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THE WHITE HOUSE

WASHINGTON

July 26, 1994

Marc Satz
6 Straut Drive
Spring Valley, New York 10977

Dear Mr. Satz:

Thank you for sharing your song "Love Kills" with me. As National AIDS Policy Coordinator, I appreciate your interest in the fight against HIV/AIDS. Your taking the time to share your song with me clearly shows your dedication to the eradication of this disease.

I would like to encourage you to continue in your labor, we need more interested Americans like yourself. I would also like to encourage you to develop songs that will work with your local community and let me know of your progress. I would be interested to hear of additional steps you take.

Thank you again for sharing your song with me. I wish you continued success in your endeavors.

Sincerely,

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

Marc Satz (914)356-3978
#6 Straut Drive
Spring Valley, N.Y. 10977

Dear Ms. Gebbie,

I sincerely hope this package gets through to you. This letter and included feature article about myself and my work should help explain the meaning of this communique.

I teach a vocal music and television production program at a residential treatment facility in Pleasantville, N.Y., Westchester County.
Being a musician and composer, I understand the importance that songs have in communicating messages and emotions to youngsters from the 50's through to the 90's.
Unfortunately, most of today's music ("rap" in particular) is negative and decadent and is contributing to an already disintegrating hopelessly lost generation!

Also, I have never heard a "pop" song (of true integrity), dedicated to the cause of A.I.D.S. awareness.
I have set out to write and record a "rock ANTHEM" to help spread the message amongst the "POP CULTURE;" namely, our youth.

In my vocation, I work, daily, with hard-core inner city incorrigible teens. Not only has this song been accepted amongst our school's population, but even the most "die-hard" of the bunch has seemed to have been effected, quieted down and become introspective upon hearing it.

I hope you can take the time to give this song a "listen" (lyric sheet provided) and possibly submit it for consideration in representing your (and OUR) cause - to fight A.I.D.S. by increasing awareness through education - as well as enculturation!

THANK YOU!

Sincerely,
M. Satz
Marc Satz

LOVE KILLS (a song about A.I.D.S.)

music & lyrics by Marc Satz, Copyrighted with Library of Congress, Wash., D.C.

1. WHEN I THINK OF ALL THE WONDROUS THINGS
2. THAT A TRUE LOVE CAN BRING.
3. MAKES YOU SEE FLOWERS THOUGH IT'S NOT SPRING.
4. IN SILENCE YOU STILL HEAR BIRDS SING..... BUT I KNOW, YES, I KNOW...

orus)

5. LOVE KILLS, SO YOU BETTER BE SMART, AND
6. EVEN THOUGH LOVE KILLS, YOU CAN'T DENY YOUR HEART.
7. SIT STILL, SO YOU CAN LEARN YOUR PART.....
8. WE'VE GOT TO TAKE A VOW, STOP SPREADING AIDS NOW.....

9. A COLD WIND'S BLOWING THROUGH THE TOWN
10. SINCE YOU'RE NO LONGER AROUND.
11. AND I DON't KNOW JUST WHAT YOU DID, AND WHO WITH
12. BUT IS IT WORTH IT NOW.....

orus)

13. LOVE KILLS, YOU BETTER TAKE SOME ADVICE
14. LOVE KILLS, THINK ABOUT IT TWICE.
15. UNTIL, THERE'S A CURE, WE'RE ALL ON THIN ICE.
16. WE'VE GOT TO TAKE A VOW, STOP SPREADING AIDS NOW.....

STOP SPREADING AIDS NOW.....

SYRACUSE GETS PAST SETON HALL / SPORTS, D1

S&L BAILOUT
Taxpayers, healthy thrifts to foot bill
Business, B4

PICTURE DETAILS
The Rockland of old lives on
Living, C1

TAPPAN ZEE BOWS
Rye catches Dutchies, tops poll
Sports, D1

The Journal-News

TONIGHT: Partly cloudy, lows 15-20
TOMORROW: Increasing cloudiness, highs in mid 30s

Tuesday, February 7, 1989 | **A Gannett Newspaper Serving Rockland County** | 35 Cents

MUSIC TECHNIQUES AND SPECIAL EDUCATION

The Journal-News/Diane Stevenson

Residents at Edenwald, a residential treatment center in Pleasantville for intellectually limited and emotionally disturbed youngsters, with music teacher Marc Satz, right, of New Hempstead. Monique, Ronald and Lee have cut two records at a Spring Valley studio and have made a video as part of their music therapy.

County resident's commitment to make kids succeed

"Ours is a lower launching pad. Our rocket will not go as high, but that the rocket goes at all is tremendously meaningful."

— Marc Satz

Marc Satz is a committed man.

Committed to his wife and son, his music and, with almost evangelical fervor, to his kids at Edenwald.

Edenward, a residential treatment facility located in Pleasantville, works with 100 youngsters who are "intellectually limited and emotionally disturbed."

Satz, a 35-year-old New Hempstead resident, has worked at Edenwald for more than eight years as a music teacher, specializing in vocal and instrumental special education music techniques.

"Music may not just be the lofty pursuit attainable only by those who are intellectually equipped to do so under traditional means," he said. "Who is to say that one approach is more or less viable than another? What I'm trying to do, what we're all trying to do, here at Edenwald, is teach these youngsters the dynamics of self-esteem."

Born in the Bronx, Satz graduated from William H. Taft High School and received his bachelor's in music education from Lehman College in 1975. He also has a master's in music education/composition from C.W. Post at Long Island University, obtained in 1983.

RICHARD GUTWILLIG
ROCKLAND'S COLUMNIST

Satz and his wife, Vicky, and their 5-year-old son, Adam, have lived in New Hempstead for four years. Before coming to Edenwald, he spent two years at Rockland BOCES working in special education.

"Working with these special children, you learn from them to appreciate what they don't have," said Satz. "Kids with limited mental abilities and emotional problems strip away any sophistication you might have. They are the milk of human kindness and you return that."

Much of Satz's work is innovative in theory, practice and use and modification of equipment. He has designed recorders that are keyed to colors. Similar color codes are used with a set of bells and Satz has designed a special violin, also color keyed.

"I use a multi-faceted approach because each child is different. My techniques also help youngsters learn hand-eye coordination, colors, numbers, letters and group dynamics," Satz said.

Edenwald occupies a 23-acre campus in Pleasantville and is part of the Mount Pleasant Cottage School District. A division of Jewish Child Care Association of New York, the facility is multi-racial and multi-ethnic with no entrance restrictions. Youngsters from 6 to 16 are referred to Edenwald from the courts, families, hospitals, probation departments, mental health facilities and other social and special service agencies.

"Edenwald becomes a safe haven for them. Our population represents a true cross section of New York City," said John Langseder, Edenwald's assistant director. "The length of stay is usually about two years. If we've done our job well, then they can go home, providing there has been intensive family work. Otherwise, some will go into adult custodial care, others to group homes. And, we're

Please see *GUTWILLIG*, back page

always looking for adoptive homes."

At Edenwald, music and all the arts are educational and recreational ways of getting youngsters to work in a group and as a group.

"Marc has been able to do that with these kids," said Langseder. "His use of modern technology, his patience, his enthusiasm, his love, have all combined to make these kids succeed beyond our wildest expectations."

In December, Satz brought five of his kids to Reel World Music Studios in Bardonia. After months of practice, months of laborious work to make everything just right, the kids were ready to cut a record. Not just any record, mind you, but a full-fledged, multi-tracked, electronically enhanced record.

With Monique as lead singer, Lee on drums, Mykle as the bassist and Satz on keyboards and synthesizer, the quartet cut its disc. A second recording — the Edenwald School song — featuring Ronald on vocal and Oassie on drums, was made as well.

More than two hours of video captured the pre-recording work and the sessions. The tapes will be edited to make a music video that Satz hopes to get aired on local television outlets in Westchester and Rockland. He also plans to make the recordings available to local radio stations.

Monique, a 16-year-old youngster who has spent two years at Edenwald, said, "Mr. Satz is pretty cool. I came a long way with him. When I came here, I didn't want people to hear me sing. I like to sing and I pray one day I'll be a singer. I keep trying, thanks to Marc. He's very special."

Lee, a 14-year-old drummer, has also been at Edenwald for two years.

"In 1986, I asked if I could play drums and Mr. Satz said I could," Lee said. "I just get better and better. Mr. Satz is cool, man, you know, he's OK.'

Ronald has been at Edenwald for four years. At 22 years old, he's about ready for the next stage in his life.

"I've been singing quite a long time and I've also gotten better, thanks to Mr. Satz. It was my idea to include the violin sound on the recording of the school song. It's a good song."

Marc Satz smiled as he listened to the tapes of the recording sessions and watched the video play. He smiled as he watched his musicians follow along.

He smiled, knowing full well his kids had launched their own rockets. Perhaps not as high as other kids, but high enough.

"I want to write more songs and maybe a show, but I'll never leave these kids," he said. "There's no money in the world that could provide me the rewards these kids do. These youngsters make you appreciate what you have. It's simple and the love shines through."

Three years ago, Marc Satz wrote the school song. It wasn't easy. The words had to have meaning for the youngsters of Edenwald. Words they could understand, words they could appreciate in their own limited ways. Words that would convey the essence of Edenwald.

Here are those words:

"Entering your golden doors to find our roads in life. You'll be ours forever more, shed your guiding light. Edenwald, oh Edenwald, love is what's involved. Edenwald, oh Edenwald, problems getting solved. Working hard with lots of friends, teachers, counselors, too. Working toward a better end, helping me and you. Edenwald, oh Edenwald, every boy and girl. Edenwald, oh Edenwald, people of the world."

Richard Gutwillig's column appears Sunday, Tuesday and Thursday.

THE WHITE HOUSE

WASHINGTON

July 27, 1994

Mr. Jonathan C. Stallins
Madison Chapter American Red Cross
3156 Muir Field Road, #205
Madison, Wisconsin 53719

Dear Mr. Stallins:

This is a belated thank you for sharing your concerns about the impact of HIV/AIDS in the African-American community. I agree with you that it is important that every group and community that has been impacted by this epidemic take the steps necessary to prevent the further spread of HIV, to care for those living with HIV/AIDS and to support research efforts to find a cure for AIDS as soon as possible.

According to the statistics of the Centers for Disease Control and Prevention (CDC), approximately 362,000 Americans have been diagnosed with AIDS as of December 31, 1993. Of this number, 30% have been African Americans. When compared with the fact that African Americans comprise 12% of the population, we see that African Americans are over represented in these statistics. Even more problematic is the fact that the proportion of African Americans in the HIV/AIDS statistics is increasing, with 31% of the new cases of AIDS reported in 1993 being among African Americans.

This over representation of African Americans, and of people of color in general, is due to many reasons, including lack of access to care, lack of access to health promotion services and information, lack of economic opportunity and racism. All of these forces combine to make HIV/AIDS a major problem for communities that have been traditionally subjected to discrimination. In order to impact on this epidemic, individuals and communities must come together to bring about an end to the epidemic.

I apologize that I was not able to respond earlier to your letter. I am encouraged by the work that you are doing to bring together leaders in your community. I am particularly encouraged by the work you are doing with religious and spiritual leaders within your community. I believe that religious communities comprise one of our most important allies in our work.

Although I will not continue in my current position past August 2, I want to assure you that this Administration is committed to working with individuals and communities to tackle the many difficult issues we face in this epidemic. I wish you success in your many coming endeavors.

Thank you again for sharing your concerns with me.

Sincerely,

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

Carlos Hughley Rush

3156 Muir Field Rd. - 205
Madison, Wisconsin 53719
May 1, 1994

The Honorable Kristine Gebbie
AIDS Policy Coordinator
Department of Health and Human Services
Washington, D.C.

Dear MS. Gebbie:

There has been little or no responce from the African American leaders here in Madison to the AIDS epidemic although, as you know, statistics show that in the United States AIDS is the number one cause of death to African American males age 22 to 44, and the fourth cause of death to African American females of the same age group. I fear that in the near future our community will suffer dearly for this denial; the message is heard, but few seem to listen.

I appeal to you, asking for your endorsement to the upcoming Red Cross presentation to

be held May 17, 1994.

Ms. Debbie, I am truly dedicated to this effort, and I feel assured that together we - the HIV/AIDS instructors and educators, the city, county, state and national leadership - can make a difference in our community.

It is only through committed action, education and outreach that the ever-increasing statics of this insidious epidemic can be reduced until a solution can be discovered. Indeed, every death from this epidemic diminishes all of us.

Thank you for your consideration and support.

Sincerely,

Jonathan C. Stallins
Madison Chapter American Red Cross
HIV/AIDS Instructor

HIV/AIDS and the African American Community

Over history and time, religious and social institutions have served as a pivotal force within the African American communities.

Developing leadership and acknowledging unique communication needs are now critical for African Americans.

Strengthening alliances with religious and social institutions for the goal of providing compassion and saving lives through effective HIV/AIDS education is crucial.

Leadership and communication through personal and professional networking represent critical elements in the development of any disempowered community. Among the communities dealing with HIV/AIDS, few have deeper and less understood leadership and communications roadblocks to overcome than the African American community.

To non-judgementally explore those challenges and some of the accomplishments in facing them, let us join together for the opportunity to share ideas, concerns, strategies and lessons learned in order to enhance HIV/AIDS outreach and education efforts throughout Madison's African American religious and social communities.

Date:Tuesday, May 17, 1994
Time:6:30 - 8:30 P.M.
Place:Madison Chapter American Red Cross
4860 Sheboygan Ave., Madison, Wisconsin

Contact: Marge Sutinen or Marian Goss 233-9300 ext. 247

See Agenda on back

Agenda

6:30 - 6:40	Introduction:	Karen Johnson, Coordinator Wisconsin Department of Health HIV/AIDs Program
6:40 - 7:30	Taped telecast:	"HIV/AIDS and the African American Church." Produced by the American Red Cross

Guest Moderator Bev Smith, Black Entertainment Television

7:30 - 8:20 Open discussions/questions and answers

Local Panelists

Karen Catron
Madison Chapter Red Cross HIV/AIDS Instructor
Madison AIDS Support Network HIV/AIDS Speakers Bureau

Terry Fox
Madison Aids Support Network
IVDU Instructor/Counselor

Bruce Hendricks
Madison Chapter American Red Cross HIV/AIDS Instructor
Madison Aids Support Network HIV/AIDS Speakers Bureau

Jonathan Stallins
Madison Chapter American Red Cross HIV/AIDS Instructor
Madison Aids Support Network HIV/AIDS Speakers Bureau

Julie Thompson
Director
Education and Outreach, Madison AIDS Support Network

Black Religious Leaders Declare War on AIDS

Washington, DC — On February 28, black church leaders from across the country met with AIDS Policy Coordinator Kristine Gebbie to discuss the impact of HIV/AIDS on the African American community and to rally support for increased awareness and education about the disease.

"As religious leaders, we have a responsibility to respond with compassion,creativity and competence to the AIDS epidemic," said Bishop John Hurst Adams of the African Methodist Episcopal Church. "We have a direct relationship to our members, their families and friends. We can make a real difference in reaching out to raise awareness about HIV/AIDS in our communities and what persons and institutions ought to do."

AIDS is taking a tragic toll in the African American community. In the past decade, AIDS has become the second leading cause of death among African American men and women between 25-36 years old. In 1994, one African American per hour will die of AIDS.

The religious leaders will lobby to ensure that HIV prevention efforts are designed in a way that is most effective and culturally sensitive to the needs of the African American community.

IN STEP ▾ March 10-23, 1994 ▾

THE WHITE HOUSE

WASHINGTON

July 27, 1994

Mr. E. Fred Weiss
Health Management
1655 E. Sixth Street # B1
Corona, CA 91719-1719

Dear Mr. Weiss:

Thank you for sharing your thoughts on HIV and AIDS prevention with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV. I am encouraged by the interest of individuals on the complex issue of HIV/AIDS prevention.

In your letter you propose that I.V. drug users, prostitutes, homosexuals and inmates be tested for HIV. In addition, you propose that HIV/AIDS testing and screening be a must for insurance purposes, marriage licenses, employment, sexual partners, and international travel. While containment of the epidemic may be facilitated by the knowledge of who is infected, obtaining this information through mandatory testing is not desirable. Extensive research has demonstrated that it would be more effective to improve the nature of the prevention messages that we are delivering to the populations at risk rather than trying to limit their civil liberties or impose on their right to privacy.

This Administration is committed to protecting the lives and rights of all Americans, regardless of race, creed, gender, age or sexual orientation. In order to guarantee the safety of all Americans it is imperative that we understand that as Americans we are all entitled to equal protection under the American flag regardless of HIV status.

While in the near future I will no longer hold the position of National AIDS Policy Coordinator, this Administration will continue to be committed to the goal of stopping the spread of HIV, caring for those who are already ill and finding a cure as soon as possible while at the same time respecting the rights of all involved.

I would like to thank you again for your input.

Sincerely,

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

DEPARTMENT OF HEALTH
WASHINGTON DC
AIDS COORDINATOR
KRISTINE M. GEBBIE
WASHINGTON, DC.
DISTRICT OF COLUMBIA

Carlos draft
reps

April 13, 1994

Dear Ms. Gebbie:

I read with interest your " ACTION AGENDA FOR AIDS" in the L.A. TIMES dated 4/13/94. Among your goals were : a. National HIV/AIDS research. b. Early intervention information. c. Update of information on HIV/AIDS management. d. An array of HIV preventive services. e. A safe blood supply. As indicated in the L.A. TIMES article, AIDS groups complained that the plan was woefully lacking in both action and specifics in order to confront the spread of AIDS.

I work in the health field and I have seen at first hand how the AIDS epidemic has ravaged the American public. In fact we in the health industry know the federal government has concealed the true extent of the AIDS epidemic. An AIDS victim dies every eleven minutes in the USA and every three minutes worldwide. It is for this reason ~~reason~~ I was compelled to write to you in proposing a RADICAL plan of attack for AIDS CONTAINMENT. AS FOLLOWS:

1. Extensive HIV/AIDS TESTING AND SCREENING is a must for INSURANCE PURPOSES, MARRIAGE LICENSES, EMPLOYMENT, SEXUAL PARTNERS, INTERNATIONAL TRAVEL, BOTH INCOMING AND OUTGOING, etc.
2. HIV/AIDS testing and registering of I.V. DRUG USERS (IDU's) in major cities across the USA.
3. HIV/AIDS testing and registering of prostitutes in major cities across the USA.
4. HIV/AIDS testing of homosexuals--anonymous and confidential.
5. HIV/AIDS testing and screening of inmates in STATE AND FEDERAL PRISON SYSTEMS.

IDENTIFICATION OF HIV/AIDS INDIVIDUALS AND CARRIERS MUST BE DETERMINED AS MANDATED BY REGULATION AND STATUTE BY LOCAL, STATE, AND FEDERAL GOVERNMENTS.

6. DECRIMINALIZE ILLEGAL DRUGS . Place illegal drugs as CLASS II prescriptions, regulated and controlled by the States through pharmacists and physicians. The identified I.V. drug user is provided clean drugs via prescriptions written by physicians and filled by registered pharmacists and regulated by the States on a monthly basis. This accomplishes several things as follows:

a. It entices IV drug users to come forward to be examined by a physician and to recieve a prescription for their drug of choice.

b. It decreases crime related to illegal drug activity, such as importation, dissemination, and possession.

c. It allows monitoring of IV drug use and the monitoring of IV drug users infected with HIV/AIDS.

d. It permits IV drug users to be assisted by health professionals without the fear of prosecution.

e. It permits taxation , regulation, and purchase of illegal drugs through a safe, sane, and sanitary process.

f. frees authorities to pursue other crimes.

7. LEGALIZE PROSTITUTION: Develope "RED ZONES" as in European Cities.

a. Allows HIV/AIDS testing and monitoring of AIDS disease spread by prostitution.

b. Decreases crime and vice related to prostitution.

c. Permits taxation, regulation, and monitoring of prostitution business in a safe , sane and sanitary process.

d. Frees authorities to pursue other crimes.

8. Allow extensive research and development of homeopathic drugs and herbs such as SKINPRO coming out of mainland China, from CHENGDU ENWEI PHARMACEUTICAL COMPANY. This product and several others are antibacterial, antifungal, and antiviral especially against AIDS VIRUS in vivo and in vitro. This drug should be permitted into the USA by FDA and monitored in clinics.

E. Fred Weiss
Health Management
1655 E. Sixth st. B 1
Corona, Ca 91719-1719 909-278-2291

THE WHITE HOUSE
WASHINGTON

July 27, 1994

Mr. F. Thomas Czebatol
148 Belcoda Drive
Rochester, New York 14617

Dear Mr. Czebatol:

Thank you for writing. I'm glad you found "In A New Light" an effective show.

I have shared your letter with the Centers for Disease Control and Prevention. They may be contacting you directly regarding your concerns about education on "French kissing".

Sincerely,

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

cc: Dr. James Curran

July 13, 1994

Office of Aids Policy
750 17th Street NW
Washington, DC 20050

Dear Ms. Debbie,

I was very impressed with the presentation of "In A New Light" which appeared on National Television on Sunday, July 10, 1994. It was encouraging that the program showed that Aids is not merely a disease of the Gay Community.

I have been diagnosed as HIV Positive since September 1991. I would like to document the fact that I did not receive the disease through unprotected sex. All of the advertisements and comumentaries on the subject state that you cannot get Aids through kissing. This fact is true, however, there has never been any mention of Deep Thorat, "French Kissing".

I had been a friend to a person who was diagnosed with Aids. This person had bleeding gums. In the course of deep throat kissing I acquired some of the blood into my system.

I feel that it is now necessary to let the public know that one must also be aware of the consequences of "French Kissing.

By way of this letter, I would like to have my situation documented into the possible ways that one can contract the disease.

Very truly yours,

F. Thomas Czebatol
148 Belcoda Drive
Rochester, New York 14617

Copy;

Infectious Disease Unit
Strong Memorial Hospital
Rochester, New York 14642
Att: Mrs. Johanna Grimaudo M.S. RN, C

JUL 27 1994

THE WHITE HOUSE

Dear Shirley —

I'm glad we had time to meet today. I've been impressed with your work at SSA, and hope that the ideas I shared on work with the HIV community are helpful. If I can be of any help, let me know —

Kristine

July 28, 1994

MEMORANDUM TO ALL AGENCY & DEPARTMENT HEADS

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

SUBJECT: AIDSWALK DC

AIDSWALK is a fundraising event benefitting the Whitman Walker Clinic and other HIV/AIDS service organizations. It will be held on September 24, 1994. The Office of Personnel Management (OPM) has given approval for the organizers of AIDSWALK in Washington, DC to fund raise within the Federal workplace for their event during the month of August 1994 only.

AIDSWALK is an extremely important local event which supports HIV prevention, research and services for our neighbors, colleagues and families.

More information on AIDSWALK can be obtained from John Miles at (202) 797-3508. If you have any other questions on HIV, please feel free to contact the Office of National AIDS Policy at (202) 632-1090.

Please join in making this effort a success.

THE WHITE HOUSE

WASHINGTON

July 28, 1994

Rosemary B. Dluhy
2233 39th Place, NW
Washington, DC 20007

Dear Ms. Dluhy:

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

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

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

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

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

Sincerely,

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

Dear Ms. Gebbie,

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

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

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

Sincerely,

Rosemary B Dluhy

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

THE WHITE HOUSE

WASHINGTON

July 28, 1994

Dr. Jian-hua Li
Psychiatrist
Yunnan Institute of Drug Abuse
46 Da-Guan Road
Kunming, 650032
Yunnan Province
P.R. China

Dear Dr. Li:

Thank you for sharing the two articles, "Prevention of AIDS in China" and "Community-Based Approaches to Drug Abuse Demand Reduction". I enjoyed learning of your continuing efforts, and will share the material with my colleagues.

My best wishes to you and all of those working to stop the spread of HIV in China.

Sincerely,

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

云南省药物依赖防治研究所

With Compliments of

Jian-hua Li

JUL 19 1994

Prevention of AIDS in China

by Wan Wenpeng, Li Jianhua and Zhu Hua*

China is one of the countries which can be proud of low incidence of AIDS. By the end of 1992, only 932 HIV carriers had been found in China. Of the 932 HIV carriers 11 developed AIDS; of the 11 AIDS patients 9 have died. Out of about 14 million HIV carriers in the world, only about one thousand are in China; out of about two million AIDS patients in the world, only a little more than ten are in China. Taking into consideration the Chinese population which is one fourth of the world's total, we can say that the HIV carriers and AIDS patients in China form only a very small proportion of the world's total.

One point that should be emphasized is that the HIV carriers in China are not evenly distributed throughout the country, but are mainly found in Yunnan Province in which 723 cases of HIV infection are reported, accounting for 77.6% of the total in China (723 against 932). But in Yunnan,

*Address: Wan Wenpeng M.D. Profssor of psychiatry
Yunnan Mental Hospital
Kunming 650224
Yunnan Province
P.R. China

699 cases of HIV infection are found in Dehong Prefecture, accounting for 96.6% of Yunnan's total(699 against 723). in Dehong Prefecture, 463 cases of HIV infection are found in Ruili, accounting for 66.2% of the total in the prefecture (463 against 699).

Yunnan Province lies in the southwest of China with a frontier line of more than 4,000 Kilometers, Bordering on Vietnam, Laos and Burma. Dehong Dai and Jingpo Nationalities Autonomous Prefecture is a border region in the southwest of Yunnan Province. It is close to the infamous "Golden Triangle". In the 1980s, because of China's policy of reform and opening to the outside world, the intercourse of Yunnan with the neighboring countries increased. Ruili City is the most important trading port of Dehong Prefecture; therefore it is most strongly influenced by foreign countries.

In the 1980s, owing to bad foreign influences, heroin abuse occurred in Ruili City and in the whole prefecture. Some young people of minority nationalities in Dehong learned the intravenous drug use from the intravenous drug users abroad and shared needles with them.

In 1989, the first cases of HIV infection in China were found among the intravenous drug users in Ruili City. From 1989 to 1990, we collected 416 serum samples from the intravenous drug users in Ruili and detected HIV positive in 273 , 65.63% of all the samples. All these cases of HIV

infection have a history of needle sharing. For example, 7 intravenous drug users in Bandong Village often shared needles before, HIV positive was detected in their blood samples. In Handeng Village, 15 of the 30 opioid users are HIV positive carriers who also have a history of needle sharing. In contrast, all the blood tests for HIV on the other opium users who had never used a needle showed a negative result. We also collected 1,005 blood samples from the opium and heroin smoking addicts in Ruili and detected HIV positive in 32, 3.18% of all the samples. We reckoned that the HIV infection of the 32 cases was caused by needle sharing because they occasionally used drugs by means of intravenous injection.

During the same period (1989 -1990), we also tested the blood samples of many other people who did not use drugs, including 290 medical personnel, 280 people in service industries, 343 prisoners, 34 blood donors and 141 hospital patients etc. No HIV positive was detected in any one of the blood samples. From 1989 to 1990, we altogether tested blood samples of 2,926 people and detected 320 (10.94%) HIV positive carriers who were all drug users. On the basis of our discoveries, we concluded that the spread of HIV infection in Ruili City was caused by the needle sharing in intravenous drug use.

But later we discovered cases of HIV infection through sexual intercourse. After we repeatedly tested the blood

samples of the wives of some male drug users infected with HIV positive in Ruili City, we found HIV change from negative to positive in two cases in 1990, in 4 cases in 1991 and in 8 cases in 1992. So far, we have not found a case of infection carried by the mother to the baby.

The number of cases of HIV infection has increased year by year. By 1992, 463 cases had been reported in Ruili City alone. As we extend the scope of our survey, we shall find more cases. So the problem of AIDS is serious in some frontier areas of Yunnan.

In the frontier areas of Yunnan, HIV infection is mainly spread by needle sharing in intravenous drug use. Therefore, we must combine the prevention of AIDS with the prevention of drug abuse. The ESCAP program of drug abuse prevention in communities also includes the prevention of AIDS. In dealing with the drug users infected with HIV positive, we put the stress on educating them to change their way of life. First, we tried to make them stop sharing needles and give up intravenous drug use. Then we tried to rehabilitate them by giving them special treatment. At the same time, we warned them against spreading AIDS through sexual intercourse and introduced condoms to them. Owing to the publicity and education in the experimental

communities, the spread of HIV infection there has been checked.

In the frontier areas of Yunnan inhabited by minority nationalities, the prevention of AIDS is an arduous task. First, we must try to stamp out the practice of intravenous drug use and needle sharing , and further strengthen the prevention of drug abuse in communities. Second, we must try to popularize the practice of condoms because HIV infection is easily spread through sexual intercourse. According to a survey we made in Ruili, only 2.3% of the adults interviewed had the experience of using condoms. In fact, condoms are rarely used as a means of contraception in the frontier areas inhabited by minority nationalities. Moreover, many people there have extramarital sexual partners. 15% of the adults interviewed acknowledged having more than one sexual partner. This situation fosters the spread of HIV infection through sexual intercourse. So far, we have not yet investigated HIV infection through prostitutes and homosexuals who also exist in Yunnan.

The survey we made in Ruili also shows that the local residents of minority nationalities lack knowledge of AIDS. But on the other hand, they are blindly sure of themselves. 61.7% of the residents interviewed firmly believe that they will not be infected with AIDS.

The educational level of the minority nationalities in Yunnan is low. Most of them do not understand Chinese. The mass media such as TV, radio and newspapers do not have much influence on them. Therefore, we must formulate a practicable propaganda and education program to make the local residents alive to the danger of AIDS.

At present, more and more tourists and businessmen are coming to Ruili and other parts of Yunnan Province. So we must also warn them of the danger of AIDS and heighten their consciousness of self-protection.

Though the problem of AIDS is not serious in China as a whole, it has aroused deep concern of the Chinese government. The government is fully aware of the danger of AIDS to people's health, to society and to the economy.

Now China's public health organizations at various levels are staffed with trained AIDS prevention personnel engaged in public health administration, supervision, guarantee, propaganda, treatment and scientific research. Those coming from abroad or going abroad are subjected to rigorous guarantee to prevent the spread of AIDS. China combines education with severe punishment in dealing with the problem of AIDS. On the one hand, we use the mass media to make the public alive to the danger of AIDS; on the other hand, the police force cracks down on drug dealing,

drug taking and prostitution in order to eradicate AIDS.

Faced with the challenge of AIDS, we look forward to international cooperation.

P.S. In June 26, 1993, The Chinese Ministry of Public Health announced that there were 1,106 cases of HIV infection in China Among them, 14 cases had already developed to AIDS disease 10 AIDS Patients had already died. In Yunnan Province, the HIV infection cases increased from 723 to 899.

Community-Based Approaches to Drug Abuse Demand Reduction

Li Jian-hua, Zhu Hua and Wan Wen-peng of Yunnan Institute of Drug Abuse

Shi Qing of Ruili City's Public Health Bureau

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1993

Unhealthy styles of living, drug abuse and AIDS are closely related. Alcohol and cigarettes can not only harm the health and social function of the user, but also lead to the use of illegal drugs. (1)

Intravenous drug users often share needles and have unprotected sexual contacts. therefore, they are vulnerable to AIDS and are potential AIDS transmitters. By September 1989, 21,188 HIV cases were reported among intravenous drug users in America, accounting for 21% of all AIDS cases in the country. Of the 9,724 women infected with AIDS 51% were intravenous drug users and 19% were sexual partners of male intravenous drug users. Of the 1,859 children AIDS cases, 58% had mothers who used drugs through intravenous injection or who were sexual partners of male intravenous drug users. Intravenous drug use is the main vehicle by which HIV is transmitted to adult sexual partners and children. (2) (3)

In Yunnan Province, China, of the 723 cases of HIV infection detected, more than 90% are intravenous drug users. In Kunming City, an investigation of 126 heroin addicts, 16 (39.2%) had experience of prostitution before they became addicted to heroin and 36 (87.8%) practised prostitution after they became addicts. Of the 85 male heroin addicts, 74(87.3%) had multiple sexual partners ranging from 2 to 42. (4)

Shows that of the 41 female heroin addicts,

Today community-based intervention in unhealthy habits and health education aimed at the promotion of public health is becoming the mainstream approach to drug demand reduction and AIDS prevention world-wide. In cooperation with United Nations' Economic and Social Commission for Asia and the Pacific (ESCAP), we have selected four rural villages in Ruili City of Yunnan Province, China to implement a three-year community-based intervention project. We hope that

through publicity, education and prevention we can check or reduce the incidence of drug abuse, HIV infection and unhealthy habits such as alcoholism, cigarette smoking and gambling, and eventually promote public health.

Intervention Measures

1. General Survey

Before implementing the project of intervention, we made a general survey in Ruili. We asked 1,975 students (not including the first-year students) in four middle schools in Ruili City to complete a secret questionnaire. Then and there we collected 1,916 valid questionnaires in all. We also randomly selected 32 villages from among 85 rural villages in two townships under the jurisdiction of Ruili City. In each village, we randomly interviewed 35 persons 14 to 55 years of age. By means of the interviews, we completed 1,084 valid questionnaires. The results of the survey in Ruili are as follows:

(1) In the schools

358 (18.7%) of the students who completed the questionnaire admitted smoking cigarettes. They started smoking at an average age of 15.7+1.7 years old. 74% of the smokers smoked twice a week; 18.7% smokers smoked every day (7 boys and 2 girls smoked more than 10 cigarettes per day).

575 (30%) of the students in the survey admitted having got drunk at least once. They started drinking at an average age of 12.54 years old. Most of them had drunk once or twice within 30 days before the survey. 10 boys and 2 girls admitted that they drank at least once a day. Of the students who drank, 21 (3.65%) drank more than 75 grams of pure alcohol a day. The 21 students (1.10% of all the students in the survey) already showed symptoms of acute alcoholism.

19 (0.99%) of the students in the survey admitted

having used opium. 18 (0.94%) of the students admitted having used heroin.

In answering the multiple-choice question about how AIDS is transmitted, 61.3% of the students chose " through sexual intercourse "; 21.4%, " through kissing "; 8.4%, " through living together "; 42.2%, "from the infected mother to the baby "; 40.2%, "through blood transfusion"; 5%, " through air "; 4.1%, " through handshake "; and 13.2%, " through masquito bite ".

(2) In the villages

Of the 1,084 villages interviewed, 474 (43.7%) smoked cigarettes. Of the 474 smokers, males made up 95.1% and females made up 4.9%. 79.5% of all the male villages interviewed smoked cigarettes. Most of them started smoking before the age of 19 years old. Of the smokers, 52.7% smoked more than 10 cigarettes a day and 38.9% smoked more than 15 cigarettes a day.

51.37% of the villagers interviewed admitted having got drunk at least once. Of the 557 habitual drinkers, males made up 89.5% and females made up 10.5%. 17.7% of the habitual drinkers drank more than 75 grams of pure alcohol a day on the average. 91 (8.3%) of the 1,084 villagers interviewed suffered from alcoholism.

133 villagers (12.3%) admitted having used opium. Of them males made up 89.5% andfemales made up 10.5%. 85 villagers (7.8%) admitted having used heroin. They were all male.

Of those who admitted having used opium, 60.2% had one sexual partner; 15.8% had 2 sexual partners; 7.5% had 3 to 5 sexual partners; and 5.3% had more than 5 sexual partners. 23.3% of them knew how to use a condom, but 66.9% did not. 6.8% of them used condoms in their sexual life, but 83.5% did not.

Of those who admitted having used heroin, 55.3% had one sexual partner; 14.1% had 2 sexual partners; 19.2% had more than 3 sexual partners. 21% of them knew how to use a condom, but 75% did not. 5.9% of them used condoms in their sexual life, but 84.7% did not.

In answering the multiple-choice question about how AIDS is transmitted, 44.3% of the villagers interviewed chose " through sharing infected needles "; 32.1%, " through sexual intercourse "; 14.3%, " through kissing "; 40.7%, " through living together "; 30.8%, " from infected mother to the baby "; 25.0%, "through blood transfusion "; 16.3%, " through air "; 19.8, "through tattooing "; 14.9%, " through handshake "; and 12.8%, " through mosquito bite ".

(3) An In-depth Investigation

Through an in-depth investigation of the four experimental villages for our intervention project, we found that the problem of drug abuse in these villages was serious. Of the 1,688 persons in the four villages, 99 were opium and heroin addicts, making up 5.86% of the total population. HIV carrier was detected in the blood samples of 22 villagers who were all infected through sharing needles with other drug addicts.

The results of the survey show that in rural villages and schools of Ruili, a large proportion of the villagers and students were smokers and drinkers, especially males. Most of them started smoking and drinking in their teens. In the rural villages of Ruili, the problem of opium and heroin dependence is serious. The prevalence of intravenous drug use and sharing needles produced many HIV carriers. Unfortunately, they had little knowledge of how AIDS is transmitted. Only 25% to 61.3% of the villagers correctly answered that AIDS is transmitted in one of the following ways: sharing needles, blood transfusion, sexual intercourse, and mother to baby. On the other hand, 4.1% to 16.3% of the villagers had the misconception that AIDS is spread through

air, handshake, mosquito bite, kissing or living together. The misconception was caused partly by the inappropriate ways of publicity. The media, picture posters and video tapes are mostly in Chinese which most of the local people do not understand, thus causing misconception.

The survey also shows that 28.6% of the opium addicts had more than two sexual partners and that 83.5% of the opium addicts and 84.7% of the heroin addicts did not use condoms. It is obvious that there is a great danger of AIDS virus transmission through sex.

On the basis of the survey, we have decided to formulate and implement an intervention plan with the masses of the local people.

2. Formulation of an Intervention Plan

From September 9 to 14, 1991, a planning workshop for community-based intervention in drug abuse was held in Ruili. 94 people attended the workshop, including leaders at the city, township and village levels, officials from the departments of education and the media, school teachers, village medical men, senior villagers and parents of addicts. We informed the participants in the workshop of the results of our general survey and in-depth investigation, then broke the participants into six groups: school group, village leadership group, publicity group, parents group, treatment group and aftercare group. Each group had discussions about its own concerns and possible solutions to its problems. Finally, the representatives at the workshop made practicable plans for drug abuse prevention according to the conditions of their communities.

3. Project Implementation

The community-based intervention project is planned to be implemented within three years (from September 1991 to September 1994). The project is being implemented by the community residents themselves under our supervision and guidance. We are also responsible for training the community implementation personnel. We conducted two training workshops

on community-based prevention of drug abuse in Ruili City, one from December 18 to 22 in 1991 and the other from June 20 to 26 in 1992. The training covered the following subjects:

(1) Basic knowledge of drug abuse,
(2) Drug-related problems,
(3) AIDS and AIDS-related problems,
(4) Treatment, rehabilitation and aftercare of drug dependents,
(5) AA and NA,
(6) How to organize alternative activities,
(7) Training in prevention skills and community organizational work,
(8) Training in practical execution,
(9) Health education,
(10) Role playing,
(11) Psychodrama,
(12) How to organize all kinds of group activities.

We taught the trainees theory. But we spent more time teaching them practical skills. For example, we taught them how to use locally available resources, such as blackboard, projector, slides, video-tapes and publications, for publicity and education. We demenstrated to the trainees how to use a condom and how to sterilize syringes and needles. We also showed them the harmfulness of alcohol and nicotine by demonstration with simple teaching aids. The trainees performed role-plays and gave a trial speech and demonstration for publicity with our help. In both training workshops, the trainees were divided into 5 groups, each having a specific subject for dissussion. The subjects for the 5 groups were as follows:

(1) How to organize a parents group in a village;
(2) How to organize an aftercare group in a village;
(3) How to strengthen the organization and leadership in a village;
(4) How to treat and rehabilitate drug addicts;
(5) How to provide publicity and health education in a village.

After the first training workshop, the trainees returned to their own villages to implement their intervention plans. They established leadership group, school education group, publicity group, parents group, youth group, treatment group, aftercare group and NA group in their respective villages. Each group made a plan stipulating that the group members meet at least twice a month. When problems arose in their activities, the group members tried to solve them. At the second training workshop, they put forward the problems they could not solve by themselves and discussed how to solve them with other trainees. So our intervention project is going on in a positive cycle of learning, practice, summing-up, evaluation, learning again and practice again.

Mid-term Evaluation

Over the past one year and a half, we made many visits to the experimental villages. We helped each village to establish a leadership group for strengthening drug prevention, a youth group for teaching the young villagers how to prevent drug use and providing them with recreational facilities and activities, a parents group for the parents to discuss how to help their children to guard against drugs, and an NA (Narcotics Anonymous) group for the addicts to receive treatment of detoxification and rehabilitation.

Through the group activities, the villagers are better informed about the problems of drug abuse and AIDS and are concerned about prevention. Their attitudes toward drug users have changed. They used to believe that drug addicts were hopeless; now they make efforts to help the addicts stop using drugs. They used to be horrified by AIDS; now they know proper behavior can prevent this problem. As a result of our efforts, 39.4% (39 out of 99) of the drug addicts in the four experimental villages have given up using heroin; 32.2% (32 out of 99) have had relapses after they were detoxicated, but their dosages have been greatly

reduced; 21.2% (21 out of 99) of the addicts were not given detoxification treatment because they were very old, and take only small dosages of opium; 10.1% (10 out of 99) have moved abroad. Of the 22 HIV carriers, 11 (50%) have given up heroin and have had no relapse, while 10 (45%) of them have had relapses after they were detoxicated. But of the 10 who have relapsed, 8 (80%) have given up using intravenous injections; 2 (20%) occasionally go to Myanmar for injections; 1 (5%) has committed suicide. Now all the addicts are showing better behavior. Theft, drug dealing and violence no longer exist in the villages. In the past one year and a half, only one person was reported as a new drug user, the lowest incidence in the past years. The HIV carriers in these villages have learnt to use condoms which are regularly issued to them. So far, the blood tests of the spouses of the HIVcarriers have not shown HIV infection.

Our Next Stop

In view of the initial good results in the community-based intervention on a small scale, we have decided to expand our pilot intervention project by adding 8 more villages to the project so that we have 12 villages for experiment. We will select 8 villages which have the most serious problems of drug abuse and AIDS infection in Ruili.

The drug abuse epidemic is now spreading in town and cities in China and is gaining momentum. So we are planning to start a community-based intervention and prevention project in some cities in Yunnan Province where the situation is serious.

The past experience has proved that reducing demand for drugs and checking supply of drugs are equally important. (5) Community-based intervention is an effective approach to drug abuse demand reduction. We will keep reporting the development of our community-based intervention in both rural areas and cities. We hope our experiment will ultimately provide our country with a solution to the drug problem.

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THE WHITE HOUSE

WASHINGTON

July 28, 1994

Richard Marlink, M.D.
Executive Director
Harvard AIDS Institute
8 Story Street
Cambridge, MA 02138

Dear Ric:

I had a few minutes and wrote the enclosed as a first attempt to elaborate on how the title Czar was a part of the confusion about my performance as the first AIDS Policy Coordinator. Please share it with your quarterly editor as you see fit, or return with comments.

As I said on the phone, wherever I end up to earn my living in this next phase of my life, I will remain interested in the national effort to halt the HIV epidemic. If there are things on which I can be of help to the Institute, please let me know. I've stuck in a copy of my CV for your information.

My best wishes. It's been a pleasure getting to know you over these months, and I know our paths will cross again.

Sincerely,

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

Enclosures

On being a Czar when there is no Czar

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

August 1, 1994 marks the end of the United States' first year of having a National AIDS Policy Coordinator. It also marks the end of my tenure in that position. Reflecting upon the experiences, some of the most persistent images are associated with the process of explaining an improperly named job to all of those so desperately concerned about the epidemic.

The idea of a national "AIDS Czar" has been discussed for at least a decade, in one forum or another. During the deliberations of the original Presidential Commission on the Human Immunodeficiency Virus Epidemic, on which I served, the idea of a powerful, high-level position to lead and strengthen the national response was suggested by more than one witness and debated in preparing the final report. The notion gained prominence during the 1992 presidential campaign, with candidate Bill Clinton affirming his intention of establishing a White House position to assure an energetic and effective effort to find a cure, curb the spread of the epidemic and care for those infected.

Six months after his inauguration, the President fulfilled his commitment by the appointment of a National AIDS Policy Coordinator. The term "Czar" was not used in the job title or any of the few formal documents created at the time, nor by the

President in introducing me to the nation. It had been used in preliminary briefing documents used during the search process, often in conjunction with critique of the first "drug czar" and the failures perceived to be associated with that office. In fact, that office has undergone many transitions since its creation, and the Director of National Drug Control Policy is rarely referred to as "czar" today.

"AIDS Czar" continues to be used, at least in the print media, to describe the National AIDS Policy Coordinator, perhaps because it fits headlines much better than the proper title. Based on questions and comments received over this past year, the attributes of "czar-ness" which people expected to observe were the authority to re-arrange reporting, budget and management systems within Federal agencies regardless of Congressional mandates or budget structure; and the authority to lobby Congress for increased HIV/AIDS funding regardless of the President's budget request level. Neither of these behavior patterns are consistent with our governmental structure, or with success and tenure within an administration.

Listening to some of those living with the virus, and struggling to face the probability of a short life span, there was even the understandable suggestion of wishing for a Czar magically powerful enough to command the virus directly. It is very difficult to face such an individual with the reality of what a

Policy Coordinator can or cannot do.

This epidemic has been known in the United States for 13 years; for the first 12 years there was a policy vacuum at the highest level. To end that vacuum takes time. While it is possible to quickly fill the air waves with sound bites and pronouncements, really refocusing federal programs and developing coordinated strategies within a widespread national commitment takes time and may not be very visible. Re-framing a national policy on syringe exchange or immigration are excellent examples where quickly and loudly stating a policy preference might indeed be a negative rather than positive force toward the intended long-term goal of ending the epidemic.

There were frequent references and comparisons to the Surgeon General, a position perceived by many as having much more direct authority over agencies and budgets than is actually the case. This long-established position has become the nation's bully pulpit on health matters, regardless of the capacity of the incumbent to make real changes in existing programs or expenditures. The trappings of uniform and rank enhance the apparent stature, and thus media and public attention. The established relationship of the incumbent Surgeon General with the President is taken as further evidence of strength and authority.

It is unlikely that any position created without the explicit involvement of the Congress would have direct authority over staffing or budget, the acts most parallel to "czar-ness" in our system. It is certainly possible that with the collaboration of the President and those at the top of the administrative structure a policy coordinator position can be given visibility and attributed status, and with them the capacity to strongly influence both staff and budget. For anyone to succeed as National AIDS Policy Coordinator, there should be agreement among leaders in the Administration and the HIV advocacy community. There should also be a concerted effort to use, and get the media to use, a title which accurately conveys the expectations. Really make the person a czar, or call the job what it really is, each and every time.

THE WHITE HOUSE

WASHINGTON

July 28, 1994

Mr. Max Norat
Artistic Director/Founder
Thespian Lab Company, Inc.
P.O. Box 723
Pomona, New York 10970

Dear Mr. Norat:

This is a belated thank you for sharing information on Thespian Lab Company, Inc., with me during my last visit to Rockland County. 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. This Administration is devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for young men and women is paramount in this effort.

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. Education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Under those circumstances, it is important to expand prevention messages and programs that we are delivering to populations at risk.

I have shared the information on your letter with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV.

Although I will end my tenure as National AIDS Policy Coordinator on August 2, please rest assured that this Administration is very supportive of activities that will carry the HIV/AIDS prevention message to our young people.

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

Sincerely,

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

cc: Associate Director (HIV), CDC

JUL 28 1994

THE WHITE HOUSE

Dear Lisa —

Congratulations on the arrival of Jessica Camille! I hope you continue to do well, and to enjoy growing together —

All the best —

Hillary