,000 to 683,000 person-years of life.

Smoking cessation would increase life expectancy from 2.59 to 4.43 years among men and from 2.6 to 3.68 years among women and add more than 4 million person-years of life to the Canadian population. The relative impact of either intervention among American adults would be similar to these Canadian results.

They continue: "The results of this study underscore the paradox of dietary programs to prevent coronary heart disease; the expected population benefits may be substantial while the benefits to the individual are, on average, small."

The researchers conclude: "... public health efforts must continue to focus on cigarette smoking. Our analyses confirm that smoking remains one of the most important reversible risk factors for premature coronary heart disease and other causes of death for men and women of all ages."

#

For more information: contact the AMA's Jim Michalski at 312/464-5785.

American Medical Association
Physicians dedicated to the health of America

News Release

EMBARGOED FOR RELEASE: 3 p.m. (CT) TUESDAY, AUGUST 2, 1994

Media Advisory: To contact Shigenobu Nagataki, MD, call (81)958-47-2111, Ext. 2800; or international fax at 81-958-43-0255.

NAGASAKI BOMB SURVIVORS SHOW INCREASE IN AUTOIMMUNE DISEASE

Study also confirms increased prevalence of thyroid nodules

CHICAGO--For the first time a study has shown a significant increase in autoimmune disease among the survivors of the Nagasaki atomic bomb, according to an article in this week's *Journal of the American Medical Association*.

Shigenobu Nagataki, MD, and colleagues from the Radiation Effects Research Foundation, Nagasaki, Japan, analyzed test results of 2,587 Nagasaki atomic bomb survivors who were members of the Nagasaki Adult Health Study and received biennial health examinations from October 1984 to April 1987. Thyroid diseases were diagnosed using uniform procedures including ultrasonic scanning. The relationship of the prevalence of each thyroid disease with thyroid radiation dose, sex and age was analyzed using logistic models.

To investigate the health effects of radiation on the thyroid, it was essential to determine the exact thyroid radiation dose, make a correct diagnosis of thyroid diseases, and analyze the results by the most appropriate statistical method. The researchers found that a significant dose-response relationship was observed for solid nodules (which include cancer, goiter and adenoma -- i.e., benign tumors); nodules without histological diagnosis (microscopic analysis of the cells); and for autoimmune hypothyroidism, but not for other diseases.

--more--

Jeff Molter, Director
Department of Science News
Paul Tarini, Associate Science News Editor

515 North State Street
Chicago, Illinois 60610

312 464 5374
312 464 5839 Fax

(THYROID DISEASE)

Among the 2,587 study subjects, thyroid diseases including subclinical hypothyroidism were diagnosed in 447 (17.3 percent), consisting of 112 men (11.2 percent) and 335 women (21.1 percent). A total of 260 of the 447 subjects did not report a history of thyroid disease. Nodular lesions were found in 39 men and 151 women. There were 21 subjects with thyroid cancer, all of whom had undergone operations before inclusion in this study. Cysts were found in 105 subjects. The prevalence of thyroid diseases was significantly higher in women than in men except for adenomatous goiter, antibody-negative diffuse goiter, and spontaneous hypothyroidism.

The researchers write: "The present study confirmed the results of previous studies by showing a significant increase in solid nodules with dose to the thyroid and demonstrated for the first time a significant increase in autoimmune disease among atomic bomb survivors. A concave dose-response relationship indicates the necessity for further studies on the effects of relatively low doses of radiation on thyroid disease."

The researchers conclude: "These facts suggest that radiation tumorigenesis (formation of tumors) is present even more than 40 years after atomic bomb exposure."

#

For more information: contact the AMA's Jim Michalski at 312/464-5785.

Gloomy illness for sunny teen

She has been examined by doctor after doctor after doctor. None of them can explain how a happy and apparently healthy young honors student from Queens suddenly came to lose her eyesight and quite nearly her life. They can only say that they have never known anyone to become so sick so quickly.

"It is an unknown illness of unknown cause of unknown duration of unknown consequence," her father says.

In the meantime, 19-year-old Rosemary DiGangi is left in darkness, surviving from day to day with a specter that came out of nowhere to attack her eyes, heart, lungs, kidneys, liver, pancreas and blood. Her spirit remains untouched and her parents marvel at a daughter who prays not for herself, but for all the others who are sick. Her great delight is still her 5-year-old sister, Elizabeth.

"She says, 'You know, mommy, I just want to see Elizabeth's face again,'" the mother says.

Early on the morning of April 21, Rosemary awoke from a peaceful sleep with abdominal pains that quickly went from severe to unbearable. Her parents rushed her to a clinic, and a doctor made a tentative diagnosis of ulcerative colitis.

Rosemary was put her on an intravenous cocktail of steroids, an anti-nausea drug and a tranquilizer. A nurse was removing the needle when black dots began eclipsing Rosemary's vision. She sat up.

and a doctor had her rushed to Long Island Jewish Medical Center. She arrived comatose, her kidneys, liver and pancreas all failing.

"They had never seen anybody so sick with so many things all at once," the father says.

After eight days on a respirator, Rosemary surfaced from the coma and asked what had happened to her. The doctor described some of the procedures that had been

"I said, 'Oh, my God, I can't see,'" Rosemary says. "The nurse said, 'Oh, you're just nervous.'"

The doctor said not to be alarmed, that Rosemary was just suffering a reaction to the steroids. He referred her to a specialist, who in turn sent her home with prescriptions. She was then blind and delirious and so weak that her family had to carry her from the car to her bed.

Rosemary got only sicker and her temperature spiked past 105 degrees. Her father was beside her on the bed when she again sat up.

"She says, 'Who are you?'" the father remembers. "I said, 'I'm daddy.' She says, 'I don't know you.'"

Around midnight, the family called a doctor who declared that Rosemary was better off staying at home than sitting in some emergency room. He advised family members to give her Gatorade, and they struggled to pour the stuff between her clenched teeth.

In the morning, Rosemary was only worse. The family took her back to the clinic

performed, and the still delirious Rosemary posed a question.

"I just want to know one thing. Am I still a girl?"

The doctor summoned the family, and Rosemary spoke her first words to her mother.

"Mom, I'm sorry I got sick."

Rosemary still could not see, but she did not fully grasp that she had lost her sight.

"I thought it was at night and I thought the lights were out," Rosemary says. "I asked my mother what time it was."

The mother had to tell Rosemary that it was 2 p.m. Rosemary remained in darkness as she drifted in and out of consciousness, feeling unseen hands prod and probe and stick her with needles.

Rosemary was still groggy when her older sister came in and played a tape that included the theme from "The Brady Bunch." She is glad that she does not remember sitting up and singing along.

"How humiliating," Rosemary says.

The illness remained a mystery, and the doctors ran tests for everything from lupus to meningitis to *E. coli* bacteria. The family was questioned about her medical history and what she had been eating and where she had traveled. Her doctors telephoned specialists around the country and nobody could report a similar case. The best answer anyone could give was that she had been struck by some unknown supervirus.

For a time, fluid built up around her heart and lungs. That eventually subsided and her liver stabilized. Her kidneys did not rebound, but she could undergo dialysis until a transplant could be arranged. The doctors deemed her well enough to go home.

Two months after her misfortune began, Rosemary was wheeled into the blackness of a sunny day. She had survived to return to her own bed and be snuggled by her kid sister, Elizabeth. The sister then set to playing doctor, pretending to give her injections and take her blood pressure.

"She says, 'Well, don't worry, when you get a new kidney your eyesight will come back,'" Rosemary says.

The real doctors can still tell Rosemary nothing at all. She can only hope that somebody out there has an answer and that she will once more see the face of the kid sister who tells her everything will be fine again.

USA TODAY'S MARKET SCOREBOARD

Biogen soars on news of MS drug

By Eric D. Randall
USA TODAY

COMPANY SPOTLIGHT

A DAILY LOOK AT A COMPANY, INDUSTRY OR MARKET TREND

At last, some good news in the biotechnology industry.

Investors have beaten up biotech stocks this year on news of disappointing tests of new drugs. But **Biogen** skyrocketed 15¼ to $44¾ Wednesday on promising news of recombinant beta interferon, a new treatment for multiple sclerosis.

"This is the most exciting event we've seen in the biotech industry in the last two years," says Evan Sturza of *Sturza's Medical Investment Letter*.

If Biogen wins government approval to sell beta interferon — still a big "if" — the drug's revenue could top $500 million a year, according to some stock analysts. That would quadruple the size of Biogen, which had 1993 revenue of $149 million.

The catalyst for Wednesday's stock surge came Tuesday night, when CEO James Vincent told stock analysts that tests of 300 patients showed weekly injections of the drug slowed progress of MS.

Analysts who'd been lukewarm on Biogen turned into cheerleaders. Issuing buy ratings the first hour of trading Wednesday: Lehman Bros., CS First Boston, Merrill Lynch and Oppenheimer & Co.

Biogen's drug is targeted at patients with relapsing MS, who periodically suffer sensory and motor impairment but can temporarily undergo partial or full recovery. The National Multiple Sclerosis Society says at least 100,000 Americans have relapsing MS. Biogen has released no data from its study, but plans to do so at a neurology meeting in San Francisco Oct. 10. Analysts say they take the company at its word, but when it releases its results, "Everyone is going to be thinking, 'This data better be good!'" says Jeff Swarz of CS First Boston.

The timing of Biogen's announcement appears calculated. It came the same day Biogen released second-quarter earnings of just 2 cents a share — about a dime short of analysts' expectations.

Until Biogen releases its data, the beta interferon will be a bigger story on Wall Street than for the medical community, says Stephen Reingold of the National Multiple Sclerosis Society. "Clinical findings of major importance should be submitted in a forum with appropriate medical and scientific review."

Also affected by Biogen's news: **Chiron**, which makes Betaseron, another MS medication. Chiron fell 5⅛ to $52⅝, mostly on fears Biogen's drug would cut sales of Betaseron.

Biogen's beta interferon is similar to Betaseron, but Biogen says its drug also reduces the severity of the disease.

David Molowa of Bear Stearns says Biogen should have its drug on the market by 1996. Despite Wednesday's surge, beta interferon's potential isn't fully reflected in Biogen's stock price, he says. He rates the stock a strong buy. His 12-month price prediction: $60.

Sturza, however, says he expects Biogen to backtrack on profit taking. He wouldn't buy it until it drops below $36.

Stage is set for explosive growth

Biogen (BGEN)	'92	'93	'94 est.	'95 est.
Revenue (millions)	$135	$149	$160	$176
Net income (millions)	$38	$32	$11	$0[1]
Earnings per share	$1.08	$0.92	$0.35	$0.00[1]

Hq: Cambridge, Mass. Exch: Nasdaq Employees: 409
Div./yld.: nil P-E: 128 Shares: 31 million
52-wk. high/low: $52¾ / $25¼ Wed. price: $44¾, +15¼

Earnings and revenue estimates: Bear Stearns. P-E based on estimated 1994 earnings.
Source: USA TODAY research. 1 – Reflects marketing costs of new drugs.

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mr. Irvin Kalb
Medical Intellectual Property Associates
c/o Arant, Kleinberg, Lerner & Ram
2049 Century Park East, Suite 1080
Los Angeles, California 90067

Dear Mr. Kalb:

Thank you for your letter of April 27 regarding the issue of safe disposal of potentially HIV contaminated menstrual by-products. To my knowledge no data exists to either prove or disprove the theory that menstrual by-products present a risk. The Centers for Disease Control and Prevention (CDC) would not make a definitive statement regarding the potential risk factor of disposing of menstrual by-products without adequate scientific data accompanying such a statement.

However, perhaps CDC could suggest to you a non-government organization that might be willing to explore this further. University research facilities that are privately or federally funded might also be a viable option.

Since my office is not in a position to make a scientific judgement as to the need for or efficacy of your product, I am forwarding your letter to CDC for a more comprehensive response.

Sincerely,

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

cc: Dr. Curran

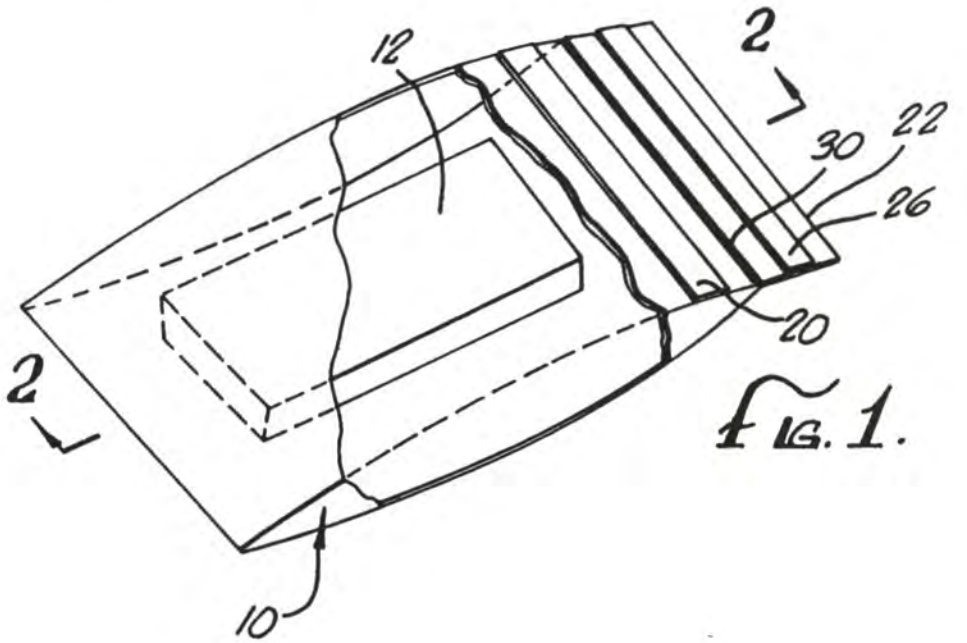


FIG. 1.

FIG. 2.

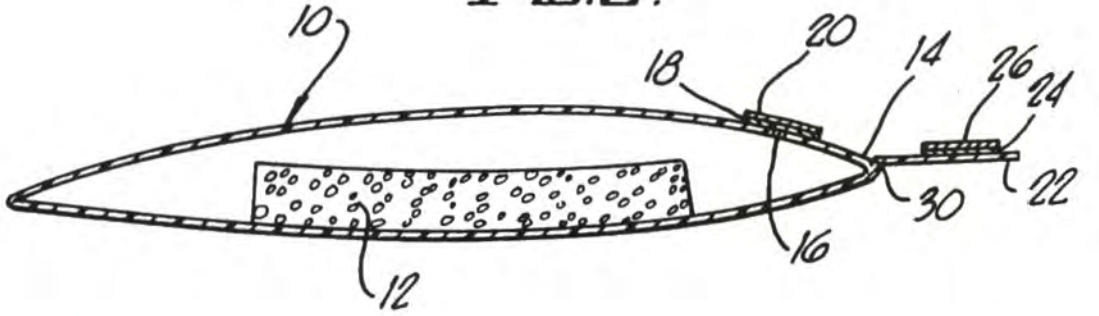
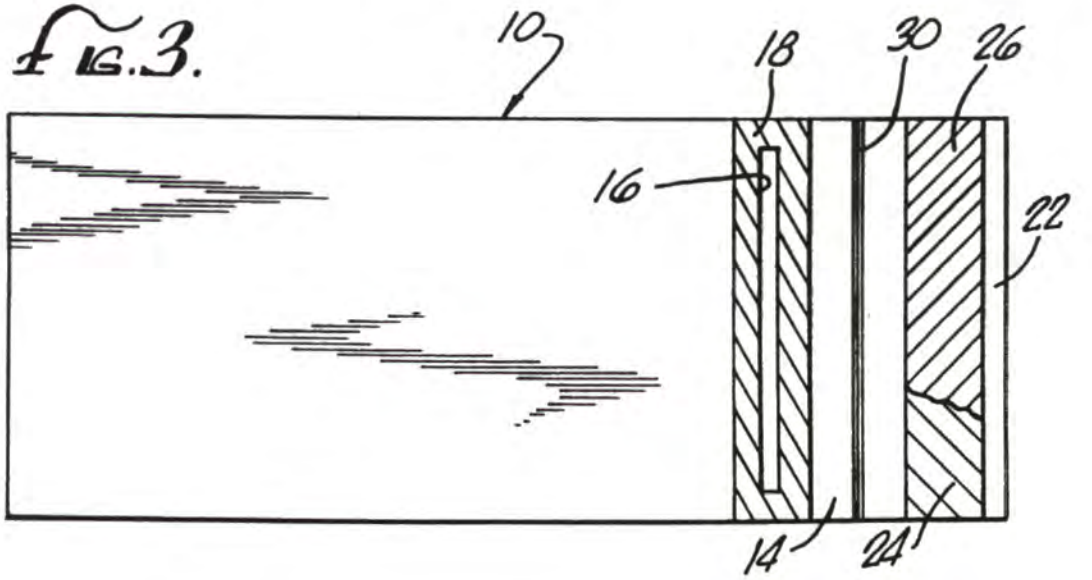


FIG. 3.



MEDICAL INTELLECTUAL PROPERTY ASSOCIATES
c/o Arant, Kleinberg, Lerner & Ram
2049 Century Park East, Suite 1080
Los Angeles, California 90067

Paul
draft
reply

April 27, 1994

Ms. Kristine Gebbie
Director Coordinator
President's Commission on Aids
750 17th Street N.W.
Washington, D.C. 20503

Re: U.S. Patent Appln Serial No. 07/963,996
For: BLOOD PRODUCT DISPOSAL SYSTEM AND METHOD
U.S. 5,287,960 Issuing February 22, 1994
Our Docket No. 413025-6988

Dear Ms. Gebbie:

Our "think tank" (Medical Intellectual Property Associates - MIPA) has identified, addressed and solved a major gap in the preventive measures for blood transmitted diseases, particularly Hepatitis and HIV. Your assistant, Ms. Joe Massori, has suggested that I write to you regarding this problem and solution.

I am the past Medical Director of Medical Intellectual Properties Associates, a private "Think Tank" group, that looks at medical-social problems and theories to find practical solutions. I started this informal group about 25 or more years ago with a group of fellow Rand Corporation scientists. About that time we looked for alternative solutions to the use of tampon and sanitary napkins with a view of cutting down on the amounts of landfill volume and sewer solid waste volume. It became very evident that the blood and tissue in these products carried a number of possible organisms, including Hepatitis B virus. We then set about to find a simple inexpensive way to 1) kill the infectious organisms, 2) protect the environment, 3) to assist sanitation personnel (housekeepers in homes, hotels and on aircraft) in handling these waste products while being protected from infection, and 4) eliminating the bulk of waste to sewers disposal plants and land fills. This device was designed at that time.

About three years ago we turned our attention to the disposal device and invented a foolproof, harmless, inexpensive method and device for this purpose. On February 22 of this year we were granted Patent Number 5,287,960, a copy of which is attached. This covers our new menstrual device as well as pads, tampons, sponges, etc.

About two years ago I discussed with the people at CDC the problem of menstrual byproducts being a potential source of infection with the HIV virus. While CDC personnel acknowledged menstrual pads as a potential risk factor, it was our conclusion that they shelved the issue because of a fear of creating a panic and the unavailability at that time of a suitable approach to address this ignored source of contamination.

With the AIDS pandemic underway and with WHO stating that two women are infected with HIV every minute (about 1,000,000 per year - WHO Bulletin on AIDS dated 11/16/1993), it is imperative that this potential source of AIDS be addressed as a solution has now been identified.

I am sending you this letter because the United States is in a position to be a world leader in helping to prevent the spread of AIDS. Enclosed are also articles which, in my opinion, are the best analyses of the extent of the problem. In the absence of a cure, prevention by means of education and changing sexual behavior, including the proper disposal of menstrual blood and tissue contaminated devices, and the use and proper disposal of condoms is our best approach at this time.

We are currently looking for a U.S. commercial partner to manufacture this simple, inexpensive menstrual product disposal system shown in the attached patent. We have spoken to several potential manufacturers and they all ask what does CDC, PHS or OSHA think of this source of infection and our approach to a solution. At the time of writing this letter I have not heard from PHS, CDC or OSHA after having tried to get their opinion, and in the early days of our designing this method and device, their input. This entire effort has been done privately with private funds and no help form any university, government and/or corporation.

For your information, enclosed are 1) articles from 1992 represented in Scientific American Special Issue Medicine 1993 distributed in March 1994, 2) latest AIDS Day by Day March-April 1994, 3) prospects for an HIM vaccine.

Please forgive me if these are "old news", but following my discussion with Ms. Massori, I reviewed the best summary articles I know and selected the attached.

I would be glad to meet with you to discuss recognition of the problem and endorsement of the solution. I am going to be in Washington in May. My wife and I are "homeless" after the January 1994 earthquake and we will be traveling the United States starting on or about May 1st or May 2nd. If you care to reach me I can be reached until that date at (310) 274-7777, Suite 360 or letters can be addressed to me c/o E. Roesch 244 S. Camden Drive, Beverly Hills, California, 90212. Alternatively, you can contact Dr. Michael Ram, MIPA patent counsel, at (310) 557-1511 or the address set forth above.

Very truly yours,

Irvin Kalb

Irvin Kalb

IK:tl
Enclosures

AIDS Day by Day

Intracellular Antibodies

Engineered antibody genes were introduced into cultured cells in a successful attempt to induce expression of an antibody that would be retained in the endoplasmic reticulum. The particular antibody recognizes gp120, which is cleaved from gp160 in the ER. Infection of the experimental cells with HIV-1 resulted in diminished production of gp120 and thus in the release of virus particles that were much less infectious than HIV-1 usually is.

Wayne A. Marasco et al., *Proceedings of the National Academy of Sciences of the USA* 90: 7889-7893, August 1993.

Convergent Combination Therapy

A suggestion that a combination of drugs directed at the same HIV-1 protein might reduce the potential for the development of drug resistance attracted widespread attention when it was made in February by Martin Hirsch and colleagues at the Massachusetts General Hospital. Although one experimental result reported in February has been found to be incorrect, and mutations conferring resistance to both nucleoside and non-nucleoside reverse transcriptase inhibitors can arise, the MGH group said it was still possible that some drug combinations might prolong the benefit of therapy more than others.

Yung-Kang Chow et al., *Nature* 364:679, August 19, 1993.

Emilio A. Emini et al., *Nature* 364:679, August 19, 1993.

Gene Therapy

The NIH Recombinant DNA Advisory Committee approved two proposed gene therapy experiments. Flossie Wong-Staal and her colleagues at San Diego have suggested inserting a ribozyme into CD4+ lymphocytes to prevent viral replication. A Seattle group plans to remove CD8+ T cells from AIDS patients, isolate and culture those that target HIV-1, and reinject them in large numbers.

NIH announcement, September 10, 1993.

A diary of discovery, appearing in each issue of SCIENTIFIC AMERICAN SCIENCE & MEDICINE. See "Prospects for an HIV Vaccine," by Dani P. Bolognesi, also in this issue.

Aminoglycoside Antibiotics

Neomycin B, tobramycin, and lividomycin A inhibit binding of HIV Rev protein to its viral RNA site. The drugs selectively block Rev function in vitro and in vivo, and solve delivery problems by directly interacting with RNA. Additionally, this approach may impede growth of drug-resistant variants.

Maria L. Zapp et al., *Cell* 74:969-978, September 24, 1993.

Start of Efficacy Trials in Doubt

At NIAID's annual conference on AIDS vaccine development, researchers from Duke, Johns Hopkins, and the Chiron Corp. reported that they had not been able to find any evidence of neutralizing antibodies against field isolates of HIV. They tested several vaccine candidates, all of which have raised antibodies against HIV strains grown on cell lines. Questions were raised about the accuracy of the antibody assay, but Anthony Fauci, head of NIAID, said, "It certainly does make me anxious about going forward with large-scale efficacy trials."

"News & Comment" in *Science*, November 12, 1993.

WHO Wants Vaginal Barrier

Faced with the prospect of two women becoming infected with HIV every minute, at least a million per year, mostly by heterosexual intercourse, and seeing little hope for an effective vaccine before the end of the decade, the World Health Organization announced that it was attempting to coordinate a research effort to find an intravaginal antiviral foam or gel. Such an agent would be an alternative to condoms and ideally would kill HIV without destroying useful microbes or interfering with fertility. Michael Merson, head of WHO's Global Program on AIDS, said he was hopeful that an effective substance could be developed in two or three years.

WHO announcement, November 16, 1993.

Interleukin-12

Peripheral blood mononuclear cells from many individuals infected with HIV fail to induce T-cell proliferation and IL-2 production in response to synthetic viral envelope proteins or to influenza virus. These responses were restored along with interferon-γ production when cultured cells were stimulated in the presence of IL-12, but IL-12 did not increase IL-2 production in cells from HIV-negative individuals. Restoration of HIV-specific cell-mediated immunity in HIV-infected individuals suggests that IL-12 may be useful in augmenting the diminished immunologic functions associated with HIV infection.

Mario Clerici et al., *Science* 262:1721-1724, December 10, 1993.

Possible CD4 Cofactor

Searching for a cell surface cofactor that, together with CD4, would permit efficient HIV entry and infection, investigators in the laboratory of Ara Hovanessian at the Institut Pasteur have nominated CD26, also known as dipeptidyl peptidase IV. Their argument is based on the fact that this serine protease cleaves substrates at specific amino acid sequences that are highly conserved in the V3 loop, the part of the viral envelope glycoprotein gp120 that is generally thought to be critical in HIV infection.

Christian Callebaut et al., *Science* 262:2045-2050, December 24, 1993.

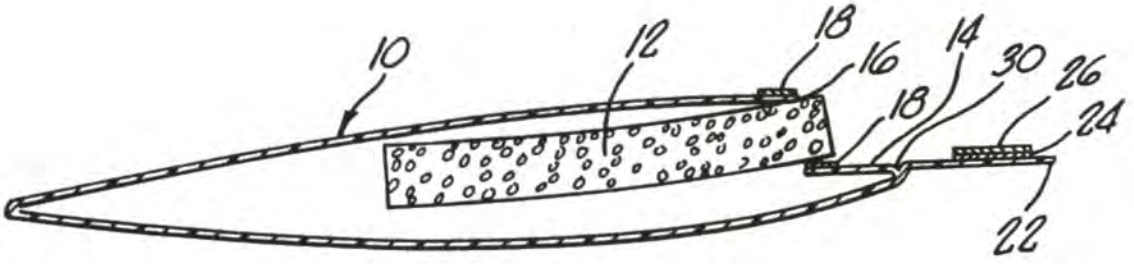


FIG. 4.

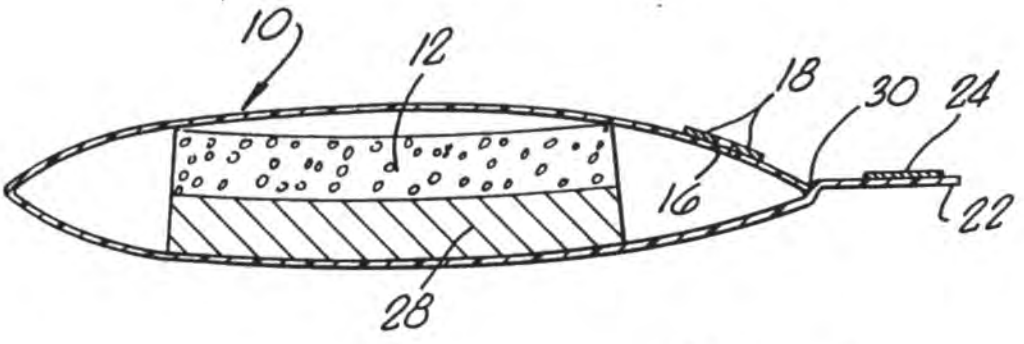


FIG. 5.

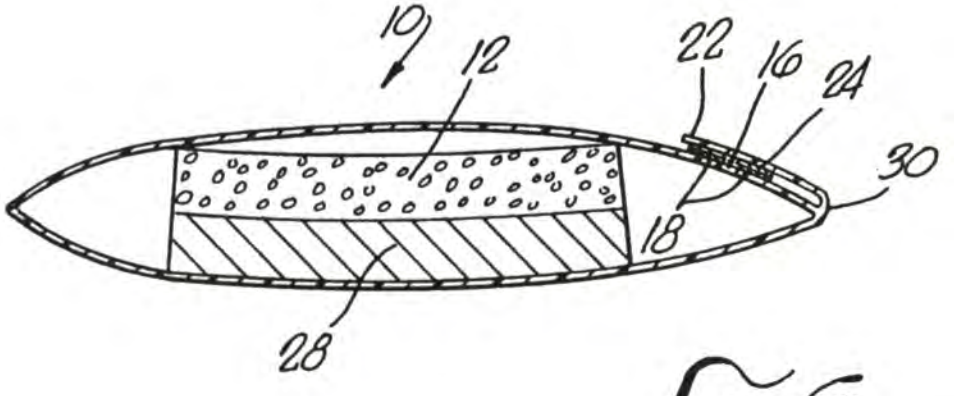


FIG. 6.

chlorine, 90% of that amount being available as free chlorine, when brought into contact with liquid blood soaked into a pad or tampon, and contact is maintained for a minimum of about fifteen minutes, results in most infectious matter in the blood being destroyed or at least incapable of infecting other organisms, thus eliminating or significantly reducing the risk of contamination from the microorganisms in the blood. However, to assure complete decontamination, it is preferred that excess chlorine be used and the blood soaked absorbent material be sealed with the excess chlorine in a closed container, such as a plastic bag, for a period in excess of fifteen minutes. Additionally, the use of peroxide releasing materials is effective against anaerobic bacteria.

FIGS. **1–6** show an embodiment of the system which includes features of the invention, namely a sponge at least partly saturated with a chlorine containing compound, such as sodium hypochlorite, sealed in a plastic bag to prevent evaporation of the water in the solution, oxidation of the chlorine compound or loss of the chlorine. The bag includes means for ready access to the liquid containing sponge when it is time to dispose of a blood containing pad or tampon, and is sized to receive both the blood soaked pad and the sponge. Additionally, the bag is designed to be readily sealed after a pad is placed into it. Preferably, once the bag is resealed, the seal can not be reopened without tearing or cutting the bag, thus preventing access to the contaminated contents.

FIG. **1** shows the liquid and gas impervious bag **10** having a disinfectant containing structure **12** enclosed therein. In a particular embodiment the disinfectant containing structure **12** is a sponge containing a chlorine containing liquid. Spaced a short distance from a first end **14** of the bag **10** is a slit **16**. The slit is surrounded on all sides by a first contact adhesive **18** and the adhesive **18** is covered by a readily removable sealing strip **20**. As can best be seen in FIG. **3**, in a particularly preferred embodiment, the slit **16** does not traverse the entire width of the bag so that the adhesive **18** and sealing strip **20** totally surrounds the slit opening. Above the upper end **14** of the bag **10** is a sealing flap **22** which has, on its upper surface, a second strip of contact adhesive **24** compatible with the first contact adhesive **18**, the second contact adhesive being covered by a protective release paper **26**. While the use of the second strip of contact adhesive **24** is not necessary for the operation of the system, the use of the two adhesive strips **18** and **24** makes for a more positive sealing of the bag during reclosure as discussed below.

To use the system the sealing strip **20** is removed from the surface of the bag **10** (FIG. **3**) and the liquid containing sponge **12** is removed from the bag **10** (FIG. **4**). The blood containing tampon or pad **28** is then removed from its collection site, the blood containing surface is brought into contact with the sponge **12** and the sponge **12** and pad **28** are inserted through the slit **16** into the bag **10** (FIG. **5**). The release paper **26** is then removed, the sealing flap **22** is folded along the heat seal **30** and the first and second contact adhesives **18**, **24** are brought into contact causing an immediate bond between the two adhesives, thus sealing the slit **16** in a leak proof manner (FIG. **6**). As soon as the disinfecting material, such as a chlorine containing compound in the sponge **12**, comes into contact with the blood in the pad **28**, a reaction starts to take place between microorganisms in the blood and the chlorine or other disinfecting material, eventually killing the microorganism.

While a non-porous bag, formed from a plastic material such as a polyethylene, polypropylene or similar materials is preferred, other non-porous materials or combinations of materials may be used. For example, the bag can be formed from a multilayered film material which utilizes a non-porous barrier material such as nylon, saran, or wax. In such an instance, the non-porous barrier material can be coated onto a porous packaging material such as paper, cardboard, or porous polymeric materials such as Tyvek non-woven material. Such a combination of materials has the benefit of being more biodegradable when disposed of in a land fill or less polluting when incinerated.

Additionally, while a first adhesive **18** and sealing strip **20** placed on the wall of the bag **10** are disclosed, other opening means can be used. For example, the bag may include a tear strip imbedded in the wall of the bag **10**. Pulling the tear strip creates the opening in the wall of the bag.

The disinfectant containing structure **12** can formed from various different materials . In a first embodiment the disinfecting agent is a liquid and the carrier is a porous material, preferably spongy in nature so that in use it can be compressed to aid in driving the disinfectant from the carrier into the pad containing the menstrual blood once sealed in the bag. In an alternative embodiment, the disinfectant is a dry material entrapped in a porous structure, coated on a carrier material or formed into a sheet. The sheet of the dry disinfectant material can be formed by casting the material from solution, compressing powdered material or casting the material in combination with a noninterferring binder such as a wax or a water soluble polymer. Where the disinfectant is delivered in a dry form, while contact with dry blood can be effective, the more effective procedure is to use the liquid blood in the menstrual pad to dissolve and/or activate the dry disinfectant.

In a third embodiment the disinfectant containing structure **12** comprises the disinfectant, whether in a liquid or a dry form, enclosed in a frangible package or capsule. In use, the frangible package or capsule is broken while next to or in contact with the blood soaked menstrual pad, thus releasing the contents of the package or capsule onto the menstrual pad. The capsule or package can be loosely contained in the disposable bag, supplied separately, or attached to or incorporated in the bag wall in a manner that will make its contents available when required.

Although the present invention has been described in considerable detail with reference to certain preferred versions and uses thereof, other versions and uses are possible. For example, the primary application is for the disposal of blood containing menstrual pads. However, the invention is applicable to the disposal of other blood containing materials such as bandages, surgical sponges, and the like, or the disposal of materials soaked with other potentially contaminated body fluids such as urine, sputum, or mucous. Therefore, the spirit and scope of the appended claims should not be limited to the description of the preferred versions contained herein.

What is claimed is:

1. A method for the decontamination and disposal of a porous material containing body-fluids comprising:

a) supplying a bag having enclosed therein a disinfecting agent, the bag being sealed to prevent the activity of the disinfecting agent from being signifi-

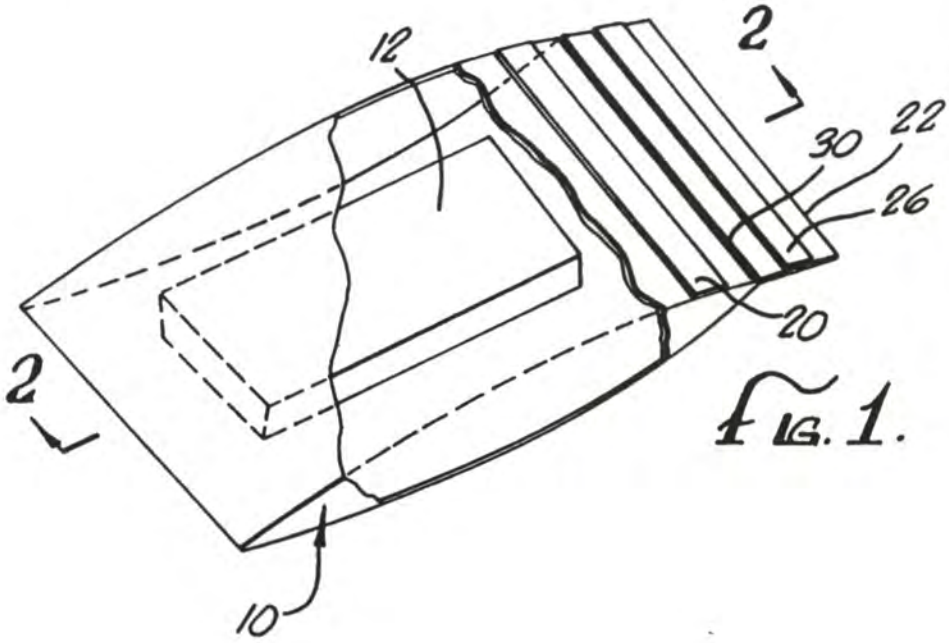


FIG. 1.

FIG. 2.

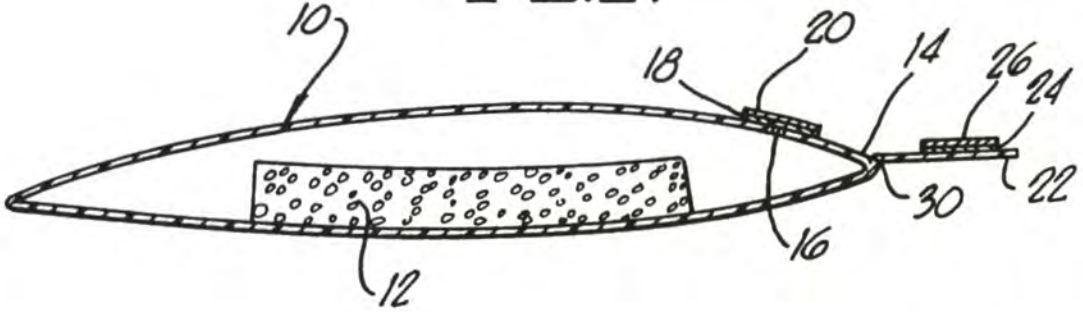
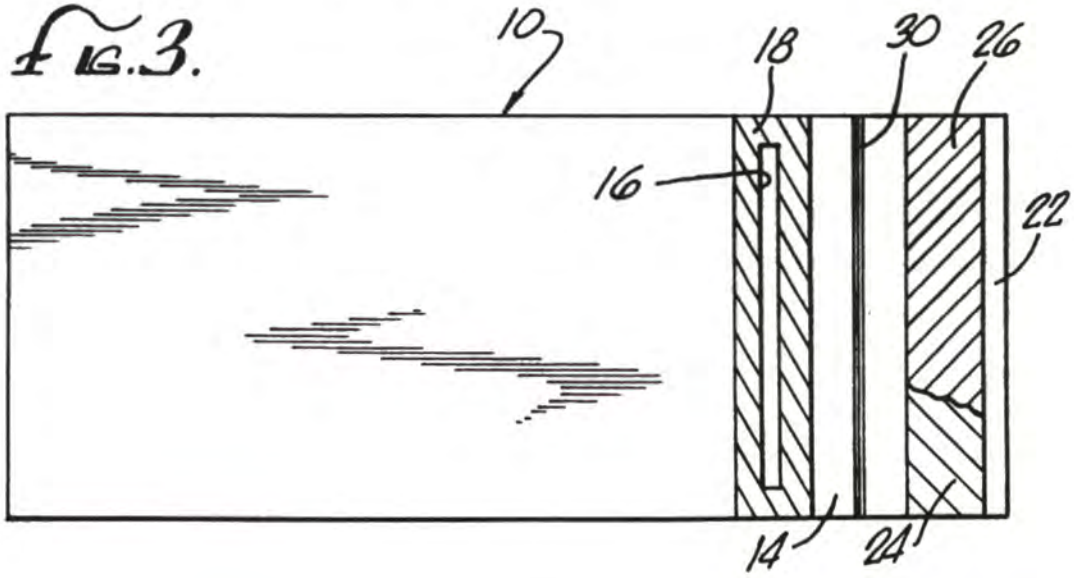


FIG. 3.



BLOOD PRODUCT DISPOSAL SYSTEM AND METHOD

BACKGROUND

The present invention relates to a method for treating and disposing of materials contaminated with blood or blood products and devices and materials for use in the process.

Many diseases are transmitted between humans by contact of open wounds or sores with contaminated blood. Other diseases can be transmitted by insects, such as flies, fleas or mosquitoes, which feed on contaminated blood or materials which contain blood. These insects then contact the open wounds or sores on humans, bite or sting individuals or animals, or, as for example in the case of fleas on rodents, travel into living quarters of humans where the fleas can then transfer to humans, thus transmitting viruses, germs, bacteria, parasites or other disease vectors to the individual. Diseases known to be transmitted by contact with blood or which can be carried by insects are hepatitis, HIV, AIDS, malaria, herpes, human papilloma virus (HPV), and Jacobs Kreutzfelds disease. Many other diseases of unknown etiology are believed to be transmitted by insect bites or contact with infected blood.

Over the last several years considerable efforts have been taken to eliminate or significantly reduce the possibility of transmission of blood bourn diseases by casual contact in the hospital or medical facility environment. Additionally, strict testing and controls have been placed on blood and blood products which are transfused during medical procedures. However, no attempts have been made to eliminate the possibility of the transmission of blood bourn diseases or the contamination of ground water supplies which can be caused by the casual or negligent disposal of menstrual blood. On a monthly basis, millions of women dispose of blood soaked tampons or pads in garbage receptacles or flush them down toilets. These blood soaked materials then end up in land fills or sewer systems where insects and other vermin can contact these blood soaked products. Unfortunately, if the woman's menstrual blood contains germs, bacteria, viruses, or blood parasites, these microorganisms can survive the disposal conditions and can then be transmitted to other humans. This is of particular concern in the case of HIV, hepatitis A, B, or C and HPV which are known to be transmitted in blood and which are believed to survive normal disposal conditions. Additionally, many diseases endemic to the less developed third world but virtually unknown in the developed countries of the world can be readily introduced into those developed countries by a single menstruating woman entering the country from those regions. This is a problem currently unrecognized or unaddressed by the world's public health authorities.

Thus, there is a need for a simple, safe and effective method and system to readily destroy microorganisms carried in menstrual blood and to allow safe disposal of menstrual blood.

SUMMARY

The present invention is directed to methods and devices that respond to these needs and address the deficiencies of the present methods for disposal of menstrual blood.

These needs are met by the present invention which comprises a method of contacting and permeating a blood soaked pad or tampon with a microorganism destroying compound, such as peroxide releasing compounds, chlorine solutions, chlorine releasing compounds, iodine solutions, and other disinfecting materials, the blood soaked pad or tampon and microorganism destroying compound being sealed within a non-porous container until the infective nature of the microorganism has been eliminated and/or the container and its contents can be safely destroyed. In a preferred embodiment, the method comprises placing a chlorine containing chemical, which can be carried by a porous substrate, into direct contact with the blood containing absorbent pad and sealing the chlorine/pad combination in a leak proof plastic bag.

These needs are further met by products and devices for delivering microorganism destroying materials and containers designed for performing the decontamination process. In a preferred embodiment, the chlorine is delivered from a sodium hypochlorite soaked sponge or a substrate impregnated with or carrying a dry chlorine releasing compound such as trichloro s-triazinetrione.

DRAWINGS

These and other features, aspects and advantages of the present invention will become better understood with reference to the following description, appended claims, and accompanying drawings, where:

FIG. **1** is a partly cutaway perspective top view of the disposal system embodying features of the invention.

FIG. **2** is a cross sectional view of the disposal system of FIG. **1** taken along line **2—2** of FIG. **1**.

FIG. **3** is a top view of the disposal system of FIG. **1** after the bag is opened.

FIG. **4** is a cross sectional view of the disposal system of FIG. **1** taken along line **2—2** of FIG. **1** showing the contents of the plastic bag partly removed.

FIG. **5** is a cross sectional view of the disposal system of FIG. **1** taken along line **2—2** of FIG. **1** showing the bag after a blood contaminated pad is inserted therein.

FIG. **6** is a cross sectional view of the disposal system of FIG. **1** taken along line **2—2** of FIG. **1** showing the bag after a blood contaminated pad is inserted therein and the bag is sealed for disposal.

DESCRIPTION

The most common methods for collecting menstrual blood are the insertion of an absorbent tubular tampon into the vagina of the menstruating female or the placement of an absorbent pad external over the opening of the vagina during the period of menstrual flow. The tampon or pad, which is replaced frequently during the period of menstrual flow, usually contains from about 1 cc to about 5 cc of blood or other vaginal secretions, with the normal menstrual flow totaling from about 3 cc to about 10 cc per day with an average flow during each period of menstruation of from about 25 cc to about 55 cc.

Literature has indicated that a 0.1% solution of chlorine, when brought in direct contact with the HIV virus, is adequate to kill the virus. However, to assure complete penetration of the disinfectant into the pad carrying the menstrual blood, a higher concentration of chlorine is beneficial. It has been found that the use of about 5 to about 7.5 cc of a 5% sodium hypochlorite solution or about 0.75 g to about 1.25 g of a dry powdered trichloro s-triazinetrione, which contains 45.77%

We have some SECRETS

SURGICAL SECRETS
2nd edition

Edited by
Charles M. Abernathy, MD,
and **Alden H. Harken, MD**

The vanguard book of The Secrets Series, **Surgical Secrets** is now in its second edition The text has been thoroughly updated and includes a new Atlas of Technical Tips that contains original artwork depicting methods of tying sutures, handling instruments, and other techniques.

1991, 330 pages, illustrated
$29.95 (U.S.); $34.95 (outside U.S.)

EMERGENCY MEDICINE SECRETS

Edited by
Vince J. Markovchick, MD, Peter T. Pons, MD,
and **Richard E. Wolfe, MD**

This mini-textbook in Q&A format provides factual information in an engaging and lively manner. All aspects of emergency medicine are covered, making this book an ideal review for examinations, rounds, and clinical discussion, or as a refresher for practitioners.

1993, 480 pages, illustrated
$32.95 (U.S.); $37.95 (outside U.S.)

NEUROLOGY SECRETS

Edited by **Loren A. Rolak, MD**

Neurology Secrets presents answers, tips, and "secrets" from experts on a wide variety of diseases of the nervous system as well as neurologic complications of medical and surgical conditions.

1993, 400 pages, illustrated
$31.95 (U.S.); $36.95 (outside U.S.)

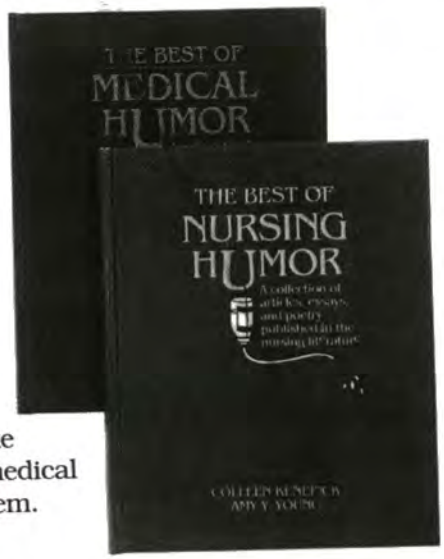
and lots of HUMOR . . .

THE BEST OF MEDICAL HUMOR

A Collection of Articles, Essays, Poetry and Letters Published in the Medical Literature

Compiled and edited by
Howard J. Bennett, MD
Washington, D.C.

In this age of sophisticated health care, doctors and medical students need to be able to laugh at themselves. In this book, physicians poke fun at themselves, their patients, medical education, and the health care system.



Hardcover • 220 pages • illustrated
$25.00 (U.S.) • $30.00 (outside U.S.)

THE BEST OF NURSING HUMOR

A Collection of Articles, Essays and Poetry Published in the Nursing Literature

Compiled and edited by
Colleen Kenefick
and **Amy Young**
Stony Brook, New York

Presents the best pieces of humor writing related to nurses. Address the funny side of interrelationship between nurses and colleagues, physicians, patients, and patient families.

Hardcover • 200 pages • illustra
$25.00 (U.S.) • $30.00 (outside U.

***Order today!* 1.800.962.1892**

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Sharing Concerns (1 page)	07/26/1994	b(6)

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

FOLDER TITLE:
July Chron Files 1994 [6]

2018-0756-F
jp4826

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: National Commision on AIDS; re: Desperate Situation (2 pages)	05/05/1994	b(6)

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

FOLDER TITLE:
July Chron Files 1994 [6]

2018-0756-F
jp4826

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	From: Kristine Gebbie; re: Sharing Concerns [Duplicate of 001] (1 page)	07/26/1994	b(6)

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

FOLDER TITLE:
July Chron Files 1994 [6]

2018-0756-F
jp4826

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
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]

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mr. William E. Arnold
William E. Arnold and Associates
Post Office Box 1387
Kingston, New York 12401

Dear Mr. Arnold:

Thank you for writing and sharing your concerns about the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act is essential for providing health care and support services for people living with HIV/AIDS in both rural and urban areas.

Recently, I met with representatives from all four Titles of the CARE Act to discuss many of the concerns you have raised. We will continue to meet to address these issues, particularly as they relate to reauthorization of the CARE Act.

Again, thank you for sharing your experiences with me. I wish you continued success with your endeavors.

Sincerely,

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

William E. Arnold & Associates Consulting
HIV/AIDS Related - Organization, Policy, Program, Planning & Training
P.O. Box 1387
Kingston, New York 12401
Phones: Office: (914) 331 7909
FAX: (914) 331 3538

30 April 1994

Ms. Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Executive Office of The President
The White House
Washington, D.C. 20500

RE: Ryan White Title II National Coordination Project
Federal HIV/AIDS Priorities outside the major Urban Epicenters

Dear Ms Gebbie:

The Ryan White Care Act legislation provides for federal funding directed to areas hard hit by the HIV/AIDS epidemic (through state Departments of Health) under Title II, of the Act. Title I directly addresses major urban center needs with direct funding to eligible emergency medical areas (EMA's).

Planning and processes for allocating priorities and funding in Title II areas are executed by way of networks of "Consortia" of providers in separate geographical areas - Commonly called "Ryan White Care Networks" - working with State Health Departments. Our local one is The Ryan White Mid-Hudson Care Network. It covers Dutchess, Ulster, Sullivan & Orange Counties.

In the three years of Ryan White activities it has become clear that Title II (roughly - suburbs and rural areas with significant AIDS caseloads) have special needs, special issues, and concerns that often differ significantly from those in major cities. This is not to imply different needs on the part of those directly affected by HIV, but differing needs, systems and priorities in developing services, supports and access to enable coordinated community response, and care planning.

I have taken on the task of studying the existing Ryan White Title II "system" locally, across New York State, (which has currently 15 title two areas) and nationally. The purpose of this study is to generate an overview of, and assessment of, organization, community planning, coordination, information/experience exchange/delivery structures. Based on this work, I will also suggest and/or implement some organizational and procedural changes to address structural deficiencies already known, or identified by consensus in the study process. Among the already identified serious problems are:

* No means to readily communicate between Title II Networks within states, or between states.
* No established mechanism for exchange of program experience and expertise.
* No structure via which to educate on common Title II issues at the Federal level.
* No established conference or similar venue for face to face networking.
* No mechanism to insure fairness, and inclusiveness, in appropriations and resource allocation process for Ryan White Title II.
* No ability to raise a common, coordinated, public, voice for serious concerns shared by Title II areas. Other Titles of Ryan White are well organized. [E.g. Title I via NASTAD (National Alliance of State and Territorial AIDS Directors), CAEAR (Cities Advocating Emergency AIDS Relief). Title III via The

National Ryan White Title III(B) Coalition. Title IV through the AIDS Policy Center for Children, Youth & Families.]

This work is being supported by the HSA of New York City, The Aids Institute, United Way of Dutchess County, The Joyce Mertz-Gilmore Foundation and additional support from various quarters is expected. This project will take 6 months, or more, to complete.

I have spent most of the last 10 years in the Mid-Hudson region involved in literally every conceivable facet of the community based AIDS response, and I have been an integral part of our local Mid - Hudson Ryan White Care Network since its first meeting. My personal experience has given me expertise in the success we have so far enjoyed and a first hand appreciation for how some things need to be changed to insure that our area, and other suburban/rural area needs will be fully represented in the federal appropriations process (and in other prioritization processes) which will directly impact on how we can respond to present, and future, HIV/AIDS challenges. I would like a letter of support from you for this work indicating that you also recognize the importance of making sure that structure and channels of communication are available to insure that the special needs of our rural/suburban epidemic get heard, listened to, respected, and acted upon. We can ill afford to depend solely upon better organized and financed groups which are based in large urban centers to speak for our needs. While major cities have significant AIDS related needs it is ill advised to expect them to remember to speak for us. In some cases they don't even know who we are, or where we are. Unfortunately, the epidemic most certainly does know <u>exactly</u> where we are.

Thank you for your attention.

Very Sincerely Yours,

William E. Arnold

WEA/ba

Encl. - Self explanatory.

P.S. The Radley Family shared your handwritten sympathy note after Russ Radley's passing with me. I was very touched by it.

MAURICE D. HINCHEY
26TH DISTRICT, NEW YORK

COMMITTEE ON BANKING,
FINANCE AND URBAN AFFAIRS

SUBCOMMITTEES:
FINANCIAL INSTITUTIONS SUPERVISION
CONSUMER CREDIT AND INSURANCE
GENERAL OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON
NATURAL RESOURCES

SUBCOMMITTEES:
NATIONAL PARKS AND PUBLIC LANDS
GENERAL OVERSIGHT

Congress of the United States
House of Representatives
Washington, DC 20515-3226

WASHINGTON OFFICE:
1313 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-6335

KINGSTON OFFICE:
291 WALL STREET
KINGSTON, NY 12401
(914) 331-4466

BINGHAMTON OFFICE:
100A FEDERAL BUILDING
BINGHAMTON, NY 13901
(607) 773-2768

ITHACA OFFICE:
CARRIAGE HOUSE-TERRACE HILL
ITHACA, NY 14850
(607) 273-1388

April 15, 1994

Mr. William E. Arnold
William E. Arnold & Associates
P.O. Box 1387
Kingston, New York 12401

Dear Bill:

Thank you for letting me know exactly what your new work entails and for providing me with an outline of the project and the background material. I have confidence in your ability to bring order and effective communication into this process.

I am familiar with all the issues and problems you have mentioned and it certainly appears that Title II regions are not receiving a fair portion of funds based on case loads and reported AIDS cases. Clearly, communication and advocating for changes will require the ability for regions such as ours to deal, in concert, with other regions similarly affected, along side Title I organizations, and together with the help of various State Health Departments. It is apparent that some new organizational structure which will generate communication and consensus while adding to the existing capabilities of the Ryan White Care Networks, is needed. This structure must be based on additional community support and input by State Governments.

This is an issue of vital concern to me, and to many people in my district, portions of which have been very severely impacted by the epidemic. Unfortunately these trends in our area do not show any signs of getting better in the foreseeable future. The projected impacts on adolescents, women with children, and our minority communities is particularly troubling.

I appreciate your keeping me advised on all AIDS related matters, and on your own plans and activities. I hope that other Members of Congress are kept as well advised on the state of HIV/AIDS affairs in their respective districts because, in order for change to occur, support must be generated among the elected officials whose districts have Title II interests.

Your project has my wholehearted support. If my local or Washington staff can assist you in this matter in any way, please feel free to call on them. I am pleased that others have

recognized and supported this effort and I'm quite sure you will be successful in generating constructive change in the processes around Title II issues.

Congratulations and good luck!

Sincerely,

MAURICE D. HINCHEY
Member of Congress

MDH/ld

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Dr. Carmen A. Carrington
President
North American Union Against
Sexually Transmitted Diseases and HIV
P.O. Box 2532
Kensington, Maryland 20891

Dear Dr. Carrington:

This is a belated thank you for sharing your thoughts on HIV/AIDS prevention in the Hispanic/Latino community with me. The issue of HIV/AIDS prevention is one of the top issues for this administration. As you may know, the Office of National AIDS Policy was created out of the commitment of the President to stop the spread of HIV, to provide adequate care for those already infected and to find a cure for AIDS as soon as possible.

In relation to the subject of your letter, starting on January 1, 1994, the Centers for Disease Control and Prevention (CDC) of the Public Health Service began implementation of the Community Planning Guidance. This guidance, which was submitted to the 65 State, local and territorial health departments that receive direct funding from CDC for prevention activities, is intended to maximize the use of this funding by determining the priorities for prevention at the state/local level with community input.

The guidance language that was distributed to the states and local jurisdictions required a plan for community planning to be developed by February 28. Upon submission of this plan, the jurisdictions received supplemental funding for putting together a community planning body that will set prevention priorities for funding to be received on fiscal year 1995. The states and jurisdictions that will receive federal funding for HIV/AIDS prevention in FY 1995 must certify that the priorities identified in their funding requests are those arrived at by the community planning process. If that is not the case, a certification must be made showing why the funding is not so based.

The intent of the planning process is to shift the responsibility for prevention priority setting to the state/local level. The federal government will provide the funding and the technical assistance necessary to make the process effective, but the local authorities must be Page 2 -

committed to making the process as representative and fair as possible. It is the intent of this administration to share the responsibility for making prevention activities as applicable to local circumstances as possible. In order to accomplish that, we are encouraging state and local jurisdictions to work in partnership with the community.

CDC is providing technical assistance to the Community Planning Groups on how to conduct needs assessments on the prevention needs of the various communities that are at risk for HIV infection. The Academy for Educational Development (AED) is working with CDC to instruct the various Planning Groups on how to plan to develop prevention priorities for their communities. The emphasis on technical assistance for community planning is the only way that athe needs of affected communities will be addressed based on current and future program operations.

We are currently in discussions with CDC on how to address the needs of various communities that have received little or no attention in the past. One of the primary groups to be addressed will be racial and ethnic communities, including Hispanics/Latinos, who are at increased risk for HIV due to their lack of access to information and services. Inclusion in the planning process will ensure that Hispanic/Latino individuals in all parts of the country will receive programs that will address their prevention needs.

Adequate representation and inclusion in the Community Planning Groups will produce the following results:

1) Members of the Hispanic/Latino community will receive their proportionate share of resources for prevention programs. CDC will not fund community-based organizations directly unless the community planning process proves unable to provide for individual communities. Extensive evaluation of the impact of community planning will let us know whether all communities receive an adequate level of resources and programs.

2) CDC is shifting information and education campaigns to the local level, with materials to be funded based on local priorities. Adequate representation and participation in the planning process will ensure that Hispanics/Latinos are able to obtain resources for materials that they will need.

3) To ensure that members of the Hispanic/Latino community receive adequate representation and participation in the process, national organizations funded by CDC are providing technical assistance on the issues of parity, inclusion and representation, as well as planning technology. The planning technology technical assistance will assist communities in developing assessments of local prevention needs. The planning process has to be founded in the findings of the needs assessment, which must include epidemiology of HIV/AIDS and other markers that will identify where the gaps in programs are.

I would also like to encourage you to become involved in the Community Planning process and to encourage other individuals and organizations that you may come in contact with to do so also. To become involved, please contact the AIDS coordinator for the individual states where you or your constituents live. The state AIDS coordinator, are in the process of implementing the guidance.

Thank you again for sharing your comments with me.

Sincerely,

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

UNION NORTEAMERICANA CONTRA LAS ENFERMEDADES
DE TRANSMISION SEXUAL Y VIH

NORTH AMERICAN UNION AGAINST SEXUALLY
TRANSMITTED DISEASES AND HIV

P.O.Box 2532, Kensington, MD 20891 Phone/Fax: (301) 230-2762

February, 28, 1994.

Ms. Kristin Gebbie, RN,MN,FAAN,
Director
Office of AIDS Policy
Executive Office of the President
705 17th Street, Suite 1060
Washington, D.C. 20500.

Carlos
In reply

Dear Ms. Gebbie,

It was a pleasure meeting with you at the Prevention Marketing Initiative Launch on January 4th in Washington D.C. The reason I am writing you this letter is to reiterate here what I brought to your and Ms. Dr. David Satcher's attention during that meeting, which is how very important it is that STD/HIV prevention efforts be focused on Hispano/Latino populations in the U.S.

Therefore, I request that you identify and strengthen CDC's existing mechanisms used to produce prevention materials, so as to address the specific needs of Hispano/Latino populations in the U.S. and where necessary, create new mechanisms to this effect.

In this undertaking you can count on the help and support of representatives of Hispanic/Latino communities, including UNACETS and the Hispanic/Latino organizations that participate in UNACETS.

Facets in which this support can be provided, include, among other things, the following:

- Identification of the informational needs of our communities and how to address them in an appropriate cultural context. Educational materials should not only be available in Spanish, but also take into consideration cultural needs;

- Designing of materials for mass media communication on STD and HIV prevention, targeting Hispanic communities in the United States;

- Ascertain that prevention activities incorporate culturally sensitive messages, that are responsive to the perceptions of Hispanic populations, the social and economic environments, and the conditioning and facilitating factors of STD/HIV transmission.

- Certify that prevention materials are culturally and linguistically appropriate and competent for Hispanic/Latino populations, and not limited to professionally performed translations or adaptations of materials/messages originally prepared for other groups, living under very different conditions.

Joining forces now and acting without delay can save more Hispanic lives and prevent the escalation of new STD and HIV infections among our teenagers, and young men and women.

Thank you for your consideration to this request. I look forward to hearing from you in the very near future, and remain,

Sincerely yours,

Dr. Carmen A. Carrington
President

cc.

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Ms. Lynne M. Cooper
Executive Director
Doorways
Post Office Box 4652
St. Louis, Missouri 63108

Dear Ms. Cooper:

Thank you for writing and for sharing the information about "Doorways" with me. You are to be commended for your efforts in the area of supportive housing services.

I am sorry, but it would not be appropriate for me to endorse any one grant proposal. You can be assured however, that I will continue to support the development and implementation of policies that promote the necessary care and services to those living with HIV/AIDS.

Again, thank you for sharing your information. I wish you continued success in your endeavors.

Sincerely,

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

DOORWAYS
AN INTERFAITH AIDS RESIDENCE PROGRAM

June 13, 1994

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

Tim - draft reply - can't endorse anyone grant-

Dear Ms. Gebbe,

I know you are very busy, so I'll be brief. I met you several months ago in St. Louis after a presentation you made at St. Louis University. We operate the only AIDS housing program in the St. Louis area, and we need five minutes of your help!

The Lutheran Church Missouri Synod has a foundation here, and we have applied to them for $50,000 to put antimicrobial carpet in a soon to be developed Supportive Housing Project for people with HIV. As an interfaith organization, we seek the support of numerous faith groups. The Lutheran Charities Foundation helped us six years ago when we first began operations.

Would you write to the Foundation as a Missouri Synod Lutheran and tell them of your support for the program DOORWAYS is developing, and your hope that they will support it with a grant of $50,000? I will send you more than you want to read, including a letter from our friend and yours, Dr. Bill Kincaid, Acting Director of Health and Hospitals in St. Louis. Your national position as well as your LCMS affiliation would be a huge boost to us.

In order to save you time, I have enclosed a sample letter which I hope you will find useful rather than presumptuous.

Thank you!

Lynne

Lynne M. Cooper, D.Min.
Executive Director

LMC:erf
enclosures

P.O. BOX 4652
SAINT LOUIS,
MISSOURI
63108

314 454-9599
FAX 454-9989

Ms. Betsy Nagel
President
Lutheran Charities Foundation
709 South Laclede Station Road
St. Louis, MO 63119

Dear Ms. Nagel,

As President Clinton's National AIDS Policy Coordinator and as a Missouri Synod Lutheran, I am delighted to know of your generous support of DOORWAYS' housing programs when the organization was beginning in 1988. Lynne Cooper has informed me of their recent request to you for $50,000 to install antimicrobial carpet in a supportive housing facility. I am writing to strongly endorse DOORWAYS' request.

The AIDS epidemic has already stretched our public and private resources beyond anything we ever anticipated. It is only with the help of creative, cost effective programs like the one DOORWAYS is proposing, and with your help to make them successful, that we will forge the partnerships between government and charity which will ultimately triumph over this devastating disease.

DOORWAYS' project is highly leveraged and securely financed. $2.3 million of federal HUD funds are committed to the development and five years of operating costs. Your donation of antimicrobial carpet will not only add warmth to this home for 36 people suffering with HIV disease, it will provide important safety and hygiene components as well. I sincerely hope you are able to participate in this worthwhile endeavor.

Respectfully,

Kristine Gebbe

" . . .from one-third to one-half of all people with AIDS are either homeless or in imminent danger of homelessness due to their illness, lack of income or other resources, and weak support systems. Fifteen percent of homeless people are infected with HIV. At any given time, approximately 30 percent of people with HIV disease remain in hospitals because no community based residential alternatives are available."

The National Commission on AIDS:
"Housing and the HIV/AIDS Epidemic,"
July 15, 1992

What would you do . . .

If you could save state and local governments hundreds of thousands of dollars just by offering supportive housing to people with AIDS who would otherwise be in the hospital?

What would you do . . .

If you could help reduce the cost of home health care to private insurers by offering AIDS housing with coordinated health care to span the gap between independent living and acute care?

What would you do . . .

If you could eliminate the discouraging and exhausting round-the-clock work of families and friends taking care of people with AIDS who need supervision and help with simple everyday chores?

What would you do . . .

If you could bring compassion, comfort and hope for people in various stages of HIV illness by eliminating the stress of homelessness and unnecessary hospitalization?

Would you do it? Of course you would!

What solution is proposed?

A Supportive Housing Program will offer "enhanced housing," that is, simple adequate housing with basic services such as housekeeping, laundry, food and nutrition and a variety of quality support and social services. Home health services will be provided to each client as needed. Accurate assessment of each individual's home health needs, and the sharing by several residents of nurses and technicians, will result in huge savings for private and public health care funding sources. In this new program, supervised housing with supportive services can be provided for a month for less than the cost of three days in the hospital! The result will be a compassionate and fiscally sound solution to the astronomical cost of health care for people with AIDS.

Why is this needed now?

By reporting over 2000 people with "full blown AIDS," St. Louis is now classified by the Centers of Disease Control as a "Title 1" city, or among those with higher AIDS populations. Local professionals believe the actual numbers are even higher. A report published by the Hospital Association of Metropolitan St. Louis quotes Missouri health officials who indicate that 800 people will be living with severe HIV and AIDS in the metropolitan area during each of the next four years (through 1997). The importance of these numbers becomes ominous when one considers the alarming rate of new infections. Not only are more people infected, the number who are seriously ill will double repeatedly, and these people will be living longer.

What will the program offer?

Enhanced housing services will be provided for 36 residents by paid staff and volunteers. Infusion therapy and home health care will be available as needed. Laundry, housekeeping, food and nutrition, and protective oversight will be complemented by pastoral care, 12-step programs, support groups, music, art and recreational therapy, exercise classes and massage. Emphasis will be placed on community living in a compassionate environment.

DOORWAYS has identified a building which matches the requirements for 36 unit supportive housing facility. The old Bernard Nursing Home, a beautiful historic building in the Central West End, is conventiently located near medical and social sevices and medical facilities. It will be gut rehabbed into thirty six rooms with private baths appropriate for residential care and hospice.

Who can develop the program?

DOORWAYS has a six year history of providing housing for over 1000 individuals and families in the St. Louis area. In 1991, the organization completed the renovation of an 11 unit building for people with AIDS. Presently DOORWAYS is developing a 20 unit building through the HUD 811 program. In addition, over 100 clients per month are assisted through rent subsidy and housing clearinghouse programs. However, all of these housing opportunities are designed for independent living. A new supportive housing facility will complete the next step, which is enhanced housing for those unable to live independently.

In addition, the Franciscan Sisters of Mary have joined DOORWAYS in a partnership to develop this facility. The Sisters' depth of experience in health care administration and in care of the sick poor will greatly enhance the implementation of this concept.

DOORWAYS' experience in developing AIDS housing has gained the organization the support of local and state health officials, physicians and service providers. The Sisters are nationally known for their work in the health care area. The Hospital Association's **Assessment of Long-Term Care Services for Persons With HIV in the St. Louis Metropolitan Area** recommends "development of a residential care facility that would incorporate a home health component."

No other public or private organization in the St. Louis metropolitan area has this mission.

What is the cost?

Acquisition and development costs are estimated at $2,000,487. Five years of operations will cost $2.5 million. Funding has been sought from government grants, foundation and corporate sources, religious sponsors and individual donors.

The United Way of greater St. Louis has already approved a $50,000 grant for development of this program. The city of St. Louis has awarded a $500,000 Community Development Block Grant, and DOORWAYS has received conditional approval of a $2.35 million Supportive Housing Grant. Major support has come from The AIDS Foundation of St. Louis, General American Life Insurance Company, Group Health Foundation, Malt-O-Meal, Ralston Purina Trust Fund, SAFECO Insurance Company, SSM Health Care Corporation, St. Luke's Episcopal Presbyterian Charitable Fund, and Walgreens.

How can you contribute?

DOORWAYS' goal is to raise enough money to begin operating in 1995. Besides corporations, foundations and religious sources, families who have lost loved ones or friends, supporters of DOORWAYS and others concerned about AIDS will be asked to make a donation to this program.

Certain rooms or areas may be dedicated at the request of the donor. Some of these are described below:

Naming the building	$250,000.00
Lobby	100,000.00
Garden/patio	90,000.00
Dining room	80,000.00
Kitchen	70,000.00
Recreation room	60,000.00
Meditation room	50,000.00
Elevator (to be installed)	40,000.00
30 rooms each at $32,000	960,000.00

All gifts will be acknowledged in a prominent but tasteful display in the facility.

How can a donor benefit?

DOORWAYS has been awarded the Neighborhood Assistance Program Missouri tax credits for the benefit of qualified donors. This means that half the amount of a charitable gift to DOORWAYS can be deducted from the donor's Missouri income tax. In short, a $100,000 gift, after tax credits and the IRS deduction, could cost a donor as little as $27,000 in actual cash. A $50,000 gift could cost just $13,500.

Insurance providers, hospitals and families may benefit additionally by reducing the financial burden of AIDS to the public and private sectors and to individuals.

All of us benefit by being a part of the compassionate care offered to people with AIDS by an experienced, interfaith organization. Among those sponsoring DOORWAYS are:

The Christian Methodist Episcopal Church
The Episcopal Church
The Jewish Federation
The Lutheran Churches
The United Methodist Church
The Presbyterian Church
The Roman Catholic Church
The United Church of Christ

City of Saint Louis

DEPARTMENT OF HEALTH AND HOSPITALS

OFFICE OF THE DIRECTOR

634 No. Grand Blvd. • P.O. Box 14702
St. Louis, Missouri 63178
(314) 658-1140

FREEMAN R. BOSLEY, JR.
MAYOR

Director of Health and Hospitals

June 3, 1994

RECEIVED JUN 6 1994

Ms. Betsy Nagel
President
Lutheran Charities Foundation of St. Louis
709 South Laclede Station Road
St. Louis, MO 63119

Dear Ms. Nagel:

As Acting Director of the City of St. Louis Department of Health and Hospitals, I am intimately aware of the desperate need for care for the rapidly increasing HIV/AIDS population in our area. The infected population includes many who are homeless or at risk of homelessness. Providing adequate housing and supportive services for them will not only offer a compassionate and cost effective solution to long term care, it will indirectly reduce the spread of the disease, a major concern of mine.

DOORWAYS is the only AIDS housing program in this area, and they have the enthusiastic support of the Mayor of St. Louis who has spoken publicly for and contributed City funds to their operation. DOORWAYS' staff has worked closely with my office to reduce the burden of HIV on our community and on the individuals who suffer from the disease. I heartily endorse their request to you for funds to install antimicrobial carpet in their new facility.

I am grateful for the contributions of the Lutheran Charities foundation which have improved the quality of life for many St. Louisans. I hope you can help DOORWAYS complete this important project.

Sincerely,

William L. Kincaid, M.D., M.P.H.
Acting Director of Health and Hospitals

Many With AIDS Lose Their Homes, Study Finds

WASHINGTON (AP) — Up to half of all Americans with AIDS are either homeless or about to become so, a federal commission said Wednesday.

The commission also said that at least 15 percent of people living on the streets are infected with the AIDS virus.

"The failure of the present administration to address the ... AIDS housing crisis is clear," says a report by the National Commission on AIDS.

"It is estimated that from one-third to one-half of all people with AIDS are either homeless or in imminent danger of becoming so because of their illness, lack of income or other resources and weak support networks," the study says.

The report charged that the Department of Housing and Urban Development had "virtually ignored the AIDS housing crisis" and had "resisted almost all efforts by community-based organizations ... and Congress to meet the housing needs of people with HIV disease."

The report says that people with AIDS often face discrimination in obtaining housing, despite a law that forbids this. In addition, the report says, HUD has been slow to implement federal programs, passed by Congress that specifically allocate money for housing for people with AIDS.

HUD also has not recognized infection with the AIDS virus as a disability, so AIDS-infected people do not have access to money targeted for housing for the disabled.

Jim Forsberg, director of the HUD office of special needs programs, denied the charges. He said that his agency was "doing programs targeted to people with AIDS."

He said that one out of four people in a special shelter-care program were AIDS or HIV patients and that the agency would release on Monday $47.4 million in money aimed at housing assistance for AIDS and HIV patients.

AIDS (acquired immune deficiency syndrome) usually is a fatal disease that develops from infection by the human immunodeficiency virus, or HIV.

Infection with HIV, the commission said, often results in people losing a place to live and ending up on the street.

"Many individuals are evicted when their HIV status becomes known," the report says. Such discrimination, it says, violates federal law, but often the victims are unaware of this.

Some lose their homes because the illness prevents them from working and from making rent or mortgage payments. And still others, the report says, are hospitalized for a while and when they are released find "their already unstable living arrangements have fallen apart."

Up to 30 percent of HIV patients in acute-care hospitals, the study says, are there because there is no residential program available to house them.

Kuwait To Build Hospital Wing For AIDS

KUWAIT (AP) — The head of Kuwait's infectious diseases hospital said Wednesday that a new 100-bed wing would be built for AIDS patients.

Dr. Abdul Aziz El-Enezi said the hospital would begin random testing within two months to determine the degree to which the virus that causes AIDS had spread in the emirate.

The National Assembly passed a draft law last week that would make it a crime to knowingly pass on human immunodeficiency virus, which causes AIDS. All foreign residents in Kuwait are required to take an AIDS test; those with the virus are deported.

El-Enezi said five Kuwaitis had died of AIDS since the early 1980s.

Central West End Journal

SUBURBAN JOURNALS - #1 IN WEEKDAY READERSHIP WITH OVER 1.4 MILLION READERS

CENTRAL WEST END • SKINKER DE BALIVIERE • MIDTOWN ST. LOUIS

VOLUME 11, NUMBER 13 | SUNDAY, February 13, 1994 | THIRTY-FIVE CENTS

Planned AIDS facility receiving warm welcome

By Jennifer Slosar
Staff writer

A plan to turn the former Bernard Nursing Home, 4385 Maryland Ave., into a residential care facility for people who have AIDS has received a positive response from some people who live near the site.

About 55 residents attended a public hearing Wednesday to hear details of a plan by Doorways to use the building to provide housing and care for people with AIDS who are too ill to live alone.

Group starts 'Brick by Brick' fundraiser.....2A

The hearing was at the St. Louis Cathedral School, 4430 Maryland.

Doorways is an interfaith program founded in 1988 to help find affordable housing for people with AIDS or HIV-related illnesses. The program subsidizes rent for 100 people and serves as a clearinghouse for housing information.

Services at the 30- to 35-bed facility on Maryland would include home health care, housekeeping, meals, laundry, recreation and spiritual support. The Franciscan Sisters of Mary has joined Doorways' efforts to develop the project.

Doorways hopes to open the facility in early 1995.

The St. Louis Heritage and Urban Design Commission would have to approve the project, because the building is in an area designated by the city as a historic district.

The project also will require the approval of the Missouri Department of Natural Resources, because the structure is considered a historic building.

The facility also might require a conditional-use permit, said Alderman Daniel McGuire, D-28th Ward.

"We're looking into zoning questions now," McGuire said.

It would be licensed by the state as a residential-care facility, said Lynne Cooper, executive director of Doorways.

Cooper said the organization eventually hopes to negotiate with the state to allow the home to operate also as a hospice for terminally ill people.

The design of the building makes it a perfect fit for the needs of the program, Cooper said.

"Rehabbing the Bernard will cost a few thousand more than building new, but it says what we think of our clients," Cooper said. "We're in a neighborhood where our clients will feel welcome."

Many people with AIDS live in the neighborhood surrounding the building, she said.

An architect's plans for the building call for minimal changes, Cooper said.

The plans call for constructing an entrance on the side of the structure, restoring its front facade, demolishing a small house in an alley west of the building and providing a small parking area, Cooper said.

An informal vote of people attending Wednesday's hearing showed unanimous support of the project.

Several people also voiced their approval.

"I called Lynne (Cooper) to welcome the project with open

See WELCOME, Page 2A

Welcome

Continued From Page 1A

arms," said Barbara Bennett, who lives across the street from the site. "I think it's a wonderful use for the building."

Sister Joan Andert, principal of nearby Rosati-Kain High School, 4389 Lindell Blvd., said she also welcomes the project, and suggested students could do community service projects at the home.

McGuire said he was pleased with the positive reception.

Cooper estimates Doorways has raised $1.2 million of the $2.1 million it is expected to cost to renovate and open the facility.

Cooper also estimates the organization has raised $2 million of the $2.5 million it is expected to cost to operate the facility for the first five years.

Doorways begins 'Brick by Brick'

Doorways has announced a "Brick by Brick" program to raise funds to open the planned residential-care facility for people with AIDS at 4430 Maryland Ave.

For donations of $100, $250 or $500, the organization will place a brick in a memorial patio and garden it plans to build at the facility.

Each brick would be engraved with the name of a friend, loved one or organization selected by the donor.

"While it is a memorial to those who have died from AIDS, it is also a way to honor the living," said Doorways executive director Lynne Cooper.

"People may choose to honor a doctor, a courageous volunteer or someone they know who is living with the disease," she said.

For more information about the program, call Doorways at 454-9599.

—Jennifer Slosar

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	From: Kristine Gebbie; re: sharing Concerns [Duplicate of 001] (1 page)	07/26/1994	b(6)

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

FOLDER TITLE:
July Chron Files 1994 [6]

2018-0756-F
jp4826

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
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]

The University of Texas
Health Science Center
at San Antonio

Karlene Fenton, M.A.
Conference Coordinator
Telecommunication Services
Teleconference Network of Texas

(210) 567-2700
FAX: (210) 567-2706
7703 Floyd Curl Drive • San Antonio, Texas 78284-7978

Teleconference Network of Texas

The University of Texas
Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78284-7978

(210) 567-2700
FAX: (210) 567-2706

Tim
Draft reply

May 24, 1994

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator
White House

Dear Ms. Gebbie:

I am writing to you on behalf of the Teleconference Network of Texas (TNT). The Network is the distance learning educational division of **The University of Texas Health Science Center at San Antonio**. We are a non-profit organization which produces audio teleconference programs for continuing medical education for health care practitioners.

As a premier authority on the continuing challenge of the AIDS epidemic, I know that you would be a perfect speaker for TNT new series on **HIV/AIDS: Illness, Issues and Patient Care**. I would like to extend the invitation to you to present a 45 minute audio-teleconference on the subject via the TNT.

While the potential audience is nationwide, you can give your presentation from any telephone. No special equipment is required. Only a relatively quiet place is necessary. Many of our speakers use their offices but a fair number call from their homes. The medium is very flexible and user friendly.

Although the program development for the HIV/AIDS series is in its infancy stage, I am considering the dates of October 11 - November 10, 1994; Tuesdays and Thursdays. The process works like this: a schedule of the best national speakers is assembled. A brochure listing dates, speakers, and brief descriptions of each presentation is printed and mailed to hundreds of hospitals across the country. Two months prior to each presentation, TNT reproduce and mail to each registered site the speakers short biography, photograph, lecture outline, bibliography, etc., and 35mm slides. Then, ten minutes before start time, the speaker (you) call the TNT electronic bridge using an 800 number. After I, the moderator, give a brief

introduction, you will present your topic. At the end of 40-50 minutes, I will poll the sites for questions.

HIV/AIDS education is essential for people in the United States. As you stated yourself, "Nurses must not simply be concerned with assuring their own safety by preventing occupational exposure to HIV in the emergency room, the operating room or on the floor, but must become active in their community's fight against HIV itself. It is only then that we have truly addressed the means to stop HIV". With the help of TNT, you and other speakers can educate and relate to hundreds of people at one time.

I hope that you are intrigued about the prospect of sharing your expertise with a national audience. Ms. Gebber, I would appreciate it if you would contact me as soon as possible. If you have any questions, concerns, or **suggestions for other topics and/or speakers**, please call me at 1-800-982-8868.

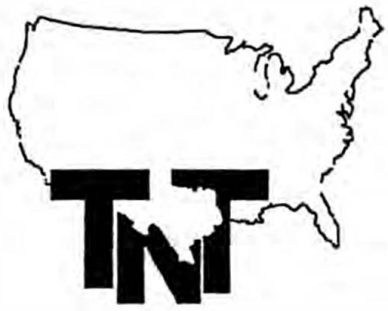
Thank you! I look forward to hearing from you.

Sincerely,

Karlene Fenton

Karlene Fenton, M.A.
Conference Coordinator
Teleconference Network of Texas

TELECONFERENCING SERVICE



Available to UTHSCSA Academic Departments and Administrative Offices

TELECOMMUNICATION SERVICES offers a variety of services through its 40-line teleconferencing bridge. The conferencing services are provided by reservation based upon availability.

Teleconference Uses and Benefits

Faculty Conferences.	Confer with other faculty members in any department or other campuses without leaving your office.
Grant Collaboration.	Meet with other researchers or coinvestigators to discuss proposals, renewals, or latest results without losing valuable time in travel.
Student Conferences.	Talk with several students at once or speak to an entire class from your home or any place that has a telephone.
Guest Speakers.	Have outside experts talk live to your class from anywhere in the world.
Dissertation Defense.	Committee Members in diverse locations can meet without travel for a candidate's oral defense.
Economical Rates.	Rates for Health Science Center faculty and staff are less than half the rate charged by commercial teleconference firms. An "800" number telephone service is available for an additional fee.
Payment.	Convenient and fast payment through interdepartmental transfer (IDT).

For more information, contact:

Renee' Drabier, Director
Telecommunication Services 567-2700

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Ms. Karlene Fenton, M.A.
Conference Coordinator
Telecommunication Service
Teleconference Network of Texas
7703 Floyd Curl Drive
San Antonio, Texas 78284-7978

Dear Ms. Fenton:

I would like to thank you for your invitation to speak on the Teleconference Network of Texas between October 11 and November 10, 1994. I am sorry that I will not be able to accept, as I have resigned my position as National AIDS Policy Coordinator, effective August 2, 1994. I will make arrangements to forward the information about the Teleconference Network of Texas to my successor.

Thank you again for writing and I wish you continued success with your endeavors.

Sincerely,

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

The University of Texas
Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78284-7978

Telecommunication Services
Teleconference Network of Texas

(210) 567-2700
FAX: (210) 567-2706

Tim
Draft reply

May 24, 1994

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator
White House

Dear Ms. Gebbie:

I am writing to you on behalf of the Teleconference Network of Texas (TNT). The Network is the distance learning educational division of **The University of Texas Health Science Center at San Antonio**. We are a non-profit organization which produces audio teleconference programs for continuing medical education for health care practitioners.

As a premier authority on the continuing challenge of the AIDS epidemic, I know that you would be a perfect speaker for TNT new series on **HIV/AIDS: Illness, Issues and Patient Care**. I would like to extend the invitation to you to present a 45 minute audio-teleconference on the subject via the TNT.

While the potential audience is nationwide, you can give your presentation from any telephone. No special equipment is required. Only a relatively quiet place is necessary. Many of our speakers use their offices but a fair number call from their homes. The medium is very flexible and user friendly.

Although the program development for the HIV/AIDS series is in its infancy stage, I am considering the dates of October 11 - November 10, 1994; Tuesdays and Thursdays. The process works like this: a schedule of the best national speakers is assembled. A brochure listing dates, speakers, and brief descriptions of each presentation is printed and mailed to hundreds of hospitals across the country. Two months prior to each presentation, TNT reproduce and mail to each registered site the speakers short biography, photograph, lecture outline, bibliography, etc., and 35mm slides. Then, ten minutes before start time, the speaker (you) call the TNT electronic bridge using an 800 number. After I, the moderator, give a brief

introduction, you will present your topic. At the end of 40-50 minutes, I will poll the sites for questions.

HIV/AIDS education is essential for people in the United States. As you stated yourself, "Nurses must not simply be concerned with assuring their own safety by preventing occupational exposure to HIV in the emergency room, the operating room or on the floor, but must become active in their community's fight against HIV itself. It is only then that we have truly addressed the means to stop HIV". With the help of TNT, you and other speakers can educate and relate to hundreds of people at one time.

I hope that you are intrigued about the prospect of sharing your expertise with a national audience. Ms. Gebber, I would appreciate it if you would contact me as soon as possible. If you have any questions, concerns, or **suggestions for other topics and/or speakers**, please call me at 1-800-982-8868.

Thank you! I look forward to hearing from you.

Sincerely,

Karlene Fenton

Karlene Fenton, M.A.
Conference Coordinator
Teleconference Network of Texas

The University of Texas
Health Science Center
at San Antonio

Karlene Fenton, M.A.
Conference Coordinator
Telecommunication Services
Teleconference Network of Texas

(210) 567-2700
FAX: (210) 567-2706
7703 Floyd Curl Drive • San Antonio, Texas 78284-7978

TELECONFERENCING SERVICE

Available to UTHSCSA Academic Departments and Administrative Offices

TELECOMMUNICATION SERVICES offers a variety of services through its 40-line teleconferencing bridge. The conferencing services are provided by reservation based upon availability.

Teleconference Uses and Benefits

Faculty Conferences.	Confer with other faculty members in any department or other campuses without leaving your office.
Grant Collaboration.	Meet with other researchers or coinvestigators to discuss proposals, renewals, or latest results without losing valuable time in travel.
Student Conferences.	Talk with several students at once or speak to an entire class from your home or any place that has a telephone.
Guest Speakers.	Have outside experts talk live to your class from anywhere in the world.
Dissertation Defense.	Committee Members in diverse locations can meet without travel for a candidate's oral defense.
Economical Rates.	Rates for Health Science Center faculty and staff are less than half the rate charged by commercial teleconference firms. An "800" number telephone service is available for an additional fee.
Payment.	Convenient and fast payment through interdepartmental transfer (IDT).

For more information, contact:

Renee' Drabier, Director
Telecommunication Services 567-2700

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mr. Christopher Alvarez
Secretary
Antelope Valley Gay and Lesbian Alliance
Post Office Box 2013
Lancaster, California 93539-2013

Dear Mr. Alvarez:

Thank you for the invitation to attend the First Annual Antelope Valley Gay and Lesbian Pride Festival the weekend of July 29 through July 31, 1994. I am sorry that it has taken me so long to respond to your invitation. Unfortunately, my schedule does not permit me to participate in the festival. I do, however, wish you every success for your event and for your efforts in the future. Best wishes!

Sincerely,

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

Jeff -
Work with Robert
& draft a ltr for
Gus' signature
stating our efforts
to get a hold &
best wishes.

GUS

REGRET

whatzup w/this
letter? Is it
Confirm | Consider | Regret?

AV GALA

The Antelope Valley Gay and Lesbian Alliance

Gus - I doubt this is possible, given existing commitments— could do video greetings / remarks—

April 30, 1994

Kristine Gebbie
Office of the National Aids Policy Coordinator
750 17th Street North West
Suite 1060
Washington, D.C. 20500

John - taping?

Dear Ms. Gebbie;

We would like for you to be a guest speaker!

The Antelope Valley Gay and Lesbian Alliance (AV GALA) is sponsoring the First Annual Antelope Valley Gay and Lesbian Pride Festival. As part of this event the International Gay and Lesbian Archives will be on display at the Antelope Valley Fair Grounds. We need speakers for the reception of the archives Friday night, buffet dinner Saturday night, and brunch Sunday afternoon, July 29th, 30th, and 31st -- respectively. Your talents would be appreciated for any one of these days.

Who are we? AV GALA is attempting to organize the gay and lesbian population in the Lancaster and Palmdale area into one political voice. A voice for fair housing. A voice for fair employment. A voice for equal protection under the law. A voice for tolerance. A voice for understanding.

We are located in Northern Los Angeles County only an hour northeast of West Hollywood. However, we do not enjoy quite the same freedom as our brothers and sisters in West Hollywood. Lancaster is the home of the Springs of Life Church, the producers of that famous -- or infamous -- video tape, 'THE GAY AGENDA'. Also, you may recall, former Vice President Quayle chose the Lancaster / Palmdale area to deliver his speech on family values.

THE ANTELOPE VALLEY GAY AND LESBIAN ALLIANCE
P.O. Box 2013, Lancaster, California, 93539-2013 -- 805/267-9766

Our 'family' is struggling to maintain and protect our dignity; and that's why we felt it necessary to bring the International Gay and Lesbian Archives to this area. This event will help raise funds needed for AV GALA to pursue it's goal of providing a 'voice' for the Gay and Lesbian community.

What we need *now* is a 'voice' like yours! Your presence, talents, and 'voice' are humbly requested.

We are unable to pay for your talent and expenses; however, many in our 'community' are willing to share their homes and tables.

Please RSVP by phone, or letter, prior to May 30th, 1994. Your sincere consideration of this request is most appreciated.

Sincerely,

Christopher Alvarez
Secretary

Antelope Valley Gay
and Lesbian Alliance
P.O. Box 2013
Lancaster, Ca. 93539-2013
(805) 267-9766

Note: This event is a Gay Pride event; however, your work as the National Aids Policy Coordinator is of great interest to our community. This event would provide a unique opportunity to address the gay and lesbian community directly about the national efforts being made toward the fight against AIDS. As you know, our community has been devastated by this disease, and we would be most interested in your efforts as the National Aids Coordinator.

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mrs. Bonita A. Miser
704 Rosehaven Drive
Altus, Oklahoma 73251

Dear Mrs. Miser:

Thank you for your comments on the Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC). This administration is committed to stopping the spread of HIV, especially among our youth. The age group with the greatest increase of new cases is the 18-25 year old group; the majority of these infections occurred during adolescence. Best information indicates that 72 percent of all high school seniors have engaged in sexual activity and 19 percent of those have had 4 or more sexual partners.

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

Your letter contains information on the Human Papilloma Virus, and whether condoms are effective in preventing its transmission. Research shows that condoms are effective in preventing sexually transmitted diseases other than HIV, but only if individuals use latex condoms consistently and correctly for every sexual act. The research, some of which was reported last year, indicates that transmission occurs primarily because individuals do not use condoms consistently and correctly for every sexual act.

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

various components of the campaign, including the public service announcements.

Although we are aware that public service announcements may not bring about behavior change in all individuals, like you indicate in your letter, we want to indicate to young adults that this administration is concerned about their health. We also want to communicate to decision makers at the community level that the Federal administration will support their efforts to bring about targeted prevention messages to young adults. Furthermore, it is our understanding that not all young people have received a clear message on the best way to protect themselves from HIV. The message of the public service announcements will deliver to young adults that have not received this information before, a clear and concise message on how to protect themselves.

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

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

Sincerely yours,

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

Carlos —
please check to see
that our standard reply
covers what is
needed —
—

5 May 94.

Dear Ms. Gebbie

In light of your current efforts to encourage the use of condoms, I find the enclosed information from the Medical Institute for Sexual Health very disturbing.

Please, note the seriousness of acquiring an infection from the papilloma virus and the ineffectiveness of condoms to stop its spread.

I hope that you will warn people of the dangers and not lead them into danger.

Thank You,

Sincerely,

Bonita A. Miser

Medical Institute *for* Sexual Health

April 1994
Volume 2 • Number 2

SEXUAL • HEALTH • UPDATE

Condoms Ineffective Against Human Papilloma Virus

On January 4, 1994, Donna E. Shalala, Secretary of Health and Human Services, announced a new AIDS prevention initiative. A cooperative effort of the Department of Health and Human Services, the Centers for Disease Control, and the Clinton Administration, represented by Kristine Gebbie, National AIDS Policy Coordinator, the program promotes condom use for the prevention of AIDS and other STD's. In one of the public service announcements called "Peer Educator/Condoms" Denise Stokes, AIDS education counselor, states, "And my message is simple, if you're gonna have sex, a latex condom used consistently and correctly will prevent the spread of HIV and other STD's. People out there gotta understand. That's why I'll go anywhere to talk about latex condoms. Even into your living room." This statement is being broadcast and televised across our country, but is it true?

Contrary to the message of this new government initiative, condoms have not been found to be reliable in the prevention of HIV. Our last ***Sexual Health Update*** discussed the shortcomings of the two studies used by CDC to support the effectiveness of condoms in preventing HIV. We mentioned in that update that Susan Weller, in her meta-analysis published in *Social Science and Medicine*, found condoms to have a 31% failure rate in preventing the sexual transmission of HIV in just one year.[1] In the context of her article Dr. Weller states, "It is a disservice to encourage the belief that condoms *will prevent* sexual transmission of HIV."[2] (emphasis added) The goal of this update, however, is not to discuss the failure of condoms in preventing the spread of HIV. Rather, it is to point out the misrepresentation of the facts by our appointed officials who state that condoms will prevent the spread of other STD's. We will specifically address the failure of condoms in preventing the spread of human papilloma virus, the organism which causes venereal warts and 90% of the cancers of the cervix, vagina, vulva and penis which are seen in Americans.[3]

The human papilloma virus is a sexually transmitted organism which should not be taken lightly. "Human papilloma virus infection has become the number one reason American women visit a gynecologist according to the Centers for Disease Control and Prevention."[4] Dr. Stephen Curry of the New England Medical Center in Boston was quoted in *Time*: "This virus is rampant. If it were not for AIDS, stories about it would be on the front page of every newspaper."[5] Why is this virus causing so many patients to see physicians? Why would it be on the front page of every newspaper except for HIV? There are several reasons, but the first is that it is an extremely common sexually transmitted infection. Bauer, *et. al.*, reported from a study of sexually active coeds seen at the Student Health Center, University of California at Berkeley, that 46 percent were infected with human papilloma virus.[6] Other studies show similar infection rates. Therefore, HPV is probably the most common sexually transmitted disease in America.

The greatest danger of this organism is that it is the probable cause of almost all cervical cancer. Alex M. Ferenczy, M.D., Professor of Pathology, Obstetrics and Gynecology, McGill University Faculty of Medicine, states that of all STD's, HPV is the greatest cancer killer and that nearly 500,000 women each year world wide develop cancer of the cervix.[7] The American Cancer Society estimates that in the U.S. in 1994 there will be 16,000 new cases of cervical cancer and 5000 related deaths.[8] These cancers and precancerous growths are among the most prevalent cancers seen in women. In the U.S. there has been a substantial increase in the number of women with invasive cervical cancer and the number of women who have precancerous changes on their cervix during the past few years. This increased incidence of cancer and precancer of the cervix seems directly related to sexual activity.

HPV also causes warts of both women's and men's genital organs. These warts can range from the size of a small tick to the size of a cauliflower. They can be very difficult to cure, often requiring multiple treatments by a physician. At times they even require anesthesia and surgical therapy.

Most gynecologists are seeing more and more patients with vulvar discomfort. This discomfort is called "vulvar vestibulitis." Many patients have developed this problem as a result of human papilloma virus infections of their vulvar tissues. It can be very difficult to treat, even requiring a series of twelve vulvar injections with Interferon. Even then, it frequently does not respond. We are, therefore, dealing with a very

dangerous sexually transmitted infection. Dr. Kenneth Noller is quoted in the newsletter of the American College of Obstetricians and Gynecologists: "We have no treatment that will eliminate the virus. We can treat the warts, but the virus is still present after the warts are gone."[9] There has never been such an epidemic of human papilloma virus in the U.S. We have absolutely no idea how these viruses are going to affect the genital tissues of both men and women in the years to come.

Since HPV is producing so much disease, it seems that it would be best to prevent its transmission from one person to another. If condoms would prevent that transmission, perhaps we could agree with the concept of offering condoms as a preventive measure. Secretary Shalala and the CDC, however, have ignored the fact that condoms give almost no protection at all against this very dangerous form of disease. The following quotations are from medical experts who are giving their unbiased view of the effectiveness of condoms in preventing sexual transmission of the human papilloma virus.

Kenneth L. Noller, M.D.: "Indeed several studies have shown that condoms do not protect against this virus (HPV)."[10] (Dr. Noller is Professor and Chairman, Department of OB/GYN, University of Massachusetts School of Medicine, past Chairman of the American College of Obstetricians and Gynecologists Committee on Gynecologic Practice and past President of the American Society for Colposcopy and Cervical Pathology.)

Thomas V. Sedlacek, M.D.: "Condom use is of little or no value in protecting patients from papilloma infection."[11] (Dr. Sedlacek is Chairman, Department of Gynecology, Graduate Hospital, Philadelphia.)

Robert Reid, M.D.: "Because HPV is a disease of the entire genital area, condoms probably do not prevent transmission."[12] (Dr. Reid is Director of Gynecologic Laser Services, Sinai Hospital of Detroit, and Assistant Professor, Wayne State University School of Medicine.)

Michael Campion, M.D.: "Condoms are useless in preventing HPV transmission, because the virus is spread by cells that are shed onto the scrotum, which then comes into contact with vulvar skin."[13] (Dr. Campion is Director of Gynecologic Endoscopy at Graduate Hospital, Philadelphia.)

Mitchell Greenberg, M.D.: "Even condoms don't block transmission because the virus can be transmitted from the scrotum and vaginal secretions."[14] (Dr. Greenberg is Director of Clinical Research and Education, Graduate Hospital, Philadelphia.)

John V. Dervin, M.D.: "Human papillomavirus, thought of as the 'seed' of cervical cancer, is a regional rather than localized disease, and its infectivity is not contained by condoms... "[15] (Dr. Dervin is Associate Specialist in Radiology and Assistant Clinical Professor, University of California, San Francisco.)

The CDC is clearly dishonest in its public service announcements. It is evident from a number of national experts that condoms give no protection against this sexually transmitted disease, even though CDC in its nationally aired television ad says that they do. There is also evidence that condoms do not protect against chlamydia which is increasingly a cause of sterility among young people. We will investigate that evidence in a later ***Sexual Health Update***. If for no other reason, the epidemic of human papilloma virus infections among sexually active single people in the U.S. today would justify our saying that people cannot trust condoms to protect themselves from sexually transmitted disease. If they do have sex outside of a lifelong monogamous relationship, they will probably get an infection that can be dangerous to their health. Remember, 46 percent of sexually active coeds at the University of California at Berkeley already were infected with this organism.

It is important for those of us who have this information to convey it to the general public as well as the people who are responsible for sexuality education.

References

1. Weller, Susan C. A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV, *Social Science and Medicine*, 36:12, June, 1993.

2. Ibid.

3. Jenson, A.B. Historical Perspectives and Current Perception of Human Papillomavirus Infections: Part 1, *Focus on Human Papillomavirus*, 1:1, Winter, 1989.

4. *OB/GYN News*, 28:15, 1993.

5. *Time*, April 6, 1988.

6. Bauer, H.M., et. al. Genital Human Papillomavirus Infection in Female University Students as Determined by a PCR-Based Method, *JAMA*, 265:472, 1991.

7. Symposium. HPV DNA: quicker ways to discern viral types, *Contemporary OB/GYN*, 33:4, April, 1989.

8. American Cancer Society, telephone conversation, March 29, 1994.

9. American College of Obstetricians and Gynecologists, *Newsletter*, February, 1990.

10. Noller, Kenneth L. *OB/GYN Clinical Alerts*, September, 1992.

11. Sedlacek, Thomas V. Clinical Options in Dealing with Minor Cytologic Abnormalities, *The Colposcopist*, XXIV:4, Fall, 1992.

12. American College of Obstetricians and Gynecologists, *Newsletter*, August, 1989.

13. *OB/GYN News*, 26:12, 1991.

14. *OB/GYN News*, 28:15, 1993.

15. Condom Won't Prevent Transmission of Human Papillomavirus, *Family Planning News*, 22:12, June, 1992.

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mr. Dan McDonald
P.O. Box 423684
San Francisco, California 94142

Dear Mr. McDonald:

Thank you for sharing your thoughts on the creation of a National AIDS Service Corps with me. As you know, this Administration is committed to taking steps to stop the spread of HIV, to care for persons living with HIV/AIDS and to find a cure for AIDS as soon as possible.

Part of the work we have done in prevention has been to collaborate with various components of the Federal government in expanding their current programs and activities to include HIV/AIDS-related prevention, services and research. To that end, we have worked with the National Youth Service Corps and the Peace Corps to include HIV/AIDS prevention in the curriculum for training of new inductees. In this fashion, they will be able to carry their expertise in HIV/AIDS prevention to whatever task they are assigned to do.

I see your idea of a National AIDS Service Corps as one with incredible potential and I believe that the work we do in HIV/AIDS prevention must be a part of our lives and those of the younger generations in all aspects of our lives. I believe that by incorporating HIV/AIDS prevention in all existing components and institutions, including schools, churches, businesses, the media, social clubs and all others, we will be able to impact on those behaviors that place individuals at risk.

I would like to thank you again for sharing your thoughts with me.

Sincerely,

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

Carlos

draft reply – refer to Americorps –

P.S. where are we ~~on~~ getting HIV prevention into the training for volunteers –

June 3, 1994
San Francisco

Dear Ms. Gebbie:

Enclosed is a letter / proposal to the President urging him to launch an AIDS SERVICE CORPS modeled after the Peace Corps established by President John F. Kennedy in 1961. Reasons, benefits, and urgency increase and intensify as time passes.

Public focus on the AIDS pandemic must not be allowed to fade. An AIDS SERVICE CORPS institutionalizes public focus through legislation, mobilizes individuals, and passes the torch of caring involvement to succeeding generations.

If you can support this proposal please write President Clinton voicing your support. By such humane actions are presidents remembered, their epitaphs written.

A copy of your letter to the President will be appreciated. Thank you.

With best wishes, I remain

Sincerely,

Dan McDonald

May 12, 1994

President Bill Clinton
The White House
Washington, D. C.

Dear President Clinton:

Your admiration for President John F. Kennedy has been the hallmark of your yearning for the presidency over the past few decades. Let me suggest a way in which you might move from admiration to emulation. You might recall that in 1961 at the University of Michigan President Kennedy proposed a Peace Corps, an opportunity for volunteers to share their skills and expertise with the impoverished nations of the world.

Today, Mr. President, many of the same lands visited yesteryear face a more insidious devastation that not even peace can eliminate or mitigate. I speak of the AIDS pandemic. Many in the communities most affected by this plague urge you to propose an AIDS SERVICE CORPS launched on a scale proportionate to the magnitude of the crisis. For the first thirty years 133,000 volunteers served in Peace Corps; looking toward the next century we need to recruit more than a million volunteers for an AIDS SERVICE CORPS in the next five years.

You might ask, What's the rush? and Why so many? With all due respect for ongoing research and potential vaccines, Mr. President, the world cannot forever await the fruition of possibilities. The world needs an army of trained volunteers in the millions reaching every corner of the globe with not only the message of prevention but the means as well. Mr. President, at this late date, prevention is still all we've got!

An AIDS SERVICE CORPS will help you with two of the most important items on your domestic agenda, the Health Security Act and finding opportunities for the unemployed. Preventive care should be the most salient feature of any health care act; without it the balance is doomed to either failure or result in little or no significant increase in savings. For the unemployed out of college or high school voluntary deployment in the Corps eases the pressure on jobs creation; returning to the job market their value enhanced by diverse experiences working with peoples of other nations, other cultures. Because AIDS prevention is understandable to most adults the Corps may recruit volunteers right out of high school. These volunteers might merit scholarships as compensation for their time in service, similar to the rewards cited in the National Service

Corps enacted by the Congress last fall.

The season of commencement addresses is upon us. Choose a venue from which you might expect volunteers. Or confound the critics by launching the idea at a conservative institution. Or dramatize the proposal by speaking at a high school in the Bronx where the proposal and the battleground meet, where possibly a generation is already lost! Failing these sites a United Nations address in September might be the next best venue.

Let me close this letter with the opening paragraph of chapter seven entitled Africa: A Continent In Catastrophe, from "The Slow Plague" by Peter Gould, Blackwell Press, 1993, Oxford UK and Cambridge USA:

> Africa...is the ur-continent for the entire human family, our common place of origin 100,000 years ago, our genesis as homo sapiens, and the origin of our thousand tongues. There is something perverse in that the cradle of east and central Africa that gave us all birth should now be the origin of a virus bringing us death. Sometimes the gods are not kind. From that nurturing origin it took us, in all our changing human variety, tens of thousands of years to cover the globe, to reach the tip of Tierra del Fuego, the cold wastes of Greenland, the coral strands of the South Pacific. It took ten years for the HIVs, both 1 and 2, to hopscotch around the same globe and entrench themselves in almost every people on earth. The virus is now in native Canadians in the far north, in pygmy people deep in equatorial forests, in Polynesia on once-remote and seldom-visited tropical islands, and in the Shan people of the remote hill country of eastern Burma. In long chains of human relationships and movements every place seems connected to all the others. There is no hiding place down here.

Mr. President, in our inability to grasp the enormity of AIDS as catastrophe we glimpse darkly why 'the center does not hold': AIDS is apocalyptic in its dimensions. Millenarists need search no further. As the pandemic grows apace our world will not end in a bang but in a whimper, the implosion of our collective wills collapsing upon the 'will vs wallet' syndrome. On AIDS do not let your presidency lapse passive in the way of your predecessors. An AIDS SERVICE CORPS is an opportunity for greatness. Sieze it.

With all best wishes for the coming years, I remain

Respectfully,

Dan McDonald

Dan McDonald
P.O. Box 423684
San Francisco, CA 94142
415-292-4942

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Robert N. Walker, Ph.D.
2605 Chimney Rock
Huntsville, Texas 77340

Dear Dr. Walker:

This is a belated thank you for sharing your thoughts on HIV/AIDS Prevention and with me. As National AIDS Policy Coordinator, I am working towards the development and implementation of policies that will stop the spread of HIV. I am encouraged by the interest of individuals on the complex issues of HIV/AIDS prevention.

Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact. Your letter indicates that other sexually transmitted diseases were a more serious problem until identification and treatment of all individuals was accomplished.

I would like to point our first of all that no sexually transmitted disease has been eradicated, and some, like syphilis, are of epidemic proportions today, even though we have had affordable and accessible treatment for decades. Secondly, screening for STDs has been ineffective for HIV primarily because STD screening was made easier by the availability of treatment. In the case of HIV, we have no treatment that will cure the disease, thus eliminating the main encouragement for individuals to get tested. Thirdly, the use of mandatory testing will have the effect of preventing individuals from seeking treatment and services.

The HIV/AIDS epidemic is one that has been shrouded in misinformation. This is generally due to the fact that the behaviors that place people at risk for HIV infection, sexual activity and sharing needles, are considered unacceptable by many in our society. Effective education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Research and epidemiological studies recently released by the San Francisco Department of Public Health point to the fact that

targeted prevention campaigns are effective in reducing HIV transmission. Under those circumstances, it would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those living with HIV/AIDS.

I would like to thank you again for your input.

Sincerely,

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

Dr. Kristine M. Gebbie
Director of AIDS Policy Office
750 17th St., NW
Wash, D.C. 20050

Carlos Del Rio

15 April 94

Robert N. Walker, Ph.D.
2605 Chimney Rock
Huntsville, Texas 77340

2605 Chimney Rock
Huntsville, TX 77340
March 21, 1994

15 April 1994

How can local, state, and national public health authorities continue to tolerate failure to identify thousands of AIDS-infected persons who can easily and promptly be shown now to be infected? Unidentified, they spread AIDS! This pandemic disease with twelve million cases worldwide must be halted if mankind is to be saved.

Through the use of blood exams, the AIDS hosts, the only source of the deadly virus, can be identified. Tests reveal infected hosts to themselves, to their sexual or needle partners, and to public health authorities. No invasion of privacy is involved, which civil libertarians would decry. Test results can be kept confidential except that persons likely to be exposed to the infected host must also be advised.

The AIDS virus can only be acquired from a living source. Once the source is identified, all who have blood or vaginal serum contact with that host can be warned to take protective measures before and after exposure. The victim may also be treated by some therapies which now seem to be partially helpful if the victim or contacts promptly learn of their perilous risk conditions and seek therapy.

Some states now charge those who knowingly infect others with murder, which is what it is. Full-blown AIDS progresses from initial stages over considerable periods of time, it is believed. No vaccine has apparently yet been found.

The easy means to identify carriers is amazingly not now used: thousands of blood testing stations, hospitals, clinics, dialysis units, and emergency rooms do not routinely test for presence of the AIDS virus. Those who do test and determine that the individual has the AIDS virus also often do not report to the individuals tested or to health authorities. Some routine sampling is done on a less than total number of

cases (wounds, surgical procedures, and with drug abusers). But thousands of people's blood could now be tested for the AIDS virus at examination locations nationwide, where such testing could be done quickly and inexpensively (in comparison to the cost of treating AIDS cases later). This is difficult to understand.

Syphilis was epidemic until sulfa and mold remedies greatly diminished its spread. It was halted in part by tracking all cases of contacts through public health authorities; physicians used to be required by law to report all cases of venereal disease. This reporting should be resumed at once, for syphilis is again on the rise. TB surely calls for similar case-study reporting and follow-up. And, the AIDS virus should, of course, be included. Public health demands this.

Here we are missing a simple means to stop AIDS: all blood testing examination stations should, by law, be required to report to health authorities locally and nation-wide every suspected case of AIDS-related infections identified during tests. All incarcerated individuals should be tested for AIDS without exception, as well as all immigrants to our country. Persons showing evidence of being AIDS infected (not all positives are later shown to develop full AIDS infections) will then be alerted to their danger, be at least able to take prompt, appropriate steps to modify the course of their potentially fatal disease, and be able to avoid infecting sexual or needle partners.

What is negative about identifying AIDS cases and thus to retarding, somewhat, its continued spread by at the very least warning care-givers of innocent children and unsuspecting adults (especially spouses and "special friends") who are now unaware of their perilous risk?

Sincerely,

Robert N. Walker

Robert N. Walker, PhD

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Ms. Cynthia A. Sliwa
Promotion Manager
DORRANCE Publishing Co., Inc.
643 Smithfield Street
Pittsburg, Pennsylvania 15222

Dear Ms. Sliwa:

This is a belated thank you for sharing with me information on the book A Life Devoted to Others. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As you well know, prevention is our most effective tool in fighting this epidemic. Effective prevention education for individuals at high risk for HIV is paramount in our efforts.

After 12 years of the HIV/AIDS epidemic we are still in need of effective tools and programs that will deliver an effective message to those at risk. I am in full support of effective teaching tools and methods that will reach those most at risk for HIV infection and to assist those already infected.

I believe it is very important that we promote the concept of prevention in our society. Again, thank you for sharing information on your book.

I wish you continued success in your endeavors.

Sincerely,

Kristine Gebbie

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

DORRANCE
PUBLISHING CO.
INC.
643 Smithfield Street • Pittsburgh, PA 15222 • (412) 288-4543 • FAX (412) 288-1786

RECEIVED

June 6, 1994

JUN 15 1994

Called
draft reply

Ms. Kristine Gebbie
White House Policy Advisor on AIDS
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Gebbie:

Our President, Vice President, Secretary of Education, Secretary of Health & Human Services, Governors, Senators, Congressional Legislators all acknowledge that "our children are our most precious resource." We are outraged at kids killing kids with guns and violence portrayed on TV unabated. "We know any family doctor will tell you that people will stay healthier and long-term costs to the health system will be lower if we have comprehensive preventative services. You know how all of our mothers told us that an ounce of prevention was worth a pound of cure? Our mothers were right." President Clinton's Address to Congress on Health Care, September 22,1993.

In his forthcoming book: *The Catalyst: A Life Devoted to Others,* Dr. Arthur Weider states: "from time immemorial, we have been raised on the premise that 'an ounce of prevention is worth a pound of cure.'" His book is partly autobiographical, partly about patients he has treated successfully, and partly about a new innovative, preventative concept of changing children's sense of values as an antidote against the drug culture, drop-outs, and depression by utilizing healthy options in life through his KIDS FOR USA-A Club For Kids Only. He also emphasizes that family values are significant and that psychological problems must be inculcated early in the child's development.

Several legislators have already acknowledged the worthwhile virtues of the many aspects of Dr. Weider's programs in the manuscript version of KIDS FOR USA. As a matter of fact Hon. Stan Lundine, Lt. Gov., State of New York, said: "...The emphasis you place on prevention is consistent with our anti-drug abuse efforts...I certainly appreciate your emphasis on prevention programs targeting young children...Thank you for your efforts on behalf of our youth." We now offer you and your staff an opportunity to learn about them by studying the enclosure. The book also contains many inspirational messages.

Very truly yours,

Cynthia A Sliwa

Cynthia A.Sliwa,
Promotion Manager
DORRANCE Publishing Co., Inc.

THE CATALYST

A Life Devoted To Others

Arthur Weider, Ph.D.

The Catalyst
A Life Devoted to Others
by Arthur Weider, Ph.D.

Clinical psychology takes a personal turn in Dr. Arthur Weider's newest work, *The Catalyst: A Life Devoted to Others.* Dr. Weider uses his own life experiences as a source of inspiration and intervention for both his patients and his colleagues.

Through thought-provoking descriptions of the many turning points in his life, Weider begins his intimate portrayal by detailing how growing up in a poor family in New York's South Bronx taught him to face adversity with a unique sense of optimism. This optimism ultimately helped Weider overcome the challenges of a tumultuous childhood, which included the witnessing of the actual death of his father when he was ten years old and his continued struggle with poverty during the Great Depression.

The second turning point in Weider's life came at the age of fourteen while browsing through his older brother's psychology textbook. His immediate fascination with psychology marked the beginning of a long and illustrious career.

The Catalyst: A Life Devoted to Others paints a vivid portrait of Weider's success, including his involvement in developing the Wechsler-Bellevue Adult Intelligence Scale IQ test; introducing psychological testing and counseling to corporate America; evaluating the infamous Lt. William Calley following the My Lai massacre; and being one of the first mental health professionals to use radio and television as media for public education in topics of psychology. Weider's diversified career has also branched into the entertainment industry. During the seventies he became part-owner of a restaurant and disco in Manhattan where, every weekend, the famous and not-so-famous enjoyed food, music, and, occasionally, a bit of therapy from the proprietor.

The second section of Weider's book focuses on his current project, KIDS FOR USA. The project explores how a national education and recreation organization can prevent the rise in school drop outs, drug abuse, and violence through early intervention and building strong family values.

The final section of Weider's work concentrates on some of the more interesting patients he has treated over the years. Colorful anecdotes coupled with endearing case histories accentuate the potency of this segment.

The Catalyst: A Life Devoted to Others enthralls readers with its in-depth look at the world of psychology, the professionals who make a difference, and the patients whose disorders have become true testimonies of our ever-changing society.

About the Author

Dr. Arthur Weider was born in New York City in 1919, and continues his clinical practice there. He has held academic posts at Hunter College, Long Island University, Cornell University Medical College, Bradley University (in Illinois), and the University of Louisville School of Medicine. He completed a fifteen-year tenure of teaching as Professor of Behavioral Sciences at Bellevue School of Nursing and had an appointment as an Assistant Clinical Professor of Medical Psychology, Department of Psychiatry, College of Physicians and Surgeons, Columbia University. From 1961 to 1991, Dr. Weider was the Chief Psychologist (part-time) for the B'nai B'rith College and Career Guidance Service in New York and prepared psychoeducational reports for 21,000 young clients.

Psychology texts written by Dr. Weider include: *Readings in Behavioral Sciences, Psychodiagnostic Methods for the Behavioral Sciences,* and the two-volume *Contributions Toward Medical Psychology.* In addition, he has published more than fifty articles in medical, psychological, counseling, and psychiatric journals.

Dr. Weider is a fellow of the American Psychological Association, the American Orthopsychiatric Association, the American Association for the Advancement of Science, and the World Federation for Mental Health.

ISBN 0-8059-3500-2

$20.00/ £14.00

THE CATALYST

Arthur Weider, Ph.D.

Order from your bookseller or direct from: **1-800-788-7654**

Please ship ____ copies.

Dorrance Publishing Co., Inc.,
643 Smithfield Street, Pittsburgh, PA 15222

☐ Payment enclosed for $20.00/ £14.00* each.

*UK orders please include £1.75 per book shipping & handling.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Ms. Bobbie Stasey
728 Val Verde Southeast
Albuquerque, New Mexico 87108

Dear Ms. Stasey:

Thank you for writing and for sending copies of your books Running With the Angels and Just Hold Me While I Cry. The Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. The Office of the National AIDS Policy Coordinator will continue to support the development and implementation of policies that will stop the spread of HIV and provide care for those living with HIV/AIDS. I am inspired and moved by the work that you do to reach out to mothers and offer support.

The Office of National AIDS Policy, which coordinates the implementation of policies in the areas of prevention, services and research, does not carry out programmatic activities of its own. Although we can assist in directing individuals to sources of Federal funding, we do not make determinations as to whether a particular program should be funded. I have shared the information in your letter with the Office of AIDS Coordination at the Centers for Disease Control and Prevention. You may wish to obtain additional information on available sources of funding from the National AIDS Clearinghouse at (800) 458-5231.

Again, thank you for sharing your books with me. I wish you continued success with your future endeavors.

Sincerely,

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

Bobbie Stasey

728 Val Verde Southeast, Albuquerque, New Mexico 87108
(505) 265-6540

June 1, 1994

JUN - 3 1994

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

Tim - draft
reply

Dear Ms. Gebbie:

I attended the talk you gave at Woodward Hall here in Albuquerque earlier this Spring. I was sitting up close and to your right. I asked you a lot of questions.

The editor of the newsletter for New Mexico AIDS Services asked me if I would write an article for their Mother's Day issue. He said he would like my thoughts on AIDS, in general. I welcomed the opportunity to write an open letter to other mothers who were going through what I had gone through five years ago. Especially to those in rural New Mexico who have no agency available for support. I had been to hear what you had to say, and I was encouraged in an odd sort of way because I heard you talk about "Denial," about "Quality Life," about "Emotional Research vs. Biomedical Research." I agreed with everything you said. And I felt surprised that our Administration has a clear understanding of and is being open about (through your communication) what is needed and what will stop the spread of AIDS.

Using my experience and your quotes I came up with the enclosed article. They refused to print it. Whatever their reasons were for not printing the article, I came to the conclusion that, indeed, denial regarding the root cause of AIDS, *behaviors*, runs rampant even within AIDS support agencies.

After my son died, I wrote a book about our family's experience, determined to use the book as a vehicle to talk with groups who wanted to hear the support I wanted to offer. My husband and I emptied savings accounts in order to pay my expenses to travel around the country to do these talks. In the course of the year, I received letters from other mothers and families who shared similar personal experiences with me about the death of their loved ones. I put together a second book, Running With the Angels, *the gifts of AIDS*, printing their letters. My hope is that people will receive support for what is the most terrifying, painful experience of one's life: losing a child to AIDS.

I would like to continue talking to groups who would like to have me. However, this has become prohibitively expensive. Is there any kind of a grant available to help me continue to share my experience, my hope, to help educate, to offer emotional support to those living with AIDS? I notice there are not many mothers out there doing this. And yet everywhere I go, I hear questions about moms and families: "How did you react when you learned your son had AIDS?" "How do I tell my Mom?" "How did you cope?" Most people with AIDS want a close connection with their families, a place they can go to when they can no longer care for themselves. And in order for people with AIDS to feel safe enough and loved enough to return home to die, an understanding of how to heal past relationships must be offered, judgements about sexuality or drug use must be worked through, a path paved for families to come together at the end of a loved one's life.

I would dearly love to continue offering support in any way possible. Can you offer any suggestions?

Sincerely,

Bobbie Stasey

Bobbie Stasey

728 Valverde SE

Albuquerque, NM 87108

(505) 265-6540

A MOTHER'S HOPE

by Bobbie Stasey

"Why weren't they more careful?"
"Why did she have to share that needle?"
"Why was the transfusion tainted?"
"Why did he have sex with someone else and then pass it on to her?"
"Why did she have a baby when she knew she was HIV?"

The bulk of Federal AIDS funds is allocated for Biomedical Research. Next is for Personal Care and Support. The least amount of Federal AIDS funds is for Education and Prevention.

"A vaccine won't save my child. My child is already HIV-positive. I don't care about research anymore! What I care about is how I'm going to care for my child! And who's going to care for me while I'm caring for my child! How do I get help when I feel like screaming! He'll die!

"My child will be the exception. I've read about people with HIV living a long time. If I could just figure out what those people are doing I could make my child do the same thing.

"Wait a minute. I can't make my child do anything. He stopped doing what I told him to do long ago.

"I know. I'll show him the article about that man who's been living symptom-free for more than ten years. If we had ten more years together... I'd get to see what kind of a man he's like at 30.

"And there's this other article about needing to keep a good attitude. The article seems to say that's what's keeping them alive. But Bruce had a good attitude. What a sweet man, so kind and loving and hopeful. But that was a few years ago. Maybe there're some new positive-thinking methods that Bruce didn't know about. Maybe it'll be different for my child. I have to hope. If I stop hoping, he might die. Bruce never gave up hope, and he tried everything.

"This is making me crazy. I can't be thinking like this. This isn't a good attitude.

"I should talk to someone, at church maybe. But who? I can't let Lucy find out. I remember when she said, 'They deserve it.' And if I talk to Lori, she'll tell Lucy and Lucy will tell Joe who works with Sam and then everyone my husband works with will know. I need my husband and Sam needs his work. I need my friends. I need the church.

"I can't handle this right now. I can't let Sam or my child know how scared I am. If we all get scared, then my child might die. I have to be strong.

"I won't tell anyone today. Today my child isn't sick. Only a little tired."

Rural Americans have no safe place to go, no AIDS support services, no significant others support group,

nothing but a nationwide 800 number to call for help. Cities that do have organizations try desperately to reach out to towns that don't. But they are under-funded. Burnout is high for volunteers working with AIDS, and yet all over the country emotional support is provided, essentially, by volunteers. Most people can't and don't get help until their person with AIDS has become symptomatic.

Kristine Gebbie, President Clinton's AIDS Czar, said recently in a talk in Albuquerque, that for those living with AIDS, "Support for living a quality life is under-funded." And about those who have yet to acquire HIV: "A fear-based curriculum does not work. Until the emotional research agenda is at least equal to the biomedical research agenda, this disease will continue unchecked. Our denial mechanism is showing not the fact that we *can't* deal with AIDS, but that we *won't*." Doctors must rediscover that the real work of medicine starts when drugs no longer work.

Once HIV becomes a fact of life within a family unit, that family needs a safe place to turn. They need to learn how to cope with living with AIDS; they need to hear how others are coping. With an opportunity to voice the fearful thoughts in a nurturing, compassionate atmosphere, the fears quiet, allowing a life of quality to emerge. The Social Death prevalent within and around families living with AIDS is horrendous. The priceless commodities of accepting and loving ourselves and each other strengthen a family, bond the family together, rather than tearing it apart in judgement and fear.

Tender compassion for each other, a listening ear, an open heart, a voice that is not silent but strong when ignorance speaks out -- this is what will put a stop to the *horrors* of AIDS.

If we all must die, then, please God, let us die *not* alone and suffering, but with dignity and respect, loved for who we are. Teach us how to support one another. Give us the strength to speak from our hearts. Help us to know how to help ourselves and others in our fears, our pain, our heartache. Help us to find the good in all of this.

Scientists continue staring at the "smart" behavior of the virus itself under a microscope. Until they are willing to look at the human beings carrying the virus, at the families and loved ones who are caring for each other, and at the behaviors which continue to explode the virus in our midst, then AIDS will be with us... for as long as any one of us has left to live.

Bobbie Stasey is the author of Just Hold Me While I Cry, *a mother's life enriching reflections on her family's emotional journey through AIDS*, and Running With the Angels, *the gifts of AIDS*.

Elysian Hills Publishing Company
P.O. Box 40693 Albuquerque, NM 87196
voice (505) 265-9041 fax (505) 265-4401
For orders call: 1-800-368-3208

ABOUT THE AUTHOR: Bobbie Stasey

Bobbie Stasey is married, has one surviving son, three step-children and five grandchildren. She has worked as a hospice volunteer, an Alanon Group Representative, a bereavement counselor, a volunteer to the Aid to Parents of Abused Children, and in the death and dying movement with Dr. Elisabeth Kübler-Ross; she is the New Mexico contact person for the Kübler-Ross Foundation.

Ms. Stasey received her Bachelor of Science degree in 1972, and is a 1989 graduate of the Children's Institute of Literature. In 1988, she won the prestigious Southwest Writers Workshop Non-Fiction award for "Daddy Went Away."

In 1987, with the news that her 24 year-old son was HIV positive, she curtailed her work in hospice to focus on caring for him. Jimmy died in 1989. After two years of grieving, Ms. Stasey wrote JUST HOLD ME WHILE I CRY, an account of her family's emotional journey during the last six months of his life.

Since the book was published, she has facilitated talks in Albuquerque, Birmingham, and Los Angeles, at the AIDS Advocacy/Companion Program in Grand Junction, Colorado, presented "AIDS, A Mother's Perspective" at the National Hospice Organization's Annual Conference in Salt Lake City, and has appeared on numerous radio and TV interviews.

Planned distribution of her new book, RUNNING WITH THE ANGELS, *the gifts of AIDS*, includes the USA, Canada, the United Kingdom, Australia and New Zealand. She is being nominated for the Professional Writers Literary Award, the Western States Book Award and the Editors Book Award.

MS. STASEY IS AVAILABLE FOR INTERVIEWS. PLEASE CALL ED AT ELYSIAN HILLS PUBLISHING CO. 1-505-265-9041.

Elysian Hills Publishing Company, Inc.

NEWS RELEASE

CONTACT: Elysian Hills Publishing Co. – Ed Dziczek
PHONE: 505-265-9041
FAX: 505-265-4401

FOR IMMEDIATE RELEASE

Ms. Stasey is available for interview
Photos available

THE FORGOTTEN VICTIMS OF AIDS

Grieving Family Members Recount "Social Death"

According to Dept. of Health figures, as of September, 1993, the number of acknowledged AIDS cases in the U.S. totalled 339,250. Of these, 4,809 were children under 13, and 43,019 were women. How many of us realize the enormity of the pain and suffering behind these grim statistics? Not only for the patients suddenly handed a death sentence, but also for the families coping with terminal illness and social prejudice.

Author Bobbie Stasey does now. But little did she realize that her work as a hospice volunteer and bereavement counselor was preparing her for the death of her own son to AIDS.

Since her first book, *"Just Hold Me While I Cry"* was published sharing her family's emotional journey through her son's death, she has received letters from all over the country from families going through the same traumas.

Her new book, *"Running With the Angels, the Gifts of AIDS"* (Elysian Hills Publishing Co., 1-800-368-3208) details the true stories of lives touched by AIDS. Stories of courage, love and miracles. Coping with the epidemic, with "Social Death" and with friends and family members that turn away and disappear overnight.

Photo by Aiko Allen

Author BOBBIE STASEY

Ms. Stasey attributes AIDS, uniquely, as the vehicle for teaching unconditional love. As this dread disease marches across the face of the earth, Ms. Stasey continues her mission to reach out to those living with and dying from AIDS and to end their isolation. She personally answers all letters. You may reach her at P.O. Box 40693, Albuquerque, NM 87196.

END

PHOTOS AVAILABLE

MS. STASEY IS AVAILABLE FOR INTERVIEW – CONTACT ELYSIAN HILLS PUBLISHING CO.

P.O. Box 40693 Albuquerque, NM 87196

voice 505-265-9041 fax 505-265-4401
order information 1-800-368-3208

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mr. Bruce McGlothlin
12296 Southwest 194th Street
Miami, Florida 33177

Dear Mr. McGlothlin:

Thank you for sharing your concerns about the problems in South Dade County with me. The Office of the National AIDS Policy Coordinator is devoted to the development and implementation of policies that will stop the spread of HIV and enhance care and services for those who are already infected. I am encouraged by the interest of individuals, such as yourself, in addressing the needs of people living with HIV/AIDS.

The Office of National AIDS Policy, which coordinates the implementation of policies in the areas of prevention, services and research, does not administer programmatic activities of its own. Although we can assist in directing individuals to sources of Federal funding, we do not make determinations as to whether a particular program or area should receive funding.

You have identified several areas of need for South Dade County. I would recommend you contact the Florida Department of Health and Rehabilitative Services, AIDS Program, to inquire about resources in your area. The contact person, address and phone number are given below.

Mr. James Jackson
Florida Department of Health and
Rehabilitative Services
AIDS Program
1317 Winewood Boulevard
Building 2, Room 251
Tallahassee, Florida 32399-0700
(904) 487-2478

Again, thank you for sharing your concerns.

Sincerely,

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

RECEIVED
JUN 29 1994

Tim — can you follow up to find out what the issue is?

PAGE 1 OF 4

*** ATTENTION ***

KRISTINE GEBBIE

TIME: 7:30 PM DATE: 6/28/94

RE: 2 MILLION DOLLARS

KRISTINE,

I ATTENDED THIS MEETING TODAY AND WAS THE ONLY ONE FROM SOUTH DADE. IF YOU COULD ASSIST US IT WOULD BE APPRECIATED. IF NOT PLEASE ADVISE ME AS WHAT TO DO NEXT TO ALLEVIATE THESE PROBLEMS. THEY CAN'T BE IGNORED MUCH LONGER. THE HURRICANE DOWN HERE WAS BAD ENOUGH WITHOUT ALL OF THESE PROBLEMS.

THANK YOU IN ADVANCE, Bruce McGlothlin

BRUCE MCGLOTHLIN

12296 SW 194TH STREET

THE WHITE HOUSE

WASHINGTON

May 19, 1994

Mr. Bruce McGlothlin
12296 Southwest 194th Street
Miami, Florida 33177

Dear Bruce:

Thank you for writing to me regarding the AIDS crisis. I was touched by your account of your experience with AIDS, and I greatly value your suggestions and concerns.

The extent of the HIV/AIDS epidemic is overwhelming, but we must not allow ourselves to despair in the face of daunting statistics. Instead, we must accelerate our efforts to find effective treatments for those infected and provide education to all Americans.

In dealing with AIDS, my Administration has undertaken a new commitment to research and prevention and to the development of improved care and treatment for those with HIV disease. The National AIDS Policy Coordinator, Kristine Gebbie, is coordinating the federal response to this epidemic, and I am confident that with the strengthened Office of AIDS Research at the National Institutes of Health, we will increase our efforts to improve treatments and work more effectively to find a cure for HIV and AIDS. In addition, we have increased AIDS research funding by over 20 percent and funding for the Ryan White (CARE) Act by 66 percent.

In addition, my comprehensive health plan will ensure that all people, including those with HIV/AIDS, will have health benefits that can never be taken away. Under my plan, more people with HIV/AIDS will be able to continue working and contributing to society without worrying about losing their jobs or benefits.

I stand with you in the fight to protect those with HIV/AIDS from discrimination and to reduce the spread of this disease through education and prevention. We won't quit until we stop AIDS.

Sincerely,

Bill Clinton

HIV HEALTH SERVICES PLANNING COUNCIL
150 West Flagler Street, Suite 2650
Miami, Florida 33130

TO: HIV Health Services Planning Council
South Florida AIDS Consortium
Title I & Title II Providers
& Other Interested Parties

FROM: Tim Koontz, Chair,
Data/Priorities Committee of the HIV Health Services Planning Council

DATE: June 17, 1994

RE: PUBLIC HEARING ON RYAN WHITE TITLE I FUNDS

The federal government has recently denied a request on use of moneys crucial to the operation of a managed care project. Because of this, there is about $2 million to be reprioritized and RFP'd. The Data/Priorities Committee unanimously agreed that it is necessary to have community input to help determine the priorities and funding. This will take place in the form of a public hearing at:

DATE	TUESDAY, JUNE 28, 1994
TIME:	4:00 - 5:30 P.M. Public Hearing 5:30 - 8:00 P.M. Data/Priorities Meeting
PLACE:	Miami-Dade Community College - Medical Campus 950 N.W. 20th Street Community Classroom, Room 1175

MYT. 251. 9452

Parking will be provided and is located on NW 10 Avenue, just west of the building and south of NW 20 Street.

This public hearing will precede the regular Data/Priorities meeting which will utilize the public input and community needs assessment. After the public hearing, no further participation from the audience can be allowed during the committee process.

We encourage all Community-Based Organizations to post this notice in conspicuous locations throughout their establishments to increase the necessary input from the PWA community.

Attached to the notice is a map. If you need any additional information, please call Christine Stroy or Alex Bassil at HAPMO at 374-8422.

PHONE (305) 374-8422
FAX (305) 374-7858

PLEASE CALL ME AT 251-9452.

SOUTH DADES CURRENT HIV/AIDS CRISIS SITUATION 6/28/94

1. FOR THE NEXT TWO WEEKS THERE WILL BE ONLY 1 CASE MANAGER TO FACILITATE OVER 400 PATIENTS FROM CUTLER RIDGE TO FLORIDA CITY.
2. NO FOOD VOUCHERS FOR 4 MONTHS
3. NO PRESCRIPTION FUNDING FOR A MONTH
4. NO RENTAL/HOUSING ASSISTANCE
5. NO ORGANIZED TRANSPORTATION INTO JACKSON FOR DESPERATELY NEEDED PRESCRIPTIONS, FOOD VOUCHERS AND MEDICAL SERVICES.

RECOMMENDATIONS

1. CO-COORDINATED GOVERNMENT, PROVIDERS AND CASE WORKERS DATA BASE.
2. PRESCRIPTION DRUG FUNDING
3. FOOD VOUCHERS AND FOOD BANK FUNDING
4. SUBSIDIZED HOUSING PROJECTS LIKE SOUTH BEACH
5. HOUSING ASSISTANCE FUNDING
6. SENSIBLE TRANSPORTATION INTO THE CITY.

THANK YOU FOR MAKING THIS TIME AVAILABLE FOR US AND IF I CAN BE OF ANY HELP PLEASE CALL ME AT 251-9452.

BRUCE MCGLOTHLIN
12296 S.W. 194TH STREET
MIAMI, FL 33177

Bruce McGlothlin

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Mr. William French Smith, III
P.O. Box 110915
Big Bear Lake, California 92315

Dear Mr. Smith:

Thank you for your letter of May 31 describing a non-toxic, water-based solution reported to be efficacious in the treatment of HIV disease. My office is policy-related and does not have the facilities or staff to conduct any scientific research on potential therapies for HIV. Since you have already contacted Dr. Paul in the Office of AIDS Research, and he has provided you with assistance in putting your product into the system for testing, you have already accessed the person I would have suggested to you.

Although I understand your impatience with the current system, there is nothing further my office can do to assist you at this time. We are, however, aware of the problems within the system and are working with the relevant Public Health Service agencies and private industry through the new National AIDS Drug Development Task Force to identify and address areas where changes might occur to hasten the development and testing of new AIDS therapies.

I hope that your product proves efficacious and that you continue to pursue new therapies for HIV and AIDS.

Sincerely,

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

Paul —
draft copy

WILLIAM FRENCH SMITH III
P.O. Box 110915
Big Bear Lake, California 92315
(909) 878-3009

May 31, 1994

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

Via Fax: (202) 632-1096

Re: New AIDS Therapy

Dear Ms. Gebbie,

I am an attorney and the Chairman and CEO of a biotechnology company located in Irvine, California. What I relate here I ask that you keep extremely confidential, particularly with respect to the press. We believe we have an effective treatment for people infected with HIV, but we want to conduct testing and release information to the public in a professional and responsible way.

I write to you because the 'therapy' is so simple (a patient drinks two, eight ounce glasses of a water-base solution each day), it is inexpensive and *completely non-toxic*. I write to you because millions of people will die in the time it will take to test the solution as a drug, which it is not. I write to you to ask if there is any way within your power to expedite testing, to provide to AIDS patients a harmless solution that I drink every day.

My company manufactures non-toxic water based solutions that are used in consumer beverages, cosmetics and a variety of other products. Two years ago we began receiving reports from HIV positive people that they felt better, were gaining weight and had more energy as they continued to drink one of our solutions. Then we began hearing that latter-stage patients who continued drinking the solution appeared to be going into remission, blood chemistries were returning to normal, physical activity increased and C-D-4 cell count averages were rising dramatically (from 200 to 650 within four months). All this, it was reported anecdotally, was happening in a matter of weeks ... by drinking a harmless food grade solution that is diluted in distilled water.

We find it absolutely tragic that we have something completely non-toxic that could be saving the lives of millions of people ... and that very few people have been allowed to

know about it. We have been extremely careful not to make medical claims, and have gone out of our way not to release any of our information to the public.

Some time ago I contacted Dr. William Paul at the Office of AIDS Research at NIH. He was kind enough to direct me to Dr. John Bader at the National Cancer Institute, Dr. Mary Anne Luzar with the AIDS Clinical Drug Development Committee, and Dr. Joseph Jacobs, Director of the new Office of Alternative Medicine. As a result, NCI is beginning in vitro trials on two of our solutions this week (or entering them into their program - it will take only seven days to see the results, yet three months, because of their system, to receive them). The ACDDC has sent us their guidelines for proposal submission and we are doing our best to marshal the information requested. I must say, however, I feel much like the fellow who goes into a bank for a loan and is informed he can have the money if he can demonstrate he doesn't need it. I can understand their need for caution, but if we had all they request, we probably wouldn't need the trials.

Concerning mode of action, we cannot be certain exactly why the solutions are having the effects they are. Standard chemical testing, which can be done readily and inexpensively, will show, in the solution I propose submitting to you, minute trace amounts of Uncaria Tomentosa and a harmless kefir in a triple distilled water base. The Uncaria Tomentosa is extracted from a vine that grows in the Peruvian rain forest. It has organic components that have already been well documented to have anti-viral activity. Dr. Gordon Cragg at NCI is quite familiar with the substance and agrees with us that it, in and of itself, would not have a serious impact upon the virus. Our guess is that there is something about the combination of the Tomentosa, the kefir and our means of processing the solution, that is generating the interesting results. Our water solutions have for years been permitted for import and use as beverages, and for use in hospitals, in Japan and, recently, Mexico. The Japanese government recognizes 15 ways of processing water, and our process is listed number 12 according to their Ministry of Health. Since the individual substances themselves do not appear chemically capable of combating HIV, perhaps there is some form of cellular transduction that is enabling the immune system to fight the disease on its own. We just don't know. What we do know is that the solutions cannot possibly hurt anyone. This can be demonstrated in a few minutes with standard chemical testing. Must we go through years of clinical trials, which we will do if need be, when we have something effective that is not a drug?

As of this writing, physicians and scientists from around the world have documented remarkable results utilizing our solutions in a variety of illnesses, including AIDS. Again, these studies remain 'statistically insignificant' and we have released to the public none of what I relate here.

At this point, we have had enough feedback from patients and physicians, as well as enough double-blind study work, albeit informal, to know we are not dealing with a placebo. This, coupled with the fact that we are not involving a toxic drug, is the reason I write to you. I believe we all have a moral and ethical obligation to assure ready access by all HIV positive people.

We are now receiving calls every day from crying, overjoyed patients and doctors asking why this has not been made available to everyone. Our answer has been that we need clinical data, and that we have a responsibility to release what we have discovered in a thorough and professional way. We, and countless HIV positive people, NEED YOUR HELP!

Shall we send samples to you? Do you have your own medical staff? Is there a way in which we could make the solution available to those AIDS patients who wish to try it? I will drink it before the patients do. What guidelines should we follow in submitting a proposal to you? Do you need references? Do we submit an application?

Whatever the process, please, let us begin as soon as possible. I talked with a woman just the other morning with whom I had never before spoken. Her comment was like that of so many others, "If this had been available last year, several of my friends would still be alive." The tragedy ... it *was* available last year, but, for lack of required data, we have been unable to communicate the truth to those in need.

You can reach me at the above address, or at (909) 878-3009 around the clock.

Very Truly Yours,

William French Smith III

File:amiltrs

WILLIAM FRENCH SMITH III
P.O. Box 110915
Big Bear Lake, California 92315
(909) 878-3009

FAX TRANSMISSION SHEET

Date: __May 31, 1994_____

Page __1__ of __4__ Pages

To:, GUS VENTURA

Via Fax Number: __(202) 632-1096_____

Memo:

Dear Gus,

Thank you for your interest. I believe we are really on to something. Can you see that the appropriate people see this?

Thank you,

WFS

THE WHITE HOUSE

WASHINGTON

July 26, 1994

Roulette William Smith, Ph.D.
Director
Institute for Postgraduate
Interdisciplinary Studies
P.O. Box 60846
Palo Alto, CA 94306-0846

Dear Dr. Smith:

Thank you for your letter of May 12 including your paper, *On Mechanisms of Slowness and Progressiveness in Slowly Progressive Processes*. I was not previously aware of Bjorn Sigurdsson's reports on slow infections and their possible relevance to HIV research.

I am forwarding your letter to Dr. William Paul, Director of the newly enhanced Office of AIDS Research (OAR), National Institutes of Health for his information. Dr. Paul is supportive of Bernard Fields' views as expressed in his recent article in *Nature*. However, he may not be aware of your work or the work of Bjorn Sigurdsson. I do not know what research, if any, is currently focused on vaccines against opportunistic pathogens associated with HIV-related conditions, but I am certain that OAR caniniform you of the status of such research.

Sincerely,

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

cc: Dr. Paul

INSTITUTE FOR POSTGRADUATE INTERDISCIPLINARY STUDIES
P. O. Box 60846
Palo Alto, CA 94306-0846
Telephone: (415) 493-0200
FAX: (415) 327-8479 (COOP #1082)

May 12, 1994

Ms. Christine M. Gebbie, Special Assistant for AIDS and Director
Office of AIDS Policy
750 17th Street, NW
Washington, DC 20050

Paul — draft reply —

Subject: Funding for Research on AIDS

Dear Ms. Gebbie:

The enclosed materials are being sent to you in response to a news item on public radio yesterday. My goal is to encourage you and your colleagues to take a fresh look at views that have remained in the background largely because of the politics of science (and AIDS).

You may be aware that an increasing number of "leading scientists" are of a view that our nation's AIDS program may be on a wrong track. If you are unaware of these views, you might peruse an article by Professor Bernard Fields in the current issue of *Nature*. What I would not expect you (or those "leading scientists") to know is that clues to the resolution of AIDS have been available for 40 years. Indeed, those clues are in three classic papers by Bjorn Sigurdsson, published in 1954, describing three slow infections in sheep. As early as 1983, I showed that Sigurdsson's articles contained all of the elements necessary to solve the AIDS problem. While this literature has been overlooked for a variety of reasons, I now advocate that we set aside the conflicts and contentiousness contributing to extant research being on its "wrong track" and begin looking at promising (albeit logical) alternatives.

Perhaps the most important shift in research and funding should occur in the direction of vaccine research. Most investigators of HIV and AIDS are stuck with the classic model suggesting vaccines against HIV. While Table 1 in the enclosed preprint is highly compressed, one essential point in it is that *there cannot be a successful vaccine against HIV* directly. This is because the rate of mutations in HIV is determined by *host*, *environmental* and viral factors. That rate also is a function of the viral titer/load and infected tissue in the infected host. This is a finding unique to the "slow viruses" and overlooked by scientists who have not reviewed the numerous published *and unpublished* reports on slow viruses. What now is needed is to focus research on *multivalent vaccines against opportunistic pathogens associated with HIV-related conditions*. Not only was this amply demonstrated in the second of Sigurdsson's papers in 1954; *all* clinical, epidemiological and logical data to date also support this proposition.

My hope is that your support for *some* research on *vaccines against the opportunistic pathogens* will demonstrate the fruits of my 17 years of research. Indeed, in the end, I expect that a little noted paper I presented at a neurochemistry conference in 1979 (in which I accurately anticipated many aspects of AIDS [therein dubbed an "immune dementia"]) will be exonerated.

Sincerely,

Roulette Wm. Smith, PhD
Director

enclosures

INSTITUTE FOR POSTGRADUATE INTERDISCIPLINARY STUDIES
P. O. Box 60846
Palo Alto, CA 94306-0846
Telephone: (415) 493-0200
FAX: (415) 327-8479 (COOP #1082)

May 11, 1994

The Honorable Ronald V. Dellums
U. S. Representative — 13th Congressional District
1301 Clay Street, Suite 1000N
Oakland, CA 94612

Subject: Funding for Research on AIDS

Dear Sir:

There was a news item on KQED-FM (88.5) this morning citing your possible support for new legislation pertaining to $2 billion in research funding for AIDS over a five year period. The news item mentioned possibilities that funding would be targeted at promising approaches to the AIDS problem that have been underfunded in past public or private funding cycles. As an AIDS researcher of longstanding (see enclosed curriculum vitae), I would favor such legislation — especially if it could specifically mention approaches likely to have a beneficial payoff.

I am one of the very few investigators of HIV and AIDS to focus on the slow viruses (of which HIV is one). My research has shown that it is highly unlikely (if not impossible) that there will ever be successful vaccines against HIV. My research also has shown that vaccines *against the opportunistic pathogens in HIV-related infections* are *likely* to be beneficial. Yet, it has been virtually impossible to obtain funding to demonstrate the efficacy of this approach. Thus, it would be particularly helpful if some component of the proposed legislation were directed at the development of vaccines against opportunistic pathogens. To introduce this concept in the legislation could have the additional advantage of fostering a conceptual breakthrough among the thousands of AIDS/HIV researchers in regards to why HIV causes slowly progressive sequelae. Once those investigators understand the underlying logic of this proposal, I would project that other breakthroughs would follow in close succession.

The enclosed copy of a manuscript, now in press (*Annals*, New York Academy of Sciences 724:430-434), should provide you and your staff with sufficient background and support for the approaches being advocated. I trust and pray that you will give this proposal serious attention as you formulate any responses to the AIDS problem. Of course, if you wish to discuss any of my points further, feel free to contact me at any time at the above address or by telephone.

Respectfully yours,

Roulette Wm. Smith, PhD
Director

enclosures

cc: The Honorable Anna G. Eshoo, U. S. Representative — 14th Congressional District
Dr. Donna E. Shalala, Secretary of Health and Human Services
Ms. Christine Gebbie, Special Assistant for AIDS
Dr. M. Joycelyn Elders - Surgeon General, U. S. Public Health Service
Dr. David Satcher, Director - Centers for Disease Control and Prevention (Public Health Service)

On Mechanisms of *Slowness* and *Progressiveness* in Slowly Progressive Processes

ROULETTE WILLIAM SMITH

Institute for Postgraduate Interdisciplinary Studies
P. O. Box 60846
Palo Alto, CA 94306-0846

INTRODUCTION

Scrapie often is considered the prototypic *slowly progressive* infection of the central nervous system (CNS). Earlier reports showed that the agent of scrapie was *transmissible* and *infectious*, though *not necessarily replicatable*.[1] That report, along with earlier (albeit controversial) reports by Pattison,[2,3] provided the first evidence that context-specific products of self (now designated as PrP by many investigators) may be implicated in scrapie infectivity. A process of *biological fission* is thought to be central to this process.[1,4] In reviewing the epidemiology of slowly progressive biological fission processes (in scrapie, Creutzfeldt-Jakob disease [CJD], and bovine spongiform encephalopathy [BSE]), in lentiviral infections (associated with maedi-visna [MVV], caprine arthritis-encephalitis [CAEV] and human immunodeficiency viruses [HIV]) and in slowly progressive genetic processes (in Huntington's disease [HD]), an island or isolation phenomenon was found to be remarkably concordant with all known data, worldwide—thus giving rise to an *island theory* of slowly progressive phenomena.[5,6] Taken together, these findings implicate a novel phenomenon of *recessive function* underlying most if not all slowly progressive processes (in contrast to dominant function, and different from ~~epistasis or from~~ dominant and recessive structures/genes). This report summarizes the molecular and population biology of recessive functions, and some generalizations for CNS and for selected social and co-evolutionary phenomena.

In addition, nearly four decades have passed since the publication of Björn Sigurdsson's now classic reports on slow infections.[7] Surprisingly, there are remarkably few citations of all three papers in any one reference, despite there being a plethora of papers related to HIV and the pandemic of the acquired immunodeficiency syndrome (AIDS). Indeed, from 1980 through 1992, there are only 23 publications citing all 3 of Sigurdsson's reports (source: *Science Citations Indices*; see ref. 8). This is only one of many troubling indicators regarding ethnomethodology in studies of slow infections and slowly progressive processes—especially in view of possible AIDS-like phenomena underlying the three separate slow infections in sheep. As used here, ***ethnomethodology refers to how we know what we know and what are the 'taken-for-granted' assumptions.*** Even among persons at this conference—many of whom continue to provide important, imaginative and insightful reports (both published and unpublished)—there have been relatively few systematic attempts at examining ethnomethodological issues. This report describes four

salient findings associated with underlying ethnomethodological concerns. These findings represent a modest step toward elucidating mechanisms accounting for *slowness* and *progressiveness* in slowly progressive processes. Virtually all of these findings obtain easily from published and unpublished reports, low-cost computer simulations, and careful scrutiny of ethnomethodological and methodological details.

CONCLUSIONS

Twelve 'near-axiomatic' features of slow infections and their agents have been identified[1,4–6,9] (see TABLE 1). Although axiomatic approaches are uncommon in biological sciences, these "near axioms" (*i.e.*, concordant with significant bodies of experimental, epidemiological, methodological, and logical evidence) provide preliminary evidence of an underlying (natural and mathematical) logic of slowly progressive processes.

A second finding associated with slowly progressive processes derives from empirical (*i.e.*, experimental and epidemiological) reports, even though these findings rarely are cited directly. It is that ***epidemics of slow infections often occur in isolated or island subpopulations.*** Examples include: scrapie in Iceland; kuru among the Foré tribe in the Highlands of Papua New Guinea; concentrations of HD in Maracaibo, Venezuela (especially along the shores of Lake Maracaibo and the village of Laguneta); bovine spongiform encephalopathy in the United Kingdom; variants of CJD in two regions in the Republic of Slovakia, and among Libyan Jewish immigrants to Israel; and increased prevalence of AIDS and HIV infections among homosexual males worldwide, intravenous drug users, students on college campuses, and residents of most Caribbean islands. A central challenge is to determine if this island/isolation phenomenon is real or artifactual. While 'realness' is difficult to prove, there is considerable evidence supporting an underlying basis. Because of space limitations, it must suffice to direct attention to the Hardy-Weinberg Principle (HWP) as regarding dominance and recessiveness in sexual mating and the profound importance of Laws of Large Numbers. What is needed, intuitively, is the generalization of HWP to deal with *functions* (as opposed to structures/genes) and *transmissible elements* (as opposed to dominant or recessive genes).

Stated without proof (again because of space limitations), the 12 near-axiomatic features of slow infections and their agents, when coupled with the island/isolation phenomenon, point convincingly to a need for novel concepts of *dominant and recessive functions* (in contrast to dominant and recessive genes/structures, and subsuming the concept of epistasis). ***Present evidence suggests that most, if not all, slowly progressive processes comport with some (one or more) recessive functioning principles.*** For example, in AIDS and HIV infections, the dominating factors are *nascent* pathogens that ultimately contribute to the *trans*-activation of HIV, with *trans*-activation being a component of the recessive function. This can explain why opportunistic infections involve relatively rare pathogens in AIDS. When coupled with the near-axiomatic features of slow processes and most clinical and epidemiological data, this findings points to the superior value of multivalent vaccines *against opportunistic pathogens* in managing AIDS and HIV infections. Interestingly, Sigurdsson's second articles[7] provides support for this observation, with that article being the *least* cited[8] of his classic papers. In general, knowledge of mechanisms of recessive functioning appears to be crucial in diagnostic and

TABLE 1. Twelve "Near-Axiomatic" Features of Slow Infections and Their Agents

1. Titers (*i.e.*, "load") of unconventional slow viruses (*e.g.*, titers of the agents of scrapie, *Naegleria ameba* cytopathic material [NACM], CJD, kuru) in an inoculum are inversely correlated with incubation periods. The higher the titer, the shorter its incubation period. This relationship also appears to hold for lentiviruses (*e.g.*, HIV, CAEV, MVV, SAIDS). Note that reinfection could further shorten incubation periods.
2. There may be some genetic predisposition or susceptibility to slow infections, with 70% to 90% of infected nonhuman animals being carriers or nonsusceptible, and 10% to 30% of animals developing slowly progressive diseases. It is not known whether carrier or susceptibility status is related to environmental or developmental factors. Demographers and ethnographers should document low probability events with high marginal or conditional probabilities—particularly in regards to common and uncommon pathogens in the environment and age of infected individuals.
3. Slow, progressive diseases generally lead to death. Titers of transmissible agent in the infected animal generally increase monotonically during the course of progressive events unless susceptible cells are depleted.
4. Agents causing slow infections infect most bodily fluids and cells in many tissues, especially in immune and central nervous systems (CNS). CNS lesions often appear in late stages. This affinity for brain and immune tissue may be related to molecular mechanisms of long-term memories. Note that CNS lesions without immune consequences should not be surprising, especially in association with individuals initially infected with very low titers of infectious material.
5. Unconventional agents may be associated with lentiviruses. An example is rida (*i.e.*, scrapie) and MVV in Icelandic sheep. One possibility is that the scrapie agent is an "*autotoxic*" or "*autovirulent*" *secondary product* of MVV infections. Studies by McConnell, Pattison, Smith and Prusiner provide support for this possibility. Note that CNS lesions associated with unconventional agents may be direct or indirect consequences of HIV infections.
6. Lentiviruses may have synergistic relationships with herpesviruses infecting the same animal species, especially gamma herpesviruses. While poorly understood, evidence suggests that herpesviruses stimulate or activate the lentiviruses.
7. Agents of slow infections often show tissue-dependent (and titer-dependent) microbeterogeneity. Minor differences in genetic or protein composition are seen in some tissue but not in other tissues. Host, viral and environmental factors may account for this microheterogeneity, which often is greatest in brain and immune tissue. It also may depend on the titer of some secondary products (*e.g.*, autovirions associated with EBV may be factors in HIV infections). It is for these reasons that effective vaccines are unlikely to be developed against agents of slow infections.
8. *Biological fission hypothesis:* Unconventional agents may *mimic* viral replication (especially in end-point titration studies), with these fissionable elements and events accounting for some slowly progressive features.
9. *Recessive function hypothesis:* Molecular mechanisms associated with agents of slow infections often are subordinate to the molecular mechanisms of the cells they infect. This may be the basis of the *slowness* and *progressiveness* of slowly progressive infectious processes. The recessive function hypothesis also may be a factor in the island hypothesis (see below).
10. *Island theory:* Prevalence rates for slow infections often are highest in island/isolated environments. At least two factors appear to be related to this finding: a) the inverse correlation between viral titer (*i.e.*, viral load) and incubation period; and b) the recessive function hypothesis. Taken together, these factors present a mathematical situation *analogous* to a *corollary* to the mathematical principle of G. H. Hardy and W. Weinberg pertaining to isolated environments and/or non-random transmission dynamics.
11. No slowly infectious process has been "cured" by medical or veterinary methods. Prevention and control have been achieved using behavioral interventions (*e.g.*, changes in animal husbandry practices in Iceland, changes in mortuary rituals in Papua New Guinea). In HIV-related infections, *vaccines against opportunistic pathogens* and *behavioral approaches which interdict isolation and transmission dynamics* appear to offer the greatest hope for stanching the spread of HIV.
12. *Counter-intuitive causation hypothesis. Sociotechnological factors* (*e.g.*, mortuary rituals in Papua New Guinea, animal husbandry in Iceland, animal husbandry in a California primate facility, factors fueling a sexual revolution in the United States) often can account for the onset and progression of epidemics of slowly progressive diseases caused by agents of slow infections, with the origin and evolution of particular agents of slow infections having little or no bearing on disease—except insofar as titer/tissue-dependent microheterogeneity tends to preclude neutralizing immune response.

ctr on pg.] [

Cut Here

short pg.

therapeutic approaches to AIDS and HIV infections. Moreover, if recessive functioning does play a role in HIV infections, this would provide strong evidence that the Henle-Koch postulates (HKP) do not apply in AIDS and HIV infections (*cf.* refs. 1, 4, 5). HKP also are inadequate for dealing with infections by "ubiquitous" agents (*e.g.*, the Epstein-Barr virus [EBV] and its "autovirions"[1,4,5] causing uncommon and "hit-and-run" diseases.[1,4,5]

In scrapie and processes of biological fission[1,4,5] membrane integrity and context-specificity[3] appear to constrain, regulate or mediate slowly progressive events—with subacute spongiform changes in CNS reflecting mechanical aspects of biological fission involving context-specific molecules. Reports in this volume by Gajdusek,[10] Weissmann *et al.*,[11] Narang,[12] Hsiao,[13] and Hope[14] provide further evidence supporting the hypothesis of recessive functioning.

While precise mechanisms of recessive functioning have not been identified in HD, it is of interest that HD is inherited dominantly though with recessive functioning elements being independent of the inheritance of HD. When precisely identified, however, those recessive functions may shed light on events taking place during any "incubation" periods—particularly during pre-clinical periods.

The notion of recessive function appears to have broad application beyond slow virology and cell biology. In population and evolutionary biology, it is evident that *rates* of evolutionary change and punctuations in evolution may have been shaped by recessive functions. Some evidence suggests that the evolution of the genetic code and of evolution, itself, may have been mediated by viruses capable of producing recessive functioning elements that affect protein translation by producing aberrant translation products (especially when contrasted to aberrant transcription products[1,5]). Indeed, these may be the roles of EBER I and EBER II in EBV infections, VA I and VA II in some adenovirus infections, and analogous elements in some vesicular stomatitis virus infections. Some evidence suggests that autovirulent[1,4,5] EBER I and EBER II elements may be transmissible and infectious, possibly causing Kaposi sarcoma[1] and other diseases (cf. ref. 15). The best available evidence to date suggests that autovirulent complexes composed of the EBERs and host nucleoproteins[1,4,5] do contribute to the production of acid-labile alpha interferon and other derangements in clinical chemistries, with these derangements serving to viruses' advantages. Equally important, the EBV autovirions comport with the 12 near-axiomatic features in TABLE 1, especially those associated with unconventional agents of slow infections.

On a grander scale, it now can be argued that Charles Darwin's conclusions about evolution depended critically on the intuitive roles of dominance and recessiveness in structures and functions on the Galapagos *Islands*. In social and behavioral sciences, dominant functions may be significant determinants of majority group behaviors, whereas recessive functions may be significant determinants of minority group behaviors.

Recessive Function Provides Clues to the Prioritization of Experiments

In HIV infections and AIDS, assessing viral load and preparing vaccines against relatively uncommon opportunistic pathogens should receive a high priority. Likewise, studies that affirm or refute the transmissibility and infectiousness of autotoxins, autovirions and context-specific molecules should receive a high priority.

In summary, viruses have been characterized by a variety of means (*e.g.*, being single-stranded or double stranded, being DNA or RNA, by their sites of action, by the number of genome segments, by the direction of the flow of information

as in retroviruses and non-retroviruses). Our contribution is to suggest that slow viruses and slowly progressive processes may be characterized by their recessive functions in contrast to the dominant functions associated with other viral or genetic processes. An additional result is to suggest that recessive functions may be far more sensitive to environmental and ecological processes.

REFERENCES

1. Smith, R. W. 1984. Ann. N.Y. Acad. Sci. **437**: 576–607.
2. Pattison, I. H. & K. M. Jones. 1968. Nature **218**: 102–104.
3. Pattison, I. H. 1982. Nature **293**: 200.
4. Smith, R. W. 1987. Ann. N.Y. Acad. Sci. **495**: 792–796.
5. Smith, R. W. 1989. Techné **III**: 27–39.
6. Smith, R. W. 1990. Acta Neurol. Scand. **81**(3): 279 (abstract).
7. Sigurdsson, B. 1954. Br. Veter. J. **110**: 255–270; 307–322; 341–354.
8. Reference Note: Since 1974, there are 88 citations to Sigurdsson's 1st paper, 46 to his 2nd paper, and 145 citations to his 3rd paper—of which 38 citations refer to all three articles. Since 1980, 60 citations refer to Sigurdsson's 1st article, 28 to the 2nd article, and 91 citations to the 3rd article—of which 122 citations refer to any one of the three articles and 99 citations refer to one or two (but not three) of his articles. This finding is particularly distressing if one considers estimates of there being more than 36,000 primary publications on AIDS and HIV since 1980.
9. Smith, R. W. 1992. Abstracts. VIIIth Int'l Conference on AIDS/III STD World Congress **3**: 38 (PuA #6163).
10. Gajdusek, D. C. 1994. Ann. NY. Acad. Sci. **724**. This volume.
11. Weissmann, C., H. Bueler, M. Fischer, A. Sailer, A. Aguzzi & M. Aguet. Ann. N.Y. Acad. Sci. **724**. This volume.
12. Narang, H. K. 1994. Ann. N.Y. Acad. Sci. **724**. This volume.
13. Hsiao, K. K. 1994. Ann. N.Y. Acad. Sci. **724**. This volume.
14. Hope, J. 1994. Ann. N.Y. Acad. Sci. **724**. This volume.
15. Haahr, S., M. Sommerlund, T. Christensen, A. W. Jensen, H. J. Hansen & A. Møller-Larsen. 1994. Ann. N.Y. Acad. Sci. **724**. This volume.

INSTITUTE FOR POSTGRADUATE INTERDISCIPLINARY STUDIES
P. O. Box 60846
Palo Alto, CA 94306-0846
Telephone: (415) 493-0200
FAX: (415) 327-8479 (COOP #1082)

May 5, 1994

Ms. Joyce Hitchcock, Associate Editor
The New York Academy of Sciences
2 EAst 63rd Street
New York, NY 10021

Re: "Slow Infections of the Central Nervous System ..." pages 430-434

Dear Ms. Hitchcock:

I am returning my corrected page proofs for my poster presentation being included in Annals volume 724. My apologies for any delays in getting this material to you.

Please note that the changes that I am requested are indicated on the Master Set and in this letter. The format I use in this letter is to cite the line number followed by the corrected line (with corrections underlined). Although my corrections and changes are not extensive, I confess to taking advantage of any space that might otherwise have been wasted. In the end, all changes should fit on pages 430 through 434. One additional suggestion. If your typist would make the proposed changes beginning with those at the end of my article first, then my line number references will remain intact during the editing process.

Line	Text
58	rise to an *island theory* <u>for</u> slowly progressive phenomena.[5,6] Taken together these
59	findings implicate a novel phenomenon of *recessive function* <u>(which subsumes epistasis)</u> underlying most (if
60	not all) slowly progressive processes (in contrast to dominant function, and differ-
61	ent from dominant and recessive structures/genes). This report
73	in sheep. [As used here, *ethnomethodology refers to how we know what we know and*
77	atic attempts at examining ethnomethodological issues.[1]]
78	This report describes four salient findings associated with underlying ethnomethodological concerns. These
88	<u>clinical,</u> experimental, epidemiological, methodological, and logical evidence) provide pre-
92	empirical (*i.e.*, experimental, <u>clinical,</u> and epidemiological) reports, even though these find-
93	ings rarely are cited directly. It is that *epidemics of <u>slowly progressive conditions</u> often occur in*
94	*isolated or island subpopulations*. Examples include: scrapie <u>(*i.e.*, rida) and MVV</u> in Iceland; kuru among
105	Weinberg Principle (HWP) as regarding dominance and recessiveness in <u>genetic traits arising from</u> sexual
123	Interestingly, Sigurdsson's second <u>article</u>[7] provides support for this observation,

130 tous" agents (*e.g.*, the Epstein-Barr virus [EBV] and its "autovirions"[1,4,5]) causing

132 In scrapie and processes of biological fission,[1,4,5] membrane integrity and con-

139 HD, it is of interest that HD is inherited dominantly, with recessive func-

140 tioning elements being independent of the inheritance of HD. It also may be of interest that the six regulatory genes of HIV (*i.e.*, *tat*, *rev*, *nef*, *vpr*, *vpu*, and *vif*) are homologous with six regions in a 10,366 base pair DNA sequence from human chromosome 4p16.3 (i.e., the putative HD gene[15]). [This finding should urge caution in attempts at attenuating HIV in developing vaccines against it.] When precisely

154 infectious, possibly causing Kaposi sarcoma[1] and other diseases (cf. ref. 16). The

175 as in retroviruses and non-retroviruses, and by their shapes and ultrastructural features). Our contribution is to suggest that slow

179 be far more sensitive to environmental and ecological processes[17]. Other examples of the latter are rift valley fever, lassa fever, and diseases associated with Marburg, Ebola and hanta viruses.

194 75,000 primary publications on HIV and AIDS since 1980.

204 15. Smith, R. W. 1993. Abstracts. IXth Int'l Conference on AIDS in affiliation with the IVth STD World Congress I:268 (PO-A33).

205 16. Haahr, S., M. Sommerlund, T. Christensen, A. W. Jensen, H. J. Hansen & A.

206 Møller-Larsen. 1994. Ann. N. Y. Acad. Sci. 724. This volume.

207 17. Ehrlich, P. R., A. H. Ehrlich & J. P. Holdren. 1977. Ecoscience: Resources — Environment. San Francisco: W. H. Freeman Co. Chapter 10 (especially pages 606-609).

The following changes are for page 432 (*i.e.*, Table 1).

42 quences of HIV infections. Adding further support are studies showing that gp-120 from HIV can trigger progressive toxic responses in specialized fetal brain cells (A. Lau *et al.*, unpublished).

45 activate the lentiviruses. Regions of herpesvirus DNA also are homologous with DNA sequences encoding for six regulatory genes in HIV.

I feel certain that these changes can be accommodated without having to alter too much of the text as now constituted. The proposed changes are deemed important because they clarify points for which questions were raised after the Iceland conference. Of course, if you have further questions, feel free to contact me at any hour at (415) 493-0200.

Sincerely yours,

Roulette Wm. Smith, PhD
Director

enclosures

INSTITUTE FOR POSTGRADUATE INTERDISCIPLINARY STUDIES
P. O. Box 60846
Palo Alto, CA 94306-0846
Telephone: (415) 493-0200
FAX: (415) 327-8479 (COOP #1082)

May 10, 1994

Ms. Joyce Hitchcock, Associate Editor
The New York Academy of Sciences
2 East 63rd Street
New York, NY 10021
FAX: (212) 888-2894

Re: "Slow Infections of the Central Nervous System ..." pages 430-434

Dear Ms. Hitchcock:

In my haste to return the page proofs of my manuscript, I forgot to include an acknowledgement to an important source of moral and financial support. I therefore request that you add the following statement at the end of my paper (either before or after the references):
"Acknowledgement: Research pertaining to Huntington's Disease was supported by a grant from the Bess Spiva Timmons Foundation."

Thank you for your cooperation.

Sincerely yours,

Roulette Wm. Smith

Roulette Wm. Smith, PhD
Director

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. resume	[Personally Identifiable Information] [Partial] (1 page)	00/00/0000	b(6)

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

FOLDER TITLE:
July Chron Files 1994 [6]

2018-0756-F
jp4826

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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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]
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]

CURRICULUM VITAE

ROULETTE WILLIAM SMITH, PhD
Institute for Postgraduate Interdisciplinary Studies
P. O. Box 60846
Palo Alto, CA 94306-0846
(415) 493-0200

Personal Data:
Birth: (b)(6)
Health: Excellent

Education:

1957-61	Morehouse College, Atlanta, GA — B.S. Mathematics (minor chemistry), 1961
1961	Further studies (mathematics), New Mexico Highlands University (summer 1961)
1961-64	Stanford University, Stanford, CA — M.S. Mathematics, 1964
	Stanford University, Stanford, CA — M.S. Computer Science, 1965
1966-70	Stanford University, Stanford, CA — Ph.D. Education (Educational Psychology — Subspecialty: Psych. Studies & Math. Models of Educational Processes), 1973. Patrick Suppes, major advisor.
1976-80	Further studies (medicine), University of California, San Francisco, CA

[05]

Academic and Teaching Experience:

1967-70	Research Assistant. Institute for Mathematical Studies in the Social Sciences, Stanford University, Stanford, CA. Provided technical support for the IBM 1500 Instructional System used to teach mathematics and reading. Also developed heuristic computer-based system for teaching mathematical logic and set theory to elementary school students and Stanford University undergraduate students.
1970-75	Assistant Professor (Psychology and Education). Departments of Psychology and Education. University of California, Santa Barbara. Taught upper division and graduate level courses in psychology and education (including statistics, methodology, memory and cognition, problem-solving, and mathematical and heuristic models), and interdisciplinary courses in computer sciences and social sciences. Thesis supervisor for approximately ten students awarded the masters or doctorate degrees, as well as several undergraduate student's honors theses.
1974	Faculty Fellow. NASA-Ames and Stanford University Summer Faculty Workshop. Developed models of engineering education and logistic reasoning for lifelong learning.
1974-75	Visiting Assistant Professor (sabbatical). Department of Psychology, Carnegie-Mellon University, Pittsburgh, PA.
1981-82	Visiting Scholar. Institute for Mathematical Studies in the Social Sciences, Stanford University, Stanford, CA. Developed mathematical and heuristic models of the molecular basis of aging and of evolutionary, developmental, immune, and cognitive memory. Also showed that a "gay-related immune deficiency" syndrome (now known as AIDS) was most probably caused by a "slow virus" consistent with an "immune dementia" postulated in a 1979 presentation.
1982-83	Miscellaneous Professional. School of Medicine, Stanford University, Stanford, CA. Developed laboratory skills in clinical immunology and demonstrated that the probable cause of Kaposi's Sarcoma is the Epstein-Barr virus or its transmissible secondary particles ("autovirions").
1982-83	Visiting Scholar. School of Education, Stanford University, Stanford, CA. Co-taught (with Robert Textor) courses on technological futures and anticipatory anthropology especially emphasizing the microelectronics and biotechnology revolutions.
1985-87	Manager, Math. Lab. Cherry Chase School, Sunnyvale, CA. Supervised 3 teachers in math lab and taught math to selected students (in grades 1 through 6) based on remedial and enrichment needs.
1987-89	Visiting Scholar. Department of Anthropology, Stanford University, Stanford, CA. Guest lecturer in Robert Textor's courses on technological futures and anticipatory anthropology. Also developed mathematical and heuristic models of AIDS, its onset and evolution, with general emphasis on anticipating its long-term future course and broader implications for evolution.
1990-present	License-Eligible as Psychologist (Psychology Board, California Board of Quality Medical Assurance).
1993-present	Adjunct Faculty. Rosebridge Graduate School of Integrative Psychology, Concord, CA.

Other Professional Experience:

1965-66 Associate Programmer. Advanced Systems Development Division, IBM Corporation, Los Gatos, CA. Developed user-interface command language for the IBM 1500 Instructional System.

1970-83 Executive Editor. *Instructional Science*, Elsevier Publishing Company, Amsterdam, The Netherlands.

1970-73 Senior Staff Advisor. Computer Center, University of California, Santa Barbara, CA. Liaison staff member between computer center staff and social science faculty providing consultations on statistical computations and heuristic programming.

1973-75 Acting Assistant Director. Bureau of Educational Research and Development, School of Education, University of California, Santa Barbara, CA.

1973 Civilian Research Scientist (summer). U.S. Naval Missile Center, Point Mugu, CA.

1974-present President. Humanized Technologies, Inc., Palo Alto, CA.

1975-77 Professional Staff. Far West Lab. for Educational Research and Develop., San Francisco, CA. Worked on the development of a portable software interface for recording and analyzing classroom observations of teachers and students to ultimately determine the effects of instant feedback on teacher performance.

1978-83 Associate Editor. *Health Policy and Education* (aka: *Health Policy*), Elsevier Publishing Company, Amsterdam, The Netherlands.

1986-present Director. Institute for Postgraduate Interdisciplinary Studies, Palo Alto, CA.

Awards, Honors and Distinctions:

Early admission to college from 10th grade with scholarships, 1957-61.
Graduate research assistant, New Mexico Highlands University, Las Vegas, NM, 1961.
Graduate research assistant, Stanford University, Stanford, CA, 1966-70.
Editorships of *Instructional Science* and *Health Policy an Education* (*Health Policy*), 1970-83.
NASA-Ames Summer Faculty Fellow, 1974.
Chairman, Refereeing Policy Committee, Second International Conference of Scientific Editors (Amsterdam), 1980.
U. S. Patent (with M. Briggs) for 'Convertible Garment Bag with Alternate Carrying Means' (i.e., Backpack), 1990.
Grant from the Bess Spiva Timmons Foundation to study Huntington's Disease, 1992.

Professional Affiliations:

AIDS and Anthropology Research Group (AARG)
American Association for the Advancement of Science (AAAS)
American Educational Research Association (AERA)
American Psychology Association (APA)
American Public Health Association (APHA)
Bay Area Black Coalition Against AIDS (BABCA)
New York Academy of Sciences (NYAS)

Past Biographical References:

Who's Who in America
Who's Who in American Education
Who's Who in Black America
Who's Who in the West
Who's Who of Emerging Leaders in America
Who's Who of American Inventors
Who's Who in the World

Community Service:

Advisor. Mental Health Advisory Committee, San Francisco Head Start, 1978-1991.
President. Concerned Black Parents (Henry Gunn Senior High School, Palo Alto, CA), 1980-83.
Advisor. MESA (Mathematics-Engineering- Science Achievement) Program, Henry Gunn High School, 1981-84.
Substitute Teacher. Ravenswood City School District, East Palo Alto, 1987-89.
Board Member, Gatekeepers to the Future, San Rafael, CA, 1991-94.
Coordinator. 7 "Gatekeepers to the Future 'Future Intensives'" Elderhostels, Mt. Alverno, Redwood City, CA, 1992-93.
Referee. *Journal of Membrane Science*, *International Instructional Technology Quarterly*, *Social Science and Medicine*.
Numerous lectures in elementary and secondary schools and Elderhostels about the value of education and public health.

Consultantships and Other Professional Activities:

Institute of the Future, Menlo Park, CA, 1970.
Xerox Palo Alto Research Center, Palo Alto, CA, 1970.
International Academy, Santa Barbara, CA, 1871-73.
Inst. for Human Potential Psychology, Palo Alto, CA, 1971-74.
Systems Sciences Division, The RAND Corporation, Santa Monica, CA, 1970-74.
Value Engineering Corporation, Alexandria VA, 1974-75.
Foundation for the Advancement of Multimedia Art, Santa Barbara, CA, 1976-79.
International Instructional Technology Quarterly, 1984-87.
Market Intelligence Research Company, Mountain View, CA, 1987-88.
Elderhostels and Gatekeepers to the Future, Sausalito, CA, 1990-present.
American College of Testing, Iowa City, IA, 1992-present.

Publications

Smith, R. W. (1970). Modeling Instruction Using Computer Generated Dialogue. In Proceedings of the IFIP World Conference on Computer Education, III:31-36 (edited by B. Scheepmaker & K. Zinn). New York: Science Associates/International. [In Proceedings of IFIP Conference on Computer Education 1970 [Amsterdam, The NETHERLANDS — August].]

Smith, R. W. (1971). Computers in Instruction: Commentary with Recommendations. In Computers in Instruction (edited by R. Levien). Santa Monica, CA: Rand Corp, pp. 216-221. [Proceedings of a conference on Computers in Instruction, NSF / Carnegie Commission on Higher Education /RAND Corp. [Santa Monica, CA — July].]

Brieske, G. F., Lewis, B. N., Macdonald-Ross, M. & Smith, R. W. (1972). An Opening Statement from the Editors. Instructional Science 1:1-7.

Smith, R. W. (1973). Modeling Instruction Using Computer Generated Dialogue. PhD Thesis, School of Education, Stanford University. Ann Arbor, MI: University Microfilms, pp. i-x,1-313.

Smith, R. W. (1973). The OMBUDSMAN: A Computer Model of Dialogue in Instruction and Conflict Mediation. In Artificial and Human Thinking (edited by A. Elithorn & D. Jones). Amsterdam: Elsevier Publishing Company, pp. 114-124. [In Proceedings of a NATO Symposium entitled Human Thinking: Computer Techniques for its Evaluation [St. Maximin, FRANCE — August, 1971].]

Eisley, J. (editor). (1974). ENGINEERING EDUCATION and a lifetime of learning. Stanford, CA: School of Engineering, Stanford University. [Final report of a Summer Faculty Fellowship program on Problem Solving in Education.]

Smith, R. W. (1974). A Computer System for Training Operators, Programmers and Maintenance Personnel. In Lecture Notes in Computer Science 17: Rechner-Gestützter Unterricht (edited by G. Goos & J. Hartmanis). Berlin: Springer-Verlag, pp. 168-181. [In Proceeding of the Rechner-Gestützter Unterricht (RGU) - '74 [Hamburg, WEST GERMANY — August].]

Smith, R. W. (1975). Computer Simulation and Logistic Analysis in Educational Planning and Administration. In Computers in Education/Informatique et Enseignement, 2:725-731 (edited by O. Lecarme & R. Lewis). New York: American Elsevier. [In Proceedings of IFIP Second World Conference on Computers in Education [Marseille, FRANCE — August].]

Smith, R. W. (1979). Long-Term Memories: Where Does the 'Buck' Stop? — Toward a Testable Theory of Debugging the Molecular Basis of Long-Term Memories in Living Organisms. Abstracts, Seventh Meeting of the International Society for Neurochemistry [Jerusalem, ISRAEL — September 2-6], p. 590.

Glen, J. (with R. W. Smith) (1982). Refereeing Policies. J. Research Communication Studies 3(4):395-399. [In Proceedings of Second International Conference of Scientific Editors [Amsterdam, The NETHERLANDS — October, 1980].]

Smith, R. W. (1982). Alternative Futures in American Education: Some Fundamental Changes and Changes in Fundamentals. Cultural Futures Research VII(1):31-45.

Smith, R. W. (1983). A Critique of Impure Reasoning in Biological Sciences. Abstracts, 7th International Congress of Logic, Methodology and Philosophy of Science [Salzburg, AUSTRIA — July] 4:358-362.

Smith, R. W. (1983). Is Kuru Caused By Transmission of Autotoxins and/or Autovirions? Abstracts, 82nd Annual Meeting of the American Anthropological Association [Chicago, IL — November], p. 156.

Smith, R. W., Rouse, R., Pearson, G. & Hu, C. (1984). Evidence of Epstein-Barr Virus Antigens in Kaposi's Sarcoma. Clinical Research 32(2):615A (abstract).

Smith, R. W., Rouse, R., Pearson, G. & Hu, C. (1984). Evidence of Epstein-Barr Virus Antigens in Kaposi's Sarcoma. J. Investigative Dermatology 82(4):423 (abstract). [Presentation to Annual Meeting of the Society for Investigative Dermatology [Washington, DC — May].]

Smith, R. W. (1984). Do Kuru, AIDS, and SMON Have Similar Etiologies? Some Observations on Neglected Experimental Controls in Virology. Abstracts, Sixth International Congress of Virology [Sendai, JAPAN — September], p. 83 (P24-13).

Smith, R. W. (1984). What Could Be the Role of EBV in AIDS? Evidence that EBV-Induced Aberrant Translation Products May Cause AIDS. Abstracts, First International Symposium on EBV and Associated Malignant Diseases [Loutraki, GREECE — September], p. 6 (6).

Smith, R. W. (1984). Educating the Highly Educated During Rapid Cultural and Technological Changes. Abstracts, 83rd Annual Meeting of the American Anthropological Association [Denver, CO — November].

Smith, R. W. (1984). AIDS and 'Slow Viruses'. Annals N. Y. Acad. Sci. 437:576- 607.

Smith, R. W. (1985). The Role of Retroviruses in AIDS and Slow Infections. In Retroviruses and Human Pathology (edited by R. C. Gallo, D. Stehelin & O. Varnier). Clifton, NJ: The Humana Press Inc., pp 409-413. [Poster presentation at the International Symposium on Retroviruses and Human Pathology [Lerici (La Spezia), ITALY — September, 1984].]

Smith, R. W. (1985). Some Novel Statistical and Virological Methods for Distinguishing Causation from Opportunism in Acquired Immunodeficiency Syndrome (AIDS). Abstracts, Ist International Conference on Acquired Immunodeficiency Syndrome, Centers for Disease Control [Atlanta, GA — April], T-19:54.

Smith, R. W. (1985). Experienced Friends and Lovers. Psych. Today 14(4):6 (letter).

Textor, R. (editor). (1985). Anticipatory Anthropology and the Telemicroelectronic Revolution: A Preliminary Report From Silicon Valley. Anthropology & Education Quarterly 16:3-30.

Smith, R. W. (1986). The Potential for Causing Slow, Progressive Diseases in Experiments Involving Cell and Tissue Transplants in Brain. In Abstracts, New York Academy of Science Conference on Cell and Tissue Transplantation into the Adult Brain [New York, NEW YORK — April 2-4]. [Also in Annals of the New York Academy of Science 1987; 495:792-796.]

Smith, R. W. (1986). Anthropological Approaches to the Study of AIDS and Its Long-Term and Evolutionary Consequences. In Abstracts, IInd International Conference on AIDS [Paris, FRANCE — June 23-25], p. 183.

Smith, R. W. (1986). AIDS and Evolution: Implications for a Revised Malaria Hypothesis. In Abstracts, 85th Annual Meeting of the American Anthropological Association [Philadelphia, PA — December 3-7], p. 10-11.

Smith, R. W. (1987). The National Impact of Negativistic Leadership: A Need for National Caveats Emptor. In Abstracts, 1987 Annual Meeting of the Western Political Science Association [Anaheim, CA — March 26-28], p. 28.

Smith, R. W. (1988). Modeling the Epidemiology and Evolution of HIV and AIDS Based on Models of Slow Infections. In Abstracts, 1st International Conference on the Global Impact of AIDS [London, ENGLAND — March 8-10], TU.2.

Smith, R. W. (1988). AIDS and the Process of Science. In Abstracts, IVth International Conference on AIDS, Book 1 [Stockholm, SWEDEN — June 12-16], #9066 (page I-492).

Smith, R. W. (1988). Mathematical and Heuristic Models of the Impact and Costs of HIV Infections. In Abstracts, IVth International Conference on AIDS, Book 2 [Stockholm, SWEDEN — June 12-16], #9602 (page I-434).

Smith, R. W. (1988). Transmissible Negativism and Its Possible Relation to Irrational Behavior and Poor Common Sense. In Abstracts, XXIVth International Congress of Psychology [Sydney, AUSTRALIA — August 29-September 2], #T217 (volume 4).

Smith, R. W. (1989). Why is AIDS Important to VTSS? Techné III:27-39.

Smith, R. W. (1989). Modeling the Origin, Onset and Evolution of HIV in AIDS. In Abstracts, 11th Scandinavian Virus Symposium and the 3rd Northern Lights Neuroscience Symposium (on "Virus and the Brain") [Reykjavik, ICELAND — May 30-June 2], #73.

Briggs, M. & Smith, R. W. (1990). Convertible Garment Bag With Alternate Carrying Means. U. S. Patent #4,901,897 awarded February 20, 1990.

Smith, R. W. (1990). Modeling the Origin, Onset and Evolution of HIV in AIDS. Acta Neurologica Scandinavica 81(3):279 (abstr.).

Smith, R. W. (1992). Twelve Near-Axiomatic Features Of Slow-Acting Infections and Transmissible Agents Causing Them. In Abstracts, VIII International Conference on AIDS / III STD World Congress [Amsterdam, The NETHERLANDS — July 19-24], 3:38 (PuA #6163).

Smith, R. W. (1993). Mechanisms of Slowness and Progressiveness in Infectious and Genetic Diseases. In Abstracts, IXth International Conference on AIDS (in affiliation with the IVth STD World Congress) [Berlin, GERMANY — June 6-11], I:268 (PO-A33-0800).

Smith, R. W. (1993). On Mechanisms of Slowness and Progressiveness in Slowly Progressive Processes. In Abstracts, New York Academy of Sciences Conference on "Slow Infections of the Central Nervous System: The Legacy of Dr. Björn Sigurdsson" [Reykjavik, ICELAND — June 2-5].

Rolle, S. K. & Smith, R. W. (1993). "Outrageous Women" with Sojourner K. Rolle: A Conversation with Roulette Wm. Smith, PhD. Produced at KCTV, Public Access Television Studio [Santa Barbara, CA — December 6].

Smith, R. W. (1994). On Mechanisms of *Slowness* and *Progressiveness* in Slowly Progressive Processes. Annals of the New York Academy of Sciences 724:430-434.

Other Publication Credits

Brieske, G. F. & Smith, R. W. (executive editors). (1972). Instructional Science, volume 1.

Brieske, G. F. & Smith, R. W. (executive editors). (1973). Instructional Science, volume 2.

Brieske, G. F. & Smith, R. W. (executive editors). (1974). Instructional Science, volume 3.

Lewis, B. N., Macdonald-Ross, M. & Smith, R. W. (editors). (1975). Instructional Science, volume 4.

Lewis, B. N., Macdonald-Ross, M. & Smith, R. W. (editors). (1976). Instructional Science, volume 5.

Lewis, B. N., Macdonald-Ross, M. & Smith, R. W. (editors). (1977). Instructional Science, volume 6.

Lewis, B. N., Macdonald-Ross, M. & Smith, R. W. (editors). (1978). Instructional Science, volume 7.

Macdonald-Ross, M. & Smith, R. W. (editors). (1979). Instructional Science, volume 8.

Samph, T. & Smith, R. W. (editors). (1979). Health Policy and Education, volume 1.

Macdonald-Ross, M. & Smith, R. W. (editors). (1980). Instructional Science, volume 9.

Lefrère, P. & Smith, R. W. (1981). Instructional Science, volume 10.

Samph, T., Smith, R. W. & Moodie, A. (editors). (1981). Health Policy and Education, volume 2.

Lefrère, P. & Smith, R. W. (editors). (1982). Instructional Science, volume 11.

Samph, T., Smith, R. W. & Moodie, A. (editors). (1982). Health Policy and Education, volume 3.

Lefrère, P. & Smith, R. W. (editors). (1983). Instructional Science, volume 12.

Summary of Unpublished Reports and Presentations (complete list available upon request)

Computer-assisted instruction (CAI) and computers in education	approximately 17
Commonsense	approximately 10
Adultery, "kidultery," and logistic reasoning	approximately 4
Models of long-term memory in living systems	approximately 20
Help for the unknowingly needy (HFUN)	approximately 11
Transmissible negativism (TN), passive-aggression and psychoviruses	approximately 8
Acquired immunodeficiency syndrome (AIDS) and slow viruses	approximately 64
Browsing and question-asking	approximately 13
Futures	approximately 10

[Note: Some of these reports and presentations may overlap others (e.g., AIDS, TN and commonsense).]

Smith, R. W. (1968). Memory, Testing, and Models of Memory and Testing.

Smith, R. W. (1969). EMILE — An Extensible Meta-Instructional LanguagE.

Smith, R. W. (1970). Compilers with Common Sense. Lectures at the University of California, Santa Barbara.

Smith, R. W. (1970). Computer Simulation of the Teaching Process. Presented to the 8th International Symposium on Programmed Instruction and Teaching Machines [Gesellschaft für Programmierte Instruktion (GPI)] & the Meeting of the 10th DIDACTA [Basel, SWITZERLAND — May].

Smith, R. W. (1970). Problems and Prospects for Computer-Assisted Instruction. Presented to the Working Group on Cybernetics (Ag KYB), Gesellschaft für Programmierte Instruktion (GPI) [Basel, SWITZERLAND — May].

Smith, R. W. (1970). A CAI System for Axiomatic Problem Solving and Its Generalization to the Natural and Social Sciences. Presented to the Departments of Genetics and Education, University of Freiburg [Freiburg, WEST GERMANY — September].

Smith, R. W. (1970). Testing for Unsolvability: Implications for the Von Restorff Effect.

Smith, R. W. (1970). Computer-Assisted 'Helps', 'Hints', and Other 'Over the Shoulder' Phenomena: Discovering What's Relevant in Intelligent Instructional Systems.

Smith, R. W. (1971). Compilers with Common Sense. Submitted to the International Federation for Information Processing (IFIP) Congress 71 [Ljubljana, YUGOSLAVIA — August 23-28].

Smith, R. W. (with R. Reynolds) (1972). Teaching Children Chess: A Model of Dynamics in Learning and Instruction.

Smith, R. W. (1972). Counseling the Creatively Adulterous: An Application of General Systems Theory to Clinical and Counseling Psychology.

Smith, R. W. (1973). Adultery — A Model of Human Logistic Human Information Processing: Applications of 'Time-Sharing' and Juggling in Cognitive Information Processing.

Smith, R. W. (1974). Inferring Differences in Male and Female Cognitive Styles from Restroom Graffiti: A Study of Cognitive Aspects of Sexual Liberation.

Smith, R. W. (1974). The Computer in American Education.

Smith, R. W. (1975). 'Kidultery': Toward a Model of the Development of Need, Understanding, and Human Logistic Reasoning.

Smith, R. W. (1975). Human Logistic Information Processing: Toward a Model of Logistic Intelligence.

Smith, R. W. (1976). The Future of American Education — Fundamental Changes or Changes in Fundamentals. Presented to the Graduate School of Education, University of Illinois [Champaign-Urbana, IL — January].

Smith, R. W. (1976). Systems Management: Logistic Issues and Implications. Presented to the Santa Clara Chapter of the Association for Systems Management [Palo Alto, CA — February].

Smith, R. W. (1976). Publishing Journals as a Business Activity. Presented to the Editors Forum (Practices and Ideas in Journal Publication), Annual Meeting of the American Educational Research Association [San Francisco, CA — April].

Smith, R. W. (1976). Newer Approaches to Education Using the Computer. School of Medicine, University of Washington [Seattle, WA — May].

Smith, R. W. (1976). Human Logistic Information Processing: Implications for Cognitive and Pedagogical Processes. Presented to Project SESAME (Group in Science and Mathematics Education), Department of Physics, University of California [Berkeley, CA — October].

Smith, R. W. (1977). Could 'God' Be a Committee? Reflections on the Evolution of Order in Living Systems.

Smith, R. W. (1977). Long-Term Memory — Where Does the 'Buck' Stop? A Report on Parsimony in Studies of the Molecular Biology of Long-Term Memory, the Molecular Biology of Aging, and Approaches to Gene Therapies, Department of Biochemistry and Biophysics, University of California [San Francisco, CA — November].

Smith, R. W. (1977-1978). Education as a Transportation System: Issues and Implications. Presented to elementary and secondary school students at Lincoln High School [San Francisco], Ohlone School [Palo Alto], Fremont High School [Oakland], and Wilbur Middle School [Palo Alto].

Smith, R. W. (1978). Help for the Unknowing Needy. Presented at the Annual Meeting of the American Association for the Advancement of Science [Washington, DC — February].

Smith, R. W. (1978). Help for the Unknowing Needy. Presented to the Sutro (Honor) Society, School of Medicine, University of California [San Francisco, CA — March].

Smith, R. W. (1978). Toward a Theory of Solving Complex Problems. Workshop in Biophysics and Biochemistry, Department of Biochemistry and Biophysics, University of California [San Francisco, CA — April].

Smith, R. W. (1979). Long-Term Memories: Where Does the 'Buck' Stop? Toward a Testable Theory of Debugging the Molecular Basis of Long-Term Memories in Living Organisms. Presented at the Seventh Meeting of the International Society for Neurochemistry [Jerusalem, ISRAEL — September 2-6].

Smith, R. W. (1980). Long-Term Memories: Where Does the 'Buck' Stop? Toward a Testable Theory of Debugging the Molecular Basis of Long-Term Memories in Living Organisms. (Copyright Version).

Smith, R. W. (1980). An Objective Method for Detecting, Regulating, and Assaying Bioproducts of Transmissible Timed Infections Through the Use of Approaches and/or Chemical Compounds that Regulate Development or Metabolism in Eukaryotic Tissues, Organs or Organisms. Invention disclosure filed with the Commissioner of Patents and Trademarks, Washington, DC.

Smith, R. W. (1980). Bilateral Temporal Lobe Hypoplasia Versus Temporal Lobe Agenesis in a Young Male — The Case of "JR": Implications for the Molecular Biology and Genetics of Short-Term and Long-Term Memory.

Smith, R. W. (1981). Thyroid Hormones, Slow Viruses, and Aging. Presented to the Department of Physiology and Anatomy, University of California [Berkeley, CA — March].

Smith, R. W. & Love, A. (1981). A Process for Controlled Regulation of the Rate of Genetic Transactions in Living Organisms, Particularly Involving Interactive Exogenous Agents. Patent pending.

Smith, R. W. (1981). Toward a Molecular Biology of Memory. Presented to the Department of Psychology, Stanford University [Stanford, CA — November].

Smith, R. W. (1982). Towards a Molecular Basis of Memory, Information Processing and Behavior in Living Systems. Presented to the Graduate Student Seminar in Genetics, School of Medicine, Stanford University [Stanford, CA — May].

Smith, R. W. (1982). A Model for Acquired Immunodeficiency Syndromes Based on a Novel Model of Molecular Information Processing. Department of Dermatology Rounds, Pacific Medical Center [San Francisco, CA — November].

Smith, R. W. (1982). Minorities and Aging: The Importance of Professional and Consumer Education. Presented to the Continuing Education Symposium, Altenheim Counseling Education Center [Oakland, CA — November].

Smith, R. W. (1982). Similarities Between Slow Progressive Diseases and Acquired Immune Deficiency Syndromes.

Smith, R. W. (1982). Towards a Molecular Biology of Memory: Implications for the Central Dogma and the Evolution of Information Processing in Living Systems.

Smith, R. W. (1982). Do Transmissible Agents in Slow Progressive Infections Mimic Nucleoprotein Complexes? A Reply to Kimberlin.

Smith, R. W. (1983). Acquired Immune Deficiency Syndromes, Slow Progressive Diseases and Autoimmunity: Implications for Experimental Design, Controls and Interpretation.

Smith, R. W. (1983). Scrapie May Be Caused By Acidic Ribonucleoprotein Complexes: Implications for the Molecular Biology of Long-Term Memories and for Meta-Science.

Smith, R. W. (1983). Inferring Memory Mechanisms from Acquired Immunodeficiency Syndromes and Subacute-Spongiform Encephalopathies. Presented at the 91st Annual Convention of the American Psychological Association [Anaheim, CA — August].

Smith, R. W. (1983). Computer-Assisted Browsing and Question-Asking: Implications for the Generation of Problem Spaces.

Smith, R. W. (1983). A Novel Solution to the Birthday Problem: Implications for a Scientific Basis for Astrology.

Smith, R. W. (1983). Dynamic Educational Enrichment and Education for the Highly Educated: Educational Responses to Rapid Change and Emerging Technologies.

Smith, R. W. (1983). AIDS and 'Slow Viruses'." Presented at the Conference on Acquired Immune Deficiency Syndrome (AIDS), New York Academy of Sciences [New York, NY — November].

Smith, R. W. (1984). On the Economics of Information in an Information Age.

Smith, R. W. (1984). Did Cognitive (Nonmaterial) Information Evolve from the 'Big Bang'? Towards Further Unification of Unified Field Theories.

Textor, R. (editor) (1984). Anticipatory Anthropology and the Telemicroelectronic Revolution: A Preliminary Report from the Shadow of silicon Valley. The Stanford Anticipatory Anthropology Group, School of Education, Stanford University [Stanford, CA — May].

Smith, R. W. (1984). Do Kuru, AIDS and SMON Have Similar Etiologies? Some Observations on Neglected Experimental Controls in Virology. Presented at the Sixth International Congress of Virology [Sendai, JAPAN — September 1-7].

Smith, R. W. (1984). On the Representation, Use and Value of Information: (1) Information Structure and Function; (2) Use of Information in Question-Asking and Browsing; (3) Similarities and Differences Between Money and Information. Lectures to students of business and commerce, Collegio Balbi Valier [Pieve di Soligo [Treviso], ITALY — September].

Smith, R. W. (1984). What Could Be The Role of EBV in AIDS? Evidence that EBV-Induced Aberrant Translation Products May Cause AIDS. Presented at the First International Symposium on Epstein-Barr Virus and Associated Malignant Diseases [Loutraki, GREECE — September].

Smith, R. W. (1984). Do We Need Expertise or Brilliance in Educational Systems? The Example of the Acquired Immunodeficiency Syndrome (AIDS).

Smith, R. W. (1984). A Comparison of Molecular and Electronic (Digital) Information Processing: Implications for Programming and the Design of Programming Languages for Parallel and Hierarchical Processing.

Smith, R. W. (1984). Parallel and Hierarchical Computation: Steps Toward a Fundamental Law of Artificial Intelligence.

Smith, R. W. (1984). Some Novel Statistical and Virological Methods for Distinguishing Causation from Opportunism in Acquired Immunodeficiency Syndrome (AIDS).

Smith, R. W. (1985). A Process of "PROPRELIONIC MOLECULATION" Providing the Means for Genetic Computation, and Its Application in Revealing a Novel Process for Rapid Detection, Classification and Bioassay of Some Slow Onset, Progressive Autotoxic and Autovirulent Diseases in Man and Other Living Organisms. New material for pending patent (February).

Smith, R. W. (1985). Seminar on Acquired Immunodeficiency Syndrome (AIDS): Implications for Professional Nursing. Presented to Altenheim Center Continuing Professional Education Program [Oakland, CA — March 29].

Smith, R. W. (1985). Some Novel Statistical and Virological Methods for Distinguishing Causation from Opportunism in Acquired Immunodeficiency Syndrome (AIDS). Poster presentation at the International Conference on Acquired Immunodeficiency Syndrome [Atlanta, GA - April 14-17], Abstracts p. 54 (T-19).

Smith, R. W. (1985). Unpublished correspondence directing attention to the possibility that an unusual clustering of Creutzfeldt-Jacob Disease in children receiving growth hormone (extracted from accident victims) could be attributable to 'autotoxicity' or 'autovirulence'. Submitted to Science (June) and to Center for Drugs and Biologics (Food and Drug Administration) (June).

Smith, R. W. (1985). AIDS, Herpes and You. Professional training seminar held for (and at) St. Mary's Hospital and Medical Center (San Francisco) in conjunction with the Altenheim Center Continuing Professional Education Program [San Francisco — June 28].

Smith, R. W. (1985). Scrapie: Replication or Fission? Unpublished correspondence submitted to Nature.

Briggs, M. & Smith, R. W. (1985). Convertible Garment Bag with Alternate Carrying Means. Patent Pending.

Smith, R. W. (1985). Unpublished entry in Bulwer-Lytton Contest for Best Bad Writing (September).

Smith, R. W. (1985). Do 'SnRnps' Mimic Viruses in Slow Infections? Unconventional Views on the Evolution and Pathogenesis of AIDS, Kuru, and Several Other Slow and Autoimmune Infections. Presented to the School of Medicine (Department of Pharmacology), University of Massachusetts [Worcester, MA — September 23].

Smith, R. W. (1985). AIDS and Education. Presented in a panel discussion on the Implications of the Acquired Immune Deficiency Syndrome (AIDS) on Education. Stanford Teacher Education Program (STEP), School of Education, Stanford University [Stanford, CA — October 30].

Smith, R. W. (1985). Unpublished response to two reports describing my research. Submitted to Peer Reviews, The Sciences (November).

Smith, R. W. (1985). Unpublished correspondence directing attention to possibilities that Epstein-Barr Virus may cause the microheterogeneity in AIDS-associated lentiviruses. Submitted to Science (November).

Smith, R. W. (1985). Unpublished correspondence directing attention to the possibility that Epstein-Barr Virus secondary products ('autovirions') may account for an unusual clustering of non-Hodgkins and Burkitt's lymphomas. Submitted to New England Journal of Medicine (December).

Smith, R. W. (1986). Ethical Issues and Long-Term Consequences of AIDS in Minority Subcultures. Proposal to the Research Fellowship Program for Minority Group Scholars, The Rockefeller Foundation (January).

Smith, R. W. (1986). AIDS: Ethical Issues and Long-Term Consequences. Presented at AIDS CHALLENGE: A Symposium on AIDS, Stanford University (Program on Human Biology) [Stanford, CA — January 21-24].

Smith, R. W. (1986). Unpublished correspondence directing attention to possibilities that human gene therapies involving exogenous DNA (integrated) insertions may be fraught with slowly infectious complications caused by aberrant transcription of host mRNA. Submitted to the Biological Applications Division of the Office of Technology Assessment, Congress of the United States (February).

Smith, R. W. (1986). The Potential for Causing Slow, Progressive Diseases in Experiments Involving Cell and Tissue Transplants in Brain. Poster presentation at the New York Academy of Sciences Conference on Cell and Tissue Transplantation into the Adult Brain [New York, NY — April 2-4].

Smith, R. W. (1986). Anthropological Approaches to the Study of AIDS and Its Long-Term and Evolutionary Consequences. Presented at the International Conference on Acquired Immunodeficiency Syndrome (AIDS) [Paris, FRANCE — June 23-25], Abstracts p. 183.

Smith, R. W. (1986). Acid-Labile Alpha Interferon (ALAIFN) in AIDS May Be Produced By Epstein-Barr Virus (EBV) Secondary Products: Implications for Interferon Replacement Therapy and for LAV/HTLV-III Receptors on T4 Cells. Abstract submitted for presentation at the International Conference on Acquired Immunodeficiency Syndrome (AIDS) [Paris, FRANCE].

Smith, R. W. (1986). Possible Mechanisms for the Slowness and Virulence of Lentiviruses in Slow Infections. Abstract submitted for presentation at the International Conference on Acquired Immunodeficiency Syndrome (AIDS) [Paris, FRANCE].

Smith, R. W. (1986). Acid-Labile Alpha Interferon Production in AIDS May Be a Consequence of EBV or Its Secondary Products. Abstract, Second International Symposium on EBV and Associated Malignant Diseases [St. Petersburg, FL — October 17-22].

Smith, R. W. (1986). AIDS and Evolution: Implications for a Revised Malaria Hypothesis. Presented at the 85th Annual Meeting of the American Anthropological Association [Philadelphia, PA — December 3], Abstracts p. 10- 11.

Smith, R. W. (1986). On the Origin and Spread of AIDS: Can Anthropology Resolve an Apparent Conundrum? Abstract submitted for presentation at the 85th Annual Meeting of the American Anthropological Association [Philadelphia, PA].

Smith, R. W. (1986). The National Impact of Negativistic Leadership: A Need for National Caveats Emptor (book outline). Institute for Postgraduate Interdisciplinary Studies, Palo Alto, CA.

Smith, R. W. (1987). The National Impact of Negativistic Leadership: A Need for National Caveats Emptor. Prepared for delivery at the 1987 Annual Meeting of the Western Political Science Association [Anaheim, CA — March 26-28], Abstracts p. 28.

Smith, R. W. (1987). Transmissible Negativism: Its Role in Cognition, Development, Dominance, Aggression, Addiction, Divorce and Violence. Research proposal submitted to the Harry Frank Guggenheim Foundation (January).

Smith, R. W. (1987). Using AIDS to Model Transmissible and Infectious Psychological Processes: Further Evidence of Molecular Bases for Long-Term Memory in Living Systems. Submitted for presentation at the IIIrd International Conference on Acquired Immunodeficiency Syndrome (AIDS) [Washington, DC — June 1-5].

Smith, R. W. (1987). Comparisons of Mathematical, Statistical and Information- Processing Models of AIDS and Its Spread in the USA: Implications for Research and Ethics. Submitted for presentation at the IIIrd International Conference on Acquired Immunodeficiency Syndrome (AIDS) [Washington, DC — June 1-5].

Smith, R. W. (1988). Modeling the Epidemiology and Evolution of HIV and AIDS based on models of slow infections. Poster presentation at the 1st International Conference on the Global Impact of AIDS [London, ENGLAND — March 8-10].

Smith, R. W. (1988). Estimating the AIDS 'Iceberg': An Assessment of the Direct and Indirect Impact of AIDS Worldwide. Submitted for presentation at the 1st International Conference on the Global Impact of AIDS [London, ENGLAND — March 8-10].

Smith, R. W. (1988). AIDS in Head Start. Presentation to the San Francisco Head Start administration, staff, parents and guests (March 21).

Smith, R. W. (1988). AIDS and Its Implications for Counseling Psychology. Presented to the faculty and students of the Counseling Psychology Program, School of Education, Stanford University, Stanford, CA (April 12).

Smith, R. W. (1988). AIDS and the Black Community. General university-wide presentation at Stanford University sponsored by the African and Afro-American Studies Department, Stanford, CA (April 28).

Smith, R. W. (1988). What Roles Have Values, Technology, Science and Society (VTSS) Played in the Evolution and Onset of the Acquired Immunodeficiency Syndrome (AIDS)? Also, What Effects Is AIDS Having or Should Have on VTSS? Palo Alto, CA: Institute for Postgraduate Interdisciplinary Studies.

Smith, R. W. (1988). AIDS and the Process of Science. Presented at the IVth International Conference on AIDS [Stockholm, SWEDEN — June 12-16], Abstract #9066 (Book 1, page I-492).

Smith, R. W. (1988). Mathematical and Heuristic Models of the Impact and Costs of HIV Infections. Presented at the IVth International Conference on AIDS [Stockholm, SWEDEN — June 12-16], Abstract #9602 (Book 2, page I-434).

Smith, R. W. (1988). Planning for the HIV-Seropositive Client in a Pre-School Setting. Submitted for presentation at the IVth International Conference on AIDS [Stockholm, SWEDEN — June 12-16].

Smith, R. W. (1988). Modeling the Onset and Evolution of AIDS. Lectures at the Department of Theoretical Physics, University of Bielefeld [Bielefeld, WEST GERMANY — June 22-23].

Smith, R. W. (1988). Transmissible Negativism and Its Possible Relation to Irrational Behavior and Poor Common Sense. Presented at the XXIV International Congress of Psychology [Sidney, AUSTRALIA — August 28 - September 2].

Smith, R. W. (1988). The Acquired Immunodeficiency Syndrome (AIDS): Questions and Implications for Anthropology. Department of Anthropology Colloquium, Department of Anthropology, Stanford University, Stanford, CA [November 28].

Smith, R. W. (1988). Distinguishing the *Origin* of HIV From the *Onset* of AIDS. Nature (submitted).

Smith, R. W. (1989). The AIDS Epidemic II: World Update. A report prepared for the Market Intelligence Research Company, Mountain View, CA.

Smith, R. W. (1990). Models of Spreading HIV If Its Effects Are Dose-Related. Grant proposal to the National Institute of Allergy and Infectious Diseases (NIAID/NIH), January 2 (submitted).

Smith, R. W. (1990). A Parsimonious Explanation for Kaposi's Sarcoma with Broad Implications for EBV and HIV Infections. The Lancet (submitted).

Smith, R. W. (1990). Kaposi's Sarcoma, HIV Diseases and Other Slow Infections: Broad Implications for the Epidemiology and Evolution of Slow Infections. Social Science & Medicine (submitted).

Smith, R. W. (1990). Kaposi's Sarcoma, HIV Diseases and Other Slow Infections: Broad Implications for the Epidemiology and Evolution of Slow Infections (revised). American Journal of Epidemiology (submitted).

Smith, R. W. (1990). Disambiguating and Inactivating Agents of Slow Infections in the Scientific Pressure Cooker: A Position Paper. New Scientist (submitted).

Smith, R. W. (1990). Letter to the Editor regarding "AIDS-Related Infections" (August, 1990 issue). Scientific American (submitted).

Smith, R. W. (1990). What Pieces and Clues Does China Hold in the 'Jigsaw Puzzle' of HIV-Related Diseases? Understanding the Global Epidemiology of HIV-Related Diseases. Submitted for presentation at a Beijing Symposium hosted by the Chinese Medical Association in conjunction with the Citizen Ambassador Program [November 7-19].

Smith, R. W. (1990). Time, Place, Space, Quantity, Quality, Money, Name and Ego: Unique Bioethics Challenges Posed by Slow Infections. Submitted for presentation at a Beijing Symposium hosted by the Chinese Medical Association in conjunction with the Citizen Ambassador Program [November 7-19].

Smith, R. W. (1990). Guest observer and participant. The Instilling Goodness Elderhostel, Dharma Realm University (City of 10,000 Buddhas), Talmage, CA [October 15-20].

Smith, R. W. (1990). Letter to Editor regarding possible connection between two reports in 14 December issue. *Science* (submitted).

Smith, R. W. (1991). Prevalence Data Support "Island Theory" of AIDS and "Recessive Function" as Basis for Slowness in Slow Infections. Submitted for presentation at the 7th International Conference on AIDS [Florence, ITALY — June 16-21].

Smith, R. W. (1991). New Ways of Thinking About Immunity: The Example of AIDS A talk to senior citizens at the Redwoods, a senior citizen's residential facility [Mill Valley, CA — April 12].

Smith, R. W. (1991). New Ways of Thinking About Immunity: The Example of AIDS. A talk to participants at an Elderhostel at the Bosch Bahá'í School [Santa Cruz, CA — April 16].

Smith, R. W. (1991). Possible Roles of Selected Viruses in Natural Evolution. Interdisciplinary grant proposal submitted to the National Science Foundation (within Divisions of Biological, Behavioral & Social Sciences), June 15 (submitted).

Smith, R. W. (1991). On the Evolution of Agents of Slow Infections and Their Diseases. Vyskumny Ustav Preventivneho Lekarstva (Research Institute of Preventive Medicine) [Bratislava, CZECHOSLOVAKIA — June 26].

Smith, R. W. (1991). Ethnomethodological Issues Posed by Slow Infections: Some Challenges for Biostatistics. Proposal for a Biostatistics seminar, School of Medicine, Stanford University, Stanford, CA.

Smith, R. W. (1991). Ethnomethodological Issues Posed By Slow Infections: Of What Relevance To AIDS Is The Origin Of HIV? Submitted for presentation at the VIth International Conference on AIDS in Africa [Dakar, SENEGAL — December 16-19].

Smith, R. W. (1991). Are We the Guards or Gods of Our Futures? A talk to participants at an Elderhostel at the University of California [Santa Barbara, CA — September 10].

Smith, R. W. (1991). Are We the Guards or Gods of Our Futures? A talk to participants at an Elderhostel at the Bosch Bahá'í School [Santa Cruz, CA — October 17].

Smith, R. W. (1991). AIDS and Slow-Acting Infections: The Past and The Future. Lecture in the Basic Science Lecture Series (New Developments in AIDS), Institute for Advanced Study in Human Sexuality [San Francisco, CA — October 18].

Smith, R. W. (1991). AIDS Update. Lead-off lecture for National Radiological Technologists Week, Department of Radiology, District of Columbia General Hospital [Washington, DC — November 4].

Smith, R. W. (1991). Ethnomethodological Issues Posed by Slow Infections: Some Challenges for Biostatistics. Workshop in Biostatistics, School of Medicine, Stanford University [Stanford, CA — November 7].

Smith, R. W. (1991). Ethnomethodological Issues and Axiomatic Features Pertaining to Agents of Slow Infections. Informal presentation to the Division of HIV/AIDS, Centers for Disease Control [Atlanta, GA — November 25].

Smith, R. W. (1992). Twelve Near-Axiomatic Features Of Slow-Acting Infections and Transmissible Agents Causing Them. Submitted for presentation at the VIII International Conference on AIDS / III STD World Congress [Amsterdam, The NETHERLANDS — July 19-24].

Smith, R. W. (1992). Methodology, Ethnomethodology and Politics in Research on Slowly Progressive Transmissible Diseases: Some Fundamental Challenges for the Conduct of Science. *The Chronicle of Higher Education* (submitted).

Smith, R. W. (1992). Evolution and Sustainability: I (Physical and Biological Issues). A set of four lectures presented at the Gatekeepers to the Future "Future Intensives" Elderhostel at Mount Alverno [Redwood City, CA — April 19-24].

Smith, R. W. (1992). Evolution and Sustainability: II (Social and Cultural Issues). A set of four lectures presented at the Gatekeepers to the Future "Future Intensives" Elderhostel at Mount Alverno [Redwood City, CA — April 26 - May 1].

Smith, R. W. (1992). On the Design and Conduct of Research in Transpersonal Psychology. Presented at the Institute of Transpersonal Psychology [Menlo Park, CA — May 13].

Smith, R. W. (1992). *Recessive Function* as a Possible Basis for Slowly Progressive Sequelae in Huntington's and Other Slowly Progressive Diseases: An Exploratory Analysis. A Proposal to the Bess Spiva Timmons Foundation.

Smith, R. W. (1992). Distinguishing Persistent Virus Infections from Slowly Progressive Infections. Submitted for presentation at the Second International Symposium on Immunobiology and Pathogenesis of Persistent Virus Infections [Savannah, GA — October 24-28].

Smith, R. W. (1992). Evolution and Sustainability: III (Individual and Personal Issues). Lectures at Gatekeepers to the Future Elderhostel [Redwood City, CA — November 15-20].

Smith, R. W. (1993). Comparisons and Predictive Capacities of Various Models of HIV Transmission and Pathogenesis. Submitted for presentation at the IXth International Conference on AIDS (in affiliation with the IVth STD World Congress) [Berlin, GERMANY — June 6-11].

Smith, R. W. (1993). Mechanisms of Slowness and Progressiveness in Infectious and Genetic Diseases. Submitted for presentation at the IXth International Conference on AIDS (in affiliation with the IVth STD World Congress) [Berlin, GERMANY — June 6-11].

Smith, R. W. (1993). On Mechanisms of Slowness and Progressiveness in Slowly Progressive Processes. Submitted for presentation at the New York Academy of Sciences Conference on "Slow Infections of the Central Nervous System: The Legacy of Dr. Björn Sigurdsson" [Reykjavik, ICELAND — June 2-5].

Smith, R. W. (1993). Evolution and Sustainability: IV (Race, Ethnicity and Gender Issues). Lectures at Gatekeepers to the Future Elderhostel [Redwood City, CA — April 11-16].

Smith, R. W. (1993). New Ways of Thinking. Lecture at Center for Studies of the Future Elderhostel (Santa Barbara, CA — May 10).

Smith, R. W. (1993). *Recessive Function* as a Possible Basis for Slowly Progressive Sequelae in Slowly Progressive Diseases: An Ongoing Exploratory Analysis. Grant Proposal submitted to the Syntex Corporation.

Smith, R. W. (1993). *Recessive Function* as a Possible Basis for Slowly Progressive Sequelae in Huntington's and Other Slowly Progressive Diseases: An Exploratory Analysis. A Final Report to the Bess Spiva Timmons Foundation.

Smith, R. W. (1993). Anticipating Evolution. Lecture at Center for Studies of the Future Elderhostel [Ventura, CA — August 10].

Smith, R. W. (1993). A Letter to the Editor. *Discover* Magazine (submitted).

Smith, R. W. (1993). Viral Activation, Capture and Tissue Transformations Using Aryloxyisobutyric Acids and Fibric Acid Derivatives. Patent pending.

Smith, R. W. (1993). Genetic Prospecting: A Process of Browsing for Homologically Relevant Structural and/or Functional Information. Patent pending.

Smith, R. W. (1993). Can Fibric Acid Derivatives Activate Human Papilloma Viruses? ... Broad Implications for Sexually Transmitted Diseases! *The Lancet* (submitted).

Smith, R. W. (1993). HIV *'tat'* Gene is Homologous with Regions in HSV and EBV Suggesting Possible Basis for Synergism. Submitted for presentation at the Tenth International Conference on AIDS (in affiliation with the International Conference on STD) [Yokohama, JAPAN — August 7-12, 1994].

Smith, R. W. (1993). Evolution and Sustainability: Is It an Error, Wrong or Do We Fail to See? Lectures at Gatekeepers to the Future Elderhostel [Redwood City, CA — November 8-12].

Smith, R. W. (1993). Human Genetics. Lectures at Center for Studies of the Future Elderhostel [Santa Barbara, CA — December 6-10].

Rolle, S. K. & Smith, R. W. (1993). "Outrageous Women" with Sojourner K. Rolle: A Conversation with Roulette Wm. Smith, PhD. Produced at KCTV, Public Access Television Studio [Santa Barbara, CA — December 6].

Smith, R. W. (1994). Modeling Molecular Mechanisms of Long-Term Memory: Revisiting and Rethinking Roles and Implications of HIV in the Acquired Immunodeficiency Syndrome. Presented at the 10th annual meeting of the western regional chapter of the Alternative Natural Philosophers Association [Stanford, CA — February 19-21].

Smith, R. W. (1994). Manufacturing a View of Reality — Role of Media: AIDS and the Media. A talk to participants at an Elderhostel at the Bosch Bahá'í School [Santa Cruz, CA — April 12].

Smith, R. W. (1994). Manufacturing a View of Reality — Role of Media: The Media and Health Delivery. A talk to participants at an Elderhostel at the Bosch Bahá'í School [Santa Cruz, CA — April 13].

Smith, R. W. (1994). **Why Should I Wait?** A Collection of Essays on Technological Futures and Human Values. Palo Alto, CA: Humanized Technologies, Inc. (in preparation).