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: 3771

FolderID:

Folder Title:
Pittsburgh Meeting Materials, 8/8-10/93

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	4	3

PITTSBURG'S MEETING MATERIALS

File

CITIZEN'S COMMITTEE ON
AIDS/HIV

October 5, 1993

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

Dear Ms. Gebbie:

Thank you for allowing time in your schedule on Monday to meet with members of the Citizen's Committee on AIDS/HIV. We genuinely appreciated the opportunity to brief you on Cleveland/Cuyahoga County HIV planning efforts. Most of all, we valued the opportunity to gain your insights on the progression and progress of the Committee.

As requested, we will periodically update you on the progress of the Committee. If Cleveland can be of assistance in your work on the national level, please do not hesitate to ask!

Again, thank you for meeting with the Citizen's Committee on AIDS/HIV.

Sincerely,

Ronald A. Stewart
Executive Director

P. O. Box 93357 • Cleveland, Ohio 44101-5357 • (216) 664-2607 • FAX: 664-3501

Jointly convened by the Mayor of Cleveland, Cuyahoga County Commissioners, The Cleveland Foundation, The George Gund Foundation and United Way Services.

File

MICHAEL MONTANI
65 EAST BAYVIEW RD
DENNIS, MA 02638
508 385-6618

Kristine Gebbie
National AIDS Policy Coordinator
THE WHITE HOUSE
Washington, D.C. 20500

EVALUATE
JUL 20 1994

October 5, 1993

Dear Ms. Gebbie,

It is with good news I write you today! Mueller Medical International Inc. (MMI) a Canadian firm is also working to develop their Ozone process for medical cures. MMI is currently finishing Phase 4 of human trials in England for diabetes and other peripheral vascular diseases (PVD) using Ozon-O-Med.

Test results to date are very promising and positive. At a stockholders meeting on September 30, 1993, attended by Joseph O'Keefe of Dennis Mass., it was announced that Ozon-O-Med is expected on market in England for Diabetes and other circulatory disorders by the beginning of 1994. MMI expects to be at the FDA front door in the near future. It is my hope and prayer that you are able to facilitate opening the door. The tests have been completed in good form using FDA protocols.

As you know from previous mailings, Ozone can be used to cure a multitude of medical problems. I do expect Medizone International Inc. (MZEI) to announce the start of human trials in Italy for HIV this month. I will advise when I hear.

It was also good to hear from you on 9/16/93. Today I enclose a copy of the G - Note summer issue an independent third party. This further documentation enforces the efficacy of Ozone. This release will be of great use to Dr. Wykoff. Additional clinical test information can be obtained by contacting David Elsley, President MMI, at (905)827-5255 as well as, Dr. Latino, President MZEI at (212) 421-0303.

It is my hope and prayer that this information will further define ozone therapeutic results for the future approval of what appears to be a much needed cure for a multitude of current day medical problems. My best wishes and prayers are with you Kristine. If I can be of any further help please do not hesitate to call. God Bless You!

Sincerely,

Michael Montani

Michael Montani
CC:

President Clinton	Dr. Lenny Alberts	Dr. Bolton
Hillary Clinton	Rush Limbaugh	Cape Cod Times
Dr. Joseph Latino	David Elsley	Joseph O'Keefe

Encls. Ozon-o-Med equipment flyer, G-Note research publication, Mueller 1992 Annual Report

Mueller Medical
International Inc.

NEWS RELEASE

A.S.E. Symbol: MMI

Dated: September 1, 1993

MUELLER MEDICAL'S BLOOD TREATMENT TECHNOLOGY PROVES SUCCESSFUL IN U.K. CLINICAL TRIAL

Results of a clinical trial conducted in the United Kingdom provide compelling evidence in support of the Company's intentions to market its Ozon-O-Med technology for the treatment of severe vascular disease.

This research confirms that the Ozon-O-Med blood treatment technology causes a significant increase in the body's production of natural regulators of blood circulation. A marked increase in these regulators which relax and dilate blood vessels was observed, under controlled laboratory conditions, in individuals receiving Ozon-O-Med therapy. These regulators play a critical role in the management of vascular disease which afflicts millions of people and which has emerged as the leading cause of death in the United States and Europe.

As a result of these findings, the Company is now well positioned to complete the approval trials necessary to market Ozon-O-Med in the United Kingdom by early 1994, barring unforeseen delays. Now that the foundation scientific research has been completed, the Company intends to report regularly on the progress of further trials in the U.K. and other countries.

Mueller Medical is a Canadian company engaged in the development and commercialization of Ozon-O-Med, a blood technology designed for the treatment and prevention of disease.

For further information contact: David Elsley, President
(416) 827-5255

Mueller Medical International Inc.
2526 Speers Road, Unit 1, Oakville, Ontario, Canada L6L 5K8
Tel: (416) 827-5255 Fax: (416) 827-4224
After October 4, 1993 use area code (905)

VOLUME THREE - #1 - IX

UPDATE, SUMMER ISSUE, 1993

G-NOTE

SPECIAL SITUATION

Published by the G-NOTE Publishing Group of Blink Research Associates Inc.

Telephone (416) 226-3425

Fax (416) 226-3425

MUELLER MEDICAL INTERNATIONAL INC.

Alberta Stock Exchange - MMI - $0.37 ($0.56-0.23)

Recommendation

Despite significant progress in terms of recognition for Mueller's Ozon-O-Med therapeutic system among members of the scientific and medical communities, the financial/popular press to date has not discovered the company yet. As a result, the stock price remains mired in the lower end of its trading range in dull trading. However, once all clinical/scientific studies in the U.K. have been completed and evaluated, and the results announced - assuming these are as successful as preliminary results indicate - investor recognition could broaden considerably. Meanwhile, management assures me that the company has adequate financial resources to complete its present scientific testing and clinical trials in the U.K. and Europe. In my view, the common shares represent a bargain at current price levels for small cap investors in the publicly trading Canadian pharmatech universe. **Accumulate!**

PROGRESS REPORT

Mueller and its Ozon-O-Med technology have received attention in a variety of professional, paramedial/scientific publications since I reviewed the company in April of last year. In addition, the company has issued a few press releases. To my knowledge, these have received little or no attention in the popular/financial press. Three published articles should be of particular interest to investors. In chronological order, these are:

- **Better blood sterilization with ozone**, Bulletin No. 234, Research and Development, Science and Technology, published by Supply and Services Canada (a federal government department), dated September 1992;

- **THE EFFECT OF OZON-O-MED TREATMENT ON BLOOD PLATELETS, A scientific rationale of 0Z0N-O-MED treatment of Peripheral Vascular Diseases**, by Anthony E. Bolton, PhD DSc MRCPath, Research Director, Biomedical Research Unit, Jessop Hospital, Sheffield, U.K., December 1992;

- **Are worry-free transfusions just a whiff of ozone away?** by Albert C. Baggs, BSc, published in the Canadian Medical Association Journal, Volume 148, No. 7, April 1, 1993.

In addition, Dr. Bolton's research has developed important evidence in the area of ozone related increases in the activation of monocytic cells of the blood which are consistent with immune enhancing effects. Over the next eighteen months, Mueller intends to investigate the immune enhancing potential of the Ozon-O-Med technology. Some thirty years of German clinical experience (not scientifically documented) attests to what modern scientific methods are now confirming: that the immune stimulating effects of ozone are indeed potent. Diseases such as Hepatitis B, which afflict over 200 million people world-wide (WHO 1991), may be dramatically limited by this form of therapy. Evidence is also mounting in support of its use in HIV-1 infection, Herpes and possibly Cytomegalovirus infections.

BETTER BLOOD STERILIZATION WITH OZONE, BULLETIN NO. 234

The front page Supply and Services Canada Bulletin article read as follows:

Ozone may soon be used to destroy viruses in donated blood, thanks to researchers at the Department of National Defence (DND) and the Canadian Red Cross Society (CRCS).

Under a $303,943 contract with the Surgeon General Branch of DND's National Defence Headquarters, researchers from the National Reference Laboratory at the CRCS are investigating two ozone sterilization technologies to confirm their reported efficacy in deactivating a variety of potential viral contaminants of blood, including HIV-1 and hepatitis.

Many developing countries cannot afford blood-screening, which costs about $45 for each unit of blood and requires a trained technician.

"If the Canadian military is operating in an underdeveloped part of the world and is cut off from its supplies, we may have to resort to local blood sources," says Major Brian Crowell, Health Services Research Coordinator at DND. "We're looking for a sterilization technique that can be taken to the field, put together on the tailboard of a truck or in a tent, and used to sterilize donated blood quickly and effectively."

Once developed, such a sterilization technique would have applications beyond the military. Dr. Peter Gill, Director of the CRCS's National Reference Laboratory, says ozone sterilization technology could be used in disasters to aid civilian populations.

Ozone gas is produced by passing electricity through pure oxygen. Although ozone is toxic when inhaled over time, at the right concentrations it is highly effective as an antimicrobial. Over 2,000 water purification plants worldwide, including those in Moscow and Montreal, use ozone to decontaminate water.

Researchers are investigating two methods of sterilizing blood with ozone that have been patented by Medizone (Canada) Inc. and Mueller Medical International Inc.

One of these methods (Mueller's) *exposes 10 cm³ of blood to heat (42.5º C) and ultraviolet light. Ozone gas is bubbled in through a tube. The blood foams up alongside the vial, exposing more blood surface area to the light, heat and ozone. Following the treatment, the container is spun to force the blood down.*

The other method uses a hollow fibre system between the ozone and the blood. The membrane separates the blood from the ozone and oxygen. Over time, a pre-determined amount of ozone is absorbed into the blood. The amount of ozone absorbed is measured by subtracting the amount of ozone going back into the machine from the amount that left the machine.

These ozone sterilization methods are easy to operate, quick to perform (from three [Mueller's] *to 60 minutes), and cheap (no more than $15 for each unit of blood).*

Researchers will also investigate ways to combine ozone sterilization and filtration technologies. Filtering the blood to reduce the number of white cells, the site of most intracellular viral infections, means viruses can be deactivated using low levels of ozone. This is preferable to using high levels of ozone, which could change the molecular structure of the blood. For example, the haemoglobin structure may be altered so that it no longer acts as an oxygen carrier.

At low doses, however, there are no known adverse or toxic side effects of ozone sterilization. In Europe, an estimated 350,000 people were treated with ozone between 1980 and 1985. The University of Bonn reviewed these cases in 1986 and reported virtually no side effects of ozone therapy when properly administered.

Test results so far indicate that even low concentrations of ozone are extremely effective at deactivating extra-cellular viruses. In one study, ozone sterilized 10 cm³ of blood containing enough HIV to infect the entire world population 10 times.

Results from Bethesda Naval Hospital in Bethesda, Maryland, indicate that ozone can also be effective against intra-cellular viruses when used in higher concentrations. The ozone seems to destroy only infected cells, exposing the viral material to the gas and ultimately deactivating the virus, all without creating toxicity problems.

HIV research using similar technologies may lead to an "autovaccine" for AIDS patients in which a patient's blood would be treated with ozone and re-introduced. A cure would be unlikely, but the autovaccine may be able to control the infection by boosting the immune system, suppressing virus replication, and re-introducing deactivated samples of all mutant forms of the HIV-1 virus.

Researchers hope that ozone sterilization for blood fractionates such as Factor VIII, a clotting agent given to haemophiliacs, will be available soon. Technologies for sterilizing whole blood may be on the market in a few years. Ozone sterilization technologies may be approved only for emergency blood supplies at first, but if evidence is found that some viruses are not being screened, the treatment may be extended to all blood collections.

"The products of this research have worldwide applications," says DND's Capt. (N) Shannon. "In the right concentration, ozone sounds almost too good to be true. We're trying not to be overly enthusiastic, but the data so far is very compelling."

The above article is particularly interesting for the quality of its source - a Canadian government publication, the sponsors/executors of the research - Department of National Defence and the Canadian Red Cross Society, and naval captain/scientist Michael E. Shannon's conclusion.

PERIPHERAL VASCULAR DISEASE (PVD)

Clinical research into the treatment of PVD is Mueller's primary focus at this time. Millions of North Americans are stricken with this disease - an estimated 3% of all men and 2% of all women over 60 years old. In the U.S., direct annual costs associated with the treatment of PVD and its effects are estimated to be over US$2 billion. In general, vascular disease, due to its impact on the brain, heart, kidneys and extremities, has become the leading cause of death in North America and Europe.

PVD results from the arteriosclerotic narrowing of the small and large arteries in the limbs which causes inadequate blood flow for the metabolic demands of exercising muscles. Its symptoms include increasingly severe pains while in worse cases gangrene may develop, requiring amputation. PVD by itself is normally not fatal. However, some 95% of PVD patients also have coronary artery disease, clinically significant in an estimated 30 - 50% of such patients. As a result, the 5, 10 and 15 year mortality rates for patients with systemic PVD are 30%, 50% and 70% respectively.

Diabetics are particularly threatened by PVD, involving vascular manifestations of Diabetes Mellitus. Some 30% of diabetics will develop PVD during their life time. Pathologic changes in the diabetic patient's large and small arteries do not yield to even the best and most sophisticated medical treatment. This frequently results in at least minor but often major amputation. It is estimated that in the U.S., as a result of progressive PVD, diabetic patients suffer some 56,000 amputations annually.

Dr. Bolton's scientific rationale for Ozon-O-Med treatment of Peripheral Vascular Disease is **phase one** of the Bolton study and should be reviewed in conjunction with a December/93 Mueller news release (see below).

The **second phase** of the Bolton study includes complete treatment cycles on a number of healthy volunteers which is presently being executed at Bassetlaw Hospital in Nottinghamshire with the analytical work being done by the Biomedical Research Unit at Jessop Hospital. Preliminary results indicate no evidence of adverse effects from the Ozon-O-Med therapy. Furthermore, physiological changes observed in the volunteers are consistent with the results of the first phase of this study and offer an explanation for the beneficial effects of Ozon-O-Med therapy.

The **third phase** of the study involves laboratory investigations on patients' blood. This has been completed at the Royal United Hospital in Bath which has one of the largest vascular clinics in the United Kingdom. Preliminary results confirm that blood from vascular disease patients - including diabetics - responds to Ozon-O-Med therapy in the same manner as does blood from healthy volunteers.

The **fourth phase** will involve the treatment of 75 to 100 patients suffering from severe PVD in two or three centres in Europe. In addition, Mueller management intends to do further clinical tests in North America together with, or upon completion of, the European studies.

On December 9/92, Mueller introduced Dr. Bolton's "scientific rationale" (phase one) as follows:

Mueller Medical International Inc. is pleased to announce the successful completion of a year

long scientific investigation in the Company's principal technology, Ozon-O-Med. The purpose of the study was to elucidate the mechanisms of action by which Ozon-O-Med therapy has successfully treated patients in Europe suffering from serious circulatory diseases, including Peripheral Vascular Disease (PVD).

The Company believes that this study, which contains a number of new discoveries relating to Ozon-O-Med, represents one of the most comprehensive scientific investigations ever conducted on an ozone-based blood treatment technology. The work was carried out by a biomedical research team in Sheffield, England.

A copy of this scientific research report is available on request from the Company.

David Elsley, President of MMI, stated: "The favourable results of this study provide a solid foundation on which to begin our human clinical trials in England which are an integral part of the Company's strategy to obtain regulatory approval to market Ozon-O-Med for use in the treatment of circulatory disease states on a global basis".

Some investors may wish to read the entire Bolton study, in which case I would encourage them to contact the company and obtain a copy. For purposes of this Update, I will restrict myself to reporting the Introduction, the Summaries and the Conclusions, but exclude the Methods used, the specific statistical evidence obtained and the resulting Hypothesis due to their respective scientific details. I have also excluded extensive public References for the sake of brevity.

INTRODUCTION

Ozone is a powerful oxidizing agent, unstable in an aqueous environment. It is well known that ozone is highly toxic when inhaled as an environmental pollutant. However, ozone gas has been used successfully to accelerate the healing of open wounds and ulcers, apparently having a number of physiological effects including pain relief and increasing the superficial blood flow in addition to a bactericidal action.

The extra-corporeal treatment of whole blood with controlled concentrations of ozone gas followed by returning the treated sample to the donor has been practised as a therapeutic procedure (autohemo-therapy) in parts of Western Europe for many years. Many claims have been made for such treatment, including improvements in some peripheral vascular disorders, anti-viral effects in Herpes Zoster infection and benefit in the treatment of certain malignant tumours.

The potential effects of treating whole blood with ozone are legion and include the production of a number of active oxygen species, the peroxidation of phospholipids with the consequent disruption of cell membranes and release of a variety of toxic compounds, and the disruption or modification of specific receptors on cell membranes.

Few scientific investigations have been published into the direct effects of ozone on blood which could demonstrate the rationale for the claimed clinical improvements. Ozonisation of blood induces the production of the cytokines interferon gamma and tumour necrosis factor which may explain the claimed efficacy of autohemotherapy with ozone-treated blood in the treatment of viral diseases and tumours. Furthermore, it has been demonstrated that ozone can inactivate viruses including HIV-1 and hepatitis A. In the case of peripheral vascular diseases, however, no scientific studies have been reported which could explain the claimed improvement following ozone autohemotherapy.

Peripheral vascular disease appears to relate to the functional activity of the endothelial lining of the blood vessel walls. The endothelium secretes a factor, endothelium-derived relaxing factor (EDRF) which leads to vasodilation and thus improved blood flow particularly in small peripheral vessels. EDRF . . . . also inhibits blood platelet aggregation further facilitating blood flow.

This report describes the results of studies designed to elucidate possible mechanisms involved in the treatment of peripheral vascular diseases by the OZON-O-MED system of autohemotherapy with ozone-treated blood. This involved the treatment of 10 mL of the subject's blood with a carefully controlled and monitored concentration of ozone in medical oxygen via an intramuscular route. The studies have investigated the direct effect of ozone treatment of blood on blood platelet aggregation and EDRF (nitric oxide) and prostacyclin production.

PLATELET AGGREGATION STUDIES

(Methods, Statistical Observations and Data Excluded)

Summary

The above data indicate that the extra-corporeal treatment of blood with ozone using Ozon-O-Med technology causes a dose-dependant, reversible inhibition of blood platelet aggregation. This inhibitory effect of ozone under the conditions used in these experiments requires the concomitant exposure of the blood to UV irradiation for maximum activity.

The reversible nature of the inhibition suggests that ozone may be working via the generation of inhibitory molecules rather than directly on the platelet surface membrane. Subsequent experiments were designed to pursue this concept and involved measuring the concentration of known potent inhibitors of platelet aggregation, prostacyclin and nitric oxide, in treated and untreated blood samples.

STUDIES ON INHIBITORS OF PLATELET AGGREGATION

(Methods, Statistical Observation and Data Excluded)

Summary

These data suggest that the inhibition of platelet aggregation observed following the treatment of whole blood using the OZON-O-MED technique is caused by the production of inhibitors of platelet aggregation.

CONCLUSIONS

The above data (excluded) *provide convincing evidence that the treatment of a 10 mL aliquot of blood using OZON-O-MED technology results in an inhibition of platelet aggregation, the effect being mediated via the generation of known inhibitors of platelet aggregation. This generally supports the reports of clinical efficacy in the treatment of arterial occlusive and other circulatory diseases. However, there is a need, conceptually, to explain how the administration of a small aliquot of treated blood by an intramuscular route can have the profound systemic effects suggested by the clinical observations. It would be inconceivable that inhibitors in the treated blood could, by themselves and after the considerable dilution that would be involved, account for any systemic activity.*

The "Rationale", in the mind of the average reader, may fall somewhere between "boring" and "beyond understanding". In the case of the former, I submit it relates to the latter. Unfortunately, it is on the edge of my own comprehension and I would not trust myself to attempt to translate this into layman's language and make it any more understandable. If in doubt, please consult with your own friendly biomedical scientist, or come to the annual meeting in September and ask pertinent questions.

MORE ON BLOOD STERILIZATION

The 5 1/2 page Canadian Medical Association Journal article by Albert C. Baggs "**Are worry-free transfusions just a whiff of ozone away?**" (followed by nearly 1 1/2 pages of References)

provides possibly the most understandable (although containing modest errors which do not affect the potential understanding of the subject) and intensive current guide in fairly popular language as to where Ozon-O-Med may lead us with respect to potential "clean blood transfusions". I would caution the reader that this process may still be some time into the future and that it represents a secondary focus for the company at this time, despite the large potential commercial value that is available in the market for blood sterilization applications. Broad quotations from the article follow below:

Scientists in Canada and the United States are investigating the use of ozone to destroy the human immunodeficiency virus (HIV), the hepatitis and herpes viruses and other infectious agents in the blood used for transfusion. The studies were endorsed by medical circles of the North Atlantic Treaty Organization (NATO) because of a concern that viral pandemics have compromised the ability of world blood banks to meet urgent and heavy military demands.

NATO's fears are justified. The World Health Organization recently estimated that more than 200 million people are long-term carriers of hepatitis B virus and that about 13 million people are now infected with known HIV strains (see Note below at the end of this section). *The spread of HIV (and thus the threat to blood banks and military organizations) is being impelled by socioeconomic factors and the worldwide recession. In Southeast Asia, for example, a substantial increase in the number of reported cases of acquired immunodeficiency syndrome (AIDS) has been directly attributed to the sale of prepubescent Burmese girls to prostitution lords and madams in Thailand. The children, who are obliged to service up to 15 customers daily (British Broadcasting Corporation World Service News, November 1992), are sold by their parents to pay for food and to finance drug addiction. An epidemic of AIDS in the Thai military population seems to be associated with prostitution in the country. As HIV spreads among heterosexual men and women a concomitant increase in the worldwide rejection rate of donors and blood, which now reaches 20% to 30%, must be expected.*

Laboratories in Canada, the United States and other countries have preliminary evidence that sterilization with ozone is feasible. In a brief to the NATO Blood Committee the surgeon general of Canadian Armed Forces reported on Canadian findings that within the sensitivity of the screening methods used, a 3-minute ozonation of serum spiked with one million HIV-1 particles per millilitre would achieve virtually 100% viral inactivation (loss of infectivity). It was also found that the procedure would destroy several other lipid-encapsulated viruses, including simian immunodeficiency virus and various strains of interest to veterinarians (table).

Pathogens considered to be susceptible to ozonization in-vitro

Lipid-encapsulated viruses	***Hepatitis viruses***
Herpes viridae (simplex, varicella-zoster, cytomegalovirus, Epstein-Barr virus)	***Polio viridae***
Paramyxoviridae (mumps, measles)	***Echovirus***
Orthomyxoviridae (influenza)	***Coxsackievirus***
Rhabdoviridae (rabies)	***Bacteria***
Retroviridae (e.g. human immunodeficiency virus, simian immunodeficiency virus, equine infectious anemia virus)	*Coliform bacteria*
	Staphylococcus
	Aeromonas hydrophila
	Fungi
	Candida utilis

The concept of gas sterilization originated in Germany in the 1950s: more than 10,000 units of human blood containing hepatitis virus were rendered safe through treatment with a mixture of ozone and oxygen and then used for transfusion.

Canadian interest in the technique evolved partly from the early German successes but mainly from in-vitro studies with ozone by Captain Michael E. Shannon, a scientist in the Department of National Defence, in collaboration with virologist Dr. Michael O"Shaughnessy, at the Laboratory and Research Services Bureau, Laboratory Centre for Disease Control, Ottawa. Their experiments led to a pilot study using ozone-treated blood in a volunteer group of 24 patients with AIDS at the Ottawa General Hospital (approved by the Health Protection Branch and the hospital's ethics committee).

The Canadian experiments with HIV and other viruses used gas-exchange technology from Mueller Medical International Inc. (Oakville, Ont.), with help from Medizone International Inc., New York. Generated from oxygen by high-voltage or ultraviolet light, ozone can be delivered through a gas-exchange cartridge or other system of media diffusion, at controlled concentrations, to infected culture media, blood and Factor VIII or other blood products. If gas sterilization can be shown to meet Red Cross standards the technique could augment existing methods - micropore filtration, centrifugation and washing.

Experimental results

Two teams of US virologists have used comparable gas-diffusion techniques to confirm the Canadian findings, with the following results.

- *HIV-1 concentrations of 10^{13} virions/L was inactivated in cell-culture media, plasma and purified Factor VIII preparations through ozonation (1200 ppm of ozone for 2 hours) by means of a hollow-fibre gas delivery system, with a minimal loss (10%) of the biologic activity of clotting factors.*
- *Preliminary assessment of erythrocyte function and life span did not reveal any impairment (Michael E. Shannon, Department of National Defence: personal communication, 1992).*
- *The presence of cells in the ozonized media did not prevent the inactivation of extracellular virions.*
- *Ozonized biologic fluids, in which there is a presumed abundance of superoxide, singlet oxygen, hydroxyl and peroxyl radicals and other highly reactive species, had both extracellular and intracellular virucidal properties.*
- *Because of a defective glutathione peroxidase system, HIV-infected lymphocytes readily lysed after ozonation and released presumably noninfective viral particles into the extracellular medium (Michael E. Shannon: personal communication, 1992).*
- *Other infected cells maintained in pre-ozonized media exhibited a 40% reduction in the expression of HIV-1 core antigen (p24 protein).*

Following an examination of the "Mechanisms of ozone action", Baggs continues:

Primate studies

As compelling as this research may be, the efficacy and safety of blood sterilization with ozone remains to be proven. To this end, critical studies that make use of an isolate of a now fully characterized simian immunodeficiency virus have been initiated. These have involved extensive in-vitro research to clarify the optimal dose of ozone required for viral destruction in transfusion products. Before extensive human trials can be considered it will be necessary to perform dose-response and toxicologic studies in animals to confirm the European evidence that systemic ozone therapy is safe (Michael E. Shannon: personal communication, 1992). The experiments - a collaborative effort between scientists at the Department of National Health and Welfare, the Department of National Defence, the Canadian Animal Disease Research Institute and Cornell University, Ithaca, NY - will address the fundamental question: Will whole blood or specific blood fractions that have been experimentally contaminated with a highly virulent strain of simian immunodeficiency virus produce immunodeficiency disease in primates if the blood is treated with ozone before reinoculation?

Baggs follows this by a very interesting but lengthy (2 1/4 pages) **Discussion** which he introduces as follows:

Military physicians ruefully accept that during war and catastrophe-relief missions, especially in remote regions, urgently needed blood and blood products must be obtained from all available sources and that screening for infectious agents will not always be possible.

Although serologic tests for antibodies to HIV and viral proteins and nucleic acid have increased the safety of blood transfusions they do have limitations, particularly in the detection of

unknown immunodeficiency factors. Clearly, there is a concern that transfusions and transplants are not "HIV-proof". In 1991, AIDS was diagnosed in 747 transfusion recipients and 347 patients with hemophilia in the United States; there were an estimated 7200 such infections in 1984, before screening for HIV became routine. In Canada, 279 of the 6560 patients with AIDS reported since 1979 were apparently infected through blood or blood products (Federal Centre for AIDS, Department of National Health and Welfare, Ottawa: personal communication, 1992).

Given the concerns of the military, the medical profession and the public there seems to be some urgency to the search for a rapid, reliable, portable and cost-effective method of blood decontamination that can destroy all known pathogens while preserving the functions of erythrocytes, platelets, coagulation factors and immune globulins.

He sums up his article as follows:

Conclusion

The potency of biologic oxidizing agents is well known and may be easily and vividly demonstrated by the classic microbiologic test in which a few drops of 3% hydrogen peroxide solution are added to an agar culture of Staphylococcus aureus (catalase-positive).

Findings at laboratories in North America and Europe have demonstrated that ozone has remarkable potency against disease factors in blood products. However, the importance of animal studies in evaluating the efficacy and safety of ozone in blood decontamination and perhaps, eventually in treating human immunodeficiency is clear. Blood approved for transfusion on the basis that it has undergone ozone sterilization, alone or in combination with another method, should ideally carry a risk of infection at least as low as that of the blood that passes the most rigorous screening methods now in use, and it should not cause viral or other disease or immune complications. Thus, to determine toxicologic indices is a necessary step toward finding the optimum therapeutic range. Concentrations of ozone exceeding 100 µg/mL, which are noxious to cells in vitro, may be required to overcome the effects of circulating antioxidants and HIV-shielding blood proteins. Preliminary findings suggest, however, that less than a fifth of this concentration may be effective (Michael E. Shannon: personal communication, 1992).

Note: The Globe and Mail of August 9/93 (page A2), under the heading "**WHO predicts increase in AIDS deaths**", printed the following Reuters News Agency item which speaks for itself:

GLASGOW - Another six million people will have died of AIDS by the year 2000, according to a leading World Health Organization official who warns that the world faces "a pandemic of vast proportions".

Michael Merson, executive director of WHO's global AIDS program, said in a speech prepared for delivery today to a virology conference that it will take years to find a cure, and that eight million people are expected to have died of AIDS by the end of the century. Two million people have already died of the disease, which destroys the body's immune system.

Mr. Merson said most deaths will be in Eastern and Central Africa, where the adult death toll may triple in some countries. AIDS is now the most common cause of death in the Ivory Coast capital Abidjan, although the first case there was recorded only in 1985.

Mr. Merson said WHO estimates the total of HIV infections in men, women and children will reach 30 million to 40 million by the end of the decade. Approximately 10 million will have full-blown AIDS.

Mr. Merson said the epidemic of HIV infections is now fuelling parallel epidemics. The most alarming of these is tuberculosis. HIV infection is the strongest risk factor worldwide for the development of active TB, which kills an estimated three million people a year.

POTENTIAL THERAPEUTICAL TREATMENT OF IMMUNOLOGICAL DISORDERS

Effective immune enhancing drugs have been aggressively sought for many years by most of the major pharmaceutical companies. The financial resources directed at this effort have been staggering with

very little in the way of significant progress achieved until quite recently. Within the last three years, a number of naturally-occurring immune regulators have been synthesized artificially and are now available on a trial basis in the U.S> Unfortunately, compounds such as Interleukin-2 (IL-@) are beyond the average patient's bank account, with a course of therapy (Boston Cancer Trial) costing over US$20,000.

Numerous reports concerning the anti-viral effects of ozone therapy are of particular relevance in this regard. In post-infectious terms, ozone therapy has been effectively employed in the treatment of Hepatitis B, Epstein-Barr virus, Herpes Type I and II, and HIV-1. It has been hypothesized that the mechanism of ozone action subserving this immune enhancing effect involved the production of potent immune modulators, particularly cytokines such as IL-2) and the interferons.

In 1990, research conducted at the University of Ottawa (Ottawa General Hospital) demonstrated that the Ozon-O-Med treatment process could induce a significant rise in IL-2 levels in whole blood. This was consistent with earlier work by Roth and Dröge (1989) who reported that the synthesis and release of IL-2 can be increased by superoxide anion or hydrogen peroxide in the presence of lactate. Recently, Mueller International, under the direction of Dr. Bolton, produced evidence to support these earlier findings further by demonstrating a substantial increase in the expression of the CD25 surface marker on blood lymphocytes, an indicator of increased levels and activity of IL-2. Furthermore, Dr. Bolton has demonstrated an increase in the activation of monocytic cells of the blood (increased HLA-DR expression), consistent with an immune enhancing effect.

Over the next eighteen months, Mueller International intends to investigate the immune enhancing potential of the Ozon-O-Med technology further. The body's natural defences are inadequate for a growing number of diseases, most of which are caused by a diverse range of rapidly mutating viral agents such as HIV-1. To compound the problem, modern medicine can offer little in the way of effective treatment, since those treatment which are becoming available - such as treatment with IL-2 - the cost of medication is prohibitive and, for the most part, out of reach of all but the wealthiest in society.

The activation of immune cells and the levels of certain immune-stimulating compounds are now being measured in healthy individuals treated with Ozon-O-Med in the United Kingdom. Preliminary results of this study of the immune-stimulating effects of Ozon-O-Med therapy are most encouraging.

As I stated on page 1, some thirty years of German clinical experience (not scientifically documented), attests to what modern scientific methods are now confirming: that the immune stimulating effects of ozone are indeed potent. Diseases such as Hepatitis B, which afflict over 200 million people world-wide (WHO 1991), may be dramatically limited by this form of therapy. Evidence is also mounting in support of its use in HIV-1 infection, Herpes and possibly Cytomegalovirus infections.

SUMMARY

Significant progress would appear to have been made among members of the scientific/medical community, although so far Mueller Medical International and Ozon-O-Med have failed to attract the attention of the financial/popular press or equivalent media.

Mueller management's **primary focus** is on the fight against **peripheral vascular disease** and, by inference, other vascular disease states. Various clinical studies/trials are now under way/being planned or have been completed and are now being evaluated. If these are as successful as preliminary findings appear to indicate, credibility in the medical/scientific community should take a leap forward and funding for further large scale testing should become more easily available.

There appears to be considerable progress in **blood sterilization** process studies utilizing Ozon-O-Med technology. This constitutes management's **secondary focus**. So far these blood sterilization studies and clinical evaluations are being funded and or executed by major Canadian government agencies.

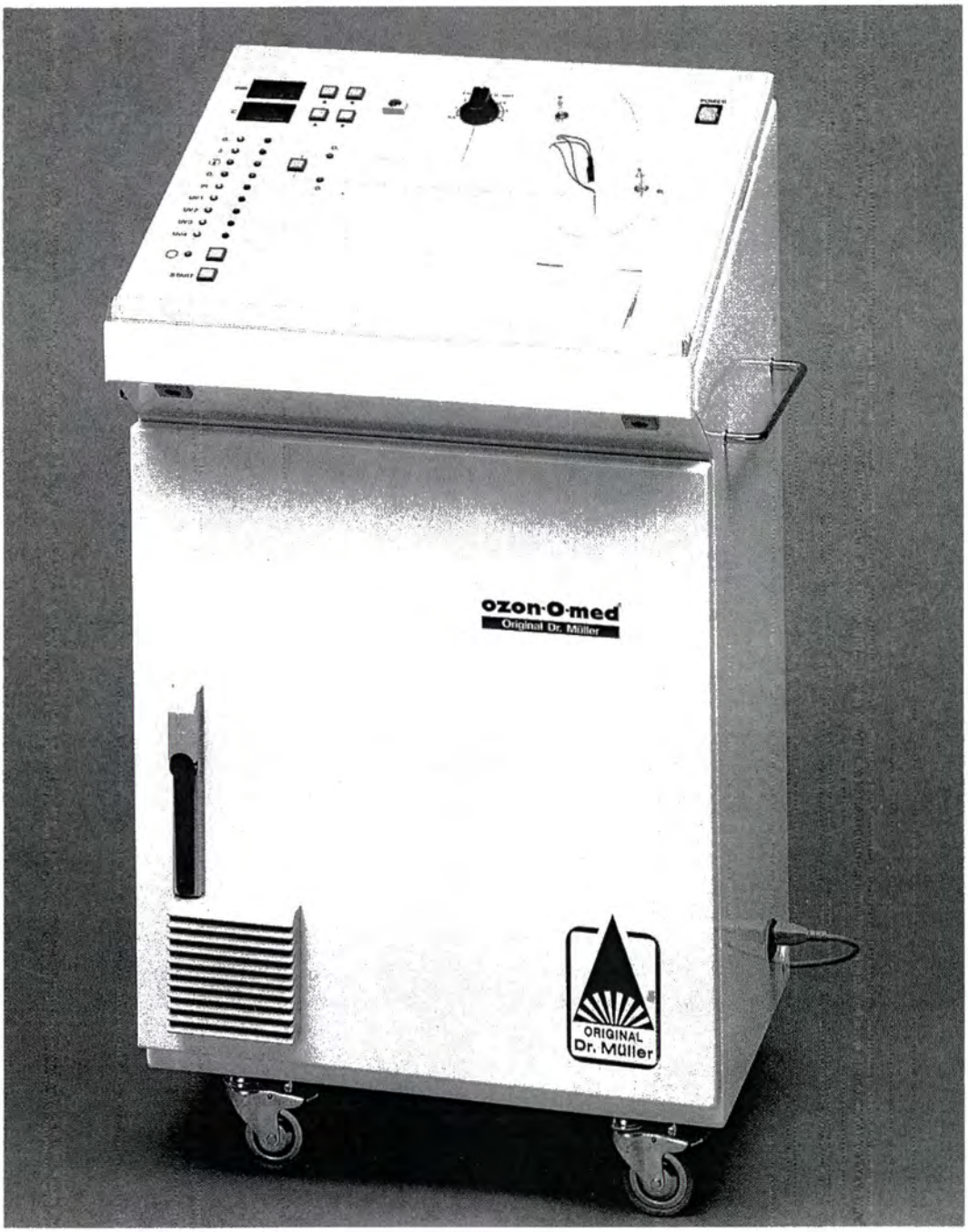
Mueller International's present **tertiary focus** is in the area of **immunology**, also under the guidance of Dr. Tony Bolton's expert scientific capabilities. Although much work lies ahead and there are no guarantees, some promising demonstrations that Ozon-O-Med treatment induces a significant rise in Interleukin 2 in whole blood, combined with Bolton's demonstrations of a substantial increase in the expression of certain marker molecules on some types of white cells in the blood, may lead to further significant therapeutic developments.

Management assures me that the company's current funding is more than adequate to complete current clinical studies.

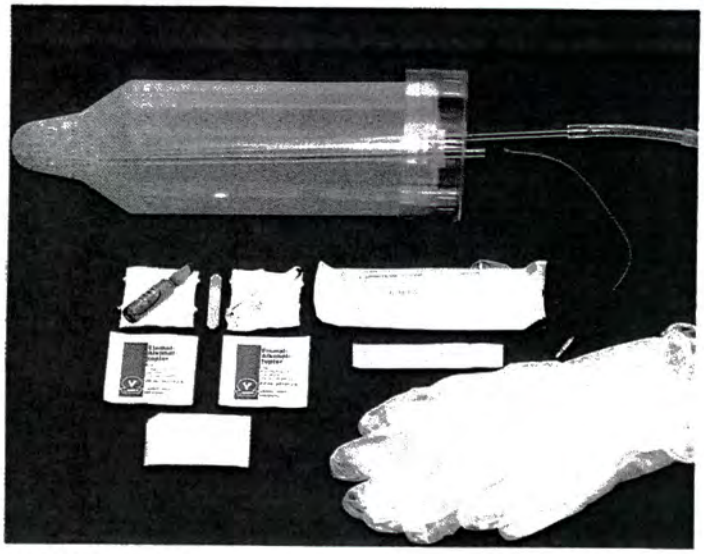
Gino Blink August 21, 1993

For additional information, please contact:
David Elsley, President & CEO (416) 827-5255
or write Mueller Medical International Inc.
2526 Speers Road, Unit 1, Oakville, Ontario L6L 5K8

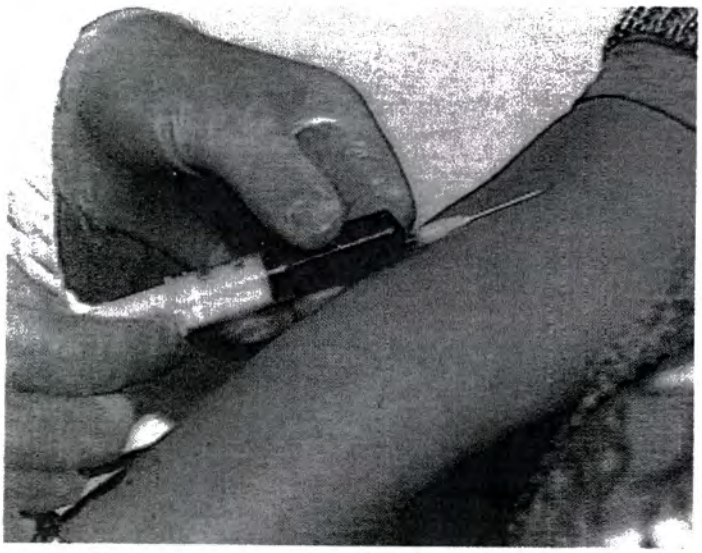
OZON-O-MED



Treatment Process

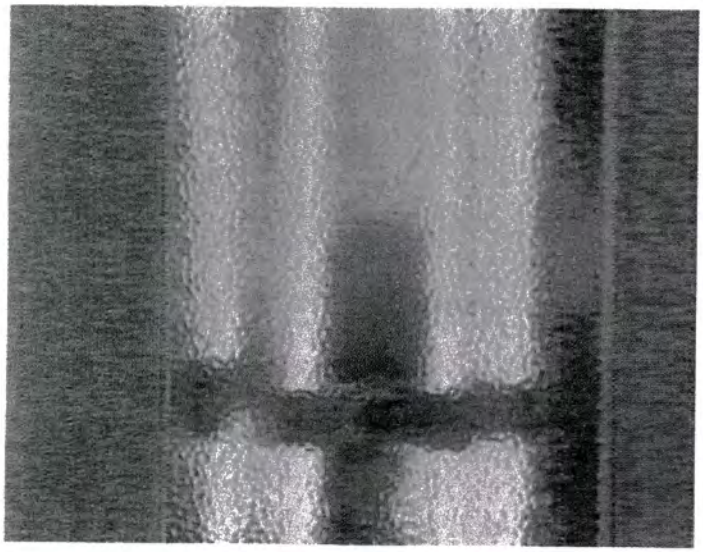


Disposable blood-handling kit for use with the **OZON-O-MED** Device.



10 ml. of blood is withdrawn from patient.

Patient's blood and anti-coagulant are placed in the disposable blood-handling container which fits in the top of the **OZON-O-MED** Device.



Patient's blood is exposed to oxygen, ozone, ultra-violet light and heat inside the **OZON-O-MED** Device for 3 minutes.

Treated blood is re-injected into the patient.

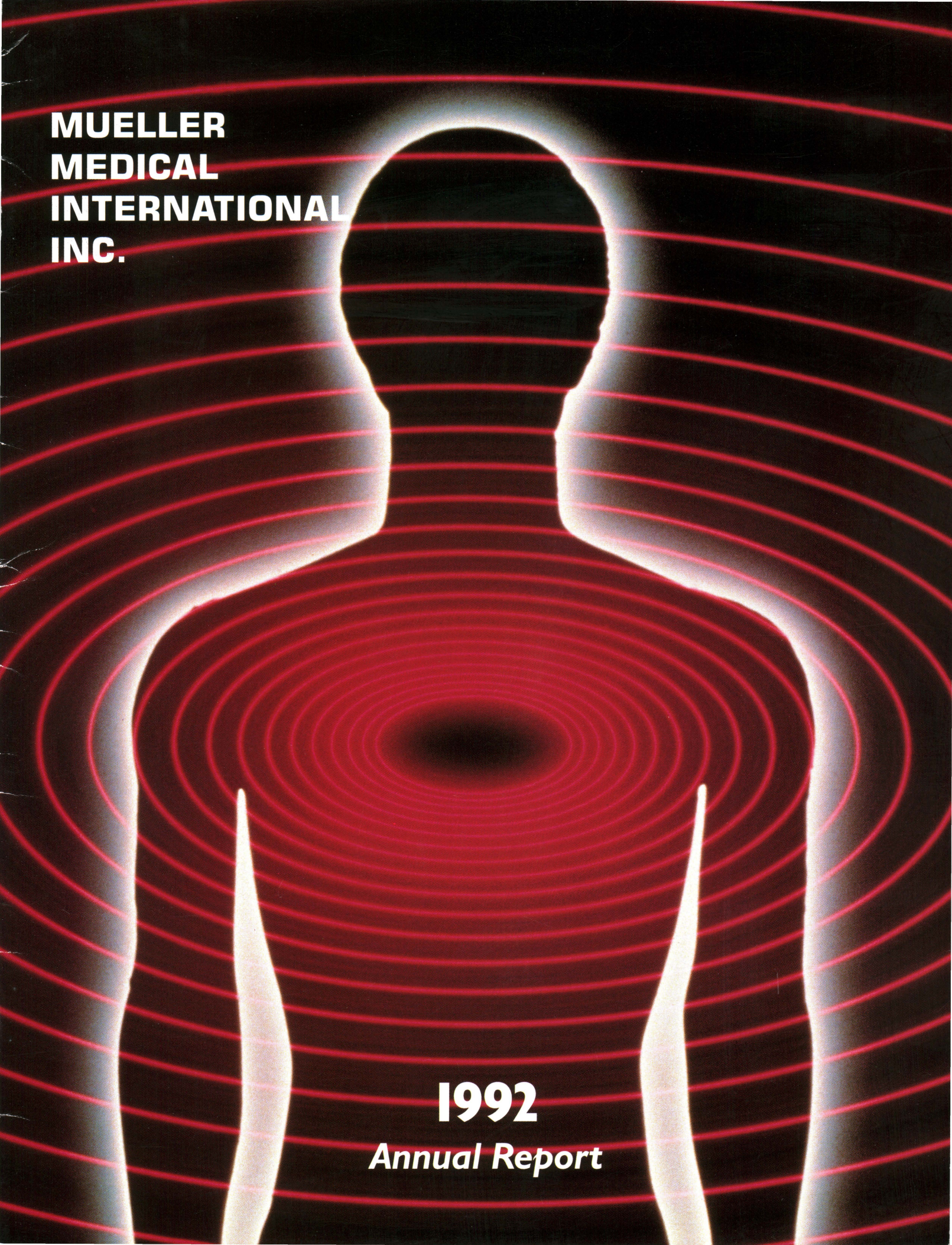
Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

MUELLER MEDICAL INTERNATIONAL INC.



1992

Annual Report

MOUNTAIN STATE AIDS NETWORK

SERVICE
SUPPORT
EDUCATION
INFORMATION

235 High Street
Suite 306
P.O. Box 1221
Morgantown, WV
26505

Morgantown
(304) 292-9000

In WV
(800) 585-4444

August 13, 1993

Kristine Gebbie
Office Of The National AIDS Policy Coordinator
Executive Office Of The President
750 17th Street NW Room 1060
Washington, DC 20500

Dear Ms. Gebbie,

I want to thank you for taking the time to meet with us in Pittsburgh on Tuesday. I also want to thank you for your concern and interest in rural AIDS issues. Given that this country is comprised primarily (geographically) of rural areas, I believe that we, as AIDS 'warriors' must turn our attention to these areas. This was one reason for my relocation from Baltimore. While AIDS has certainly reached pandemic proportions in major metropolitan areas, if we don't begin a national assault on the disease in rural areas, the heart of this country will surely be decimated. Additionally, rural folks are the least prepared and equipped to handle HIV/AIDS. I am grateful to have learned that you understand this.

I would like for you to know of my personal support for your mission. I know that it won't be easy for you and I'm sure that you are aware of what you face. Having met with you, I feel confident, based on your ideas and objectives, that if you are so empowered and are given the opportunity, you are capable of changing the face of AIDS in this country. You have my sincerest best wishes in your attempts to do that.

Please feel free to call on me at any time, for any reason.

Sincerely,

Christopher Morrison
Executive Director

Mountain State AIDS Network, Inc. *is a non-profit community based organization providing information, education, and support services to persons affected by HIV disease and AIDS in north central West Virginia. MSAN also aggressively pursues preventive education and awareness to all people in the region and works to effect change in public perception and to diminish the spread of AIDS.*

Mountain State AIDS Network *is leading the fight against AIDS in north central West Virginia and was founded as a volunteer based organization. People in the region must brace themselves for the worst onslaught of the AIDS pandemic we have seen in this area. But as AIDS is on the rise in all rural communities,* ***Mountain State AIDS Network*** *is also on the rise and is working harder than ever to prevent the spread of AIDS in this area.*

MOUNTAIN STATE AIDS NETWORK

SERVICE SUPPORT EDUCATION INFORMATION

235 High Street
Suite 306
P.O. Box 1221
Morgantown, WV 26505

Non-Profit
Organization
US Postage
PAID
Morgantown WV
Permit No. 259

MOUNTAIN STATE AIDS NETWORK

SERVICE SUPPORT EDUCATION INFORMATION

235 High Street, Suite 306
P.O. Box 1221
Morgantown, WV 26505-1221
304-292-9000 or 1-800-585-4444

SUPPORT SERVICES

*All services are confidential and free of charge. People who have tested positive for HIV are encouraged to call **MSAN** to obtain free advice and counseling concerning their HIV - related concerns.*

***Mountain State AIDS Network** maintains services that empower clients to improve the quality of their lives. **MSAN** gives people with HIV and those who love them a sympathetic ear and a place to turn.*

BUDDY PROGRAM

Volunteers establish relationships with clients and provide much needed personal support such as transportation, help with daily chores, errands, and companionship.

CASE MANAGEMENT

Clients receive assistance in applying for public entitlement programs and other services they might need. Volunteer social workers work with clients in assessing their needs and how they can be met.

COUNSELING

Qualified, volunteer therapists are available to see clients for a wide array of disorders such as AIDS anxiety, coping, depression and other issues. **MSAN** also maintains an active referral network of community therapists who are experienced and sensitive to the needs of our clients.

SUPPORT GROUPS

MSAN sponsors two bi-weekly support groups; one is dedicated to persons infected with HIV disease and AIDS; the other to friends, family and significant others of persons with HIV/AIDS.

EDUCATIONAL SERVICES

*Until a cure for AIDS is found, education is our greatest weapon in preventing the spread of HIV disease. **MSAN** programs in this area focus upon both educating the community at large, and reaching out to men and women whose behaviors put them at higher risk for contracting HIV disease.*

Our educational programs help prevent the spread of AIDS, and counteract the effects of ignorance—one of our greatest enemies in the fight against HIV.

AIDS HELPLINE

Trained volunteers respond to many calls each month, answering questions pertaining to anxieties about HIV/AIDS, and HIV antibody testing.

SPEAKER'S BUREAU

Trained volunteers, many of whom are living with HIV disease, provide educational presentations to small groups and organizations; topics include "AIDS 101," "LIVING WITH HIV," and "AIDS IN RURAL COMMUNITIES."

OUTREACH PROGRAMS

Targeted programs help empower adolescents, men who have sex with men, women at risk, and injection drug users to make informed choices. Other programs address the concerns of ethnic minorities and communities of color.

PREVENTIVE EDUCATION WORKSHOPS

To effect behavioral change among all people is the ultimate goal of prevention education programs. These workshops are designed to help participants discover why they do things that put them at risk and how they can change those behaviors.

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

MSAN MOUNTAIN STATE AIDS NETWORK
SERVICE SUPPORT EDUCATION INFORMATION

MOUNTAIN NEWS

235 High Street • Suite 306 • P.O. Box 1221 • Morgantown, WV 26505
(304) 292-9000 (Morgantown) 1-800-585-4444 (In WV)
Christopher Morrison, *Executive Director*

Summer 1993

MSAN Volunteers participate in an exercise about safer sex in Peggy Kovac's AIDS 101 workshop.
Approximately 35 volunteers were trained at our spring training. Participants experienced workshops on multi-cultural diversity, effecting behavior change and public speaking skills.
Our next volunteer training will take place in September and will focus on AIDS Helpline Operators and Buddy Volunteers. Persons interested in becoming an MSAN volunteer should call the office.

A Mother's Plea

This is the first article I have ever written. As a mother I hope I can help you understand about living with a son who has AIDS. It is a struggle every day. But most of all is the struggle that goes on in my mind.

As you know the phrase of today is, "Protection, don't leave home without it. I wonder as a parent did I give enough protection, did I care enough to take the time to listen, to give a hug even through sometimes rejected, "Aw, Mom" he would say.

When my son told me he was gay, it wasn't the shock you would expect. I think as a mother you know and wonder why. But you have always known, only you don't let it surface. Then you face it. But still you try and pretend it isn't so and in doing that you don't face the issues and don't really give the support that they so desperately need. Could that have been the protection that would have made the story that I am writing different today?

As you have heard the saying, "Looking for love in all the wrong places." Did I send my son on a journey looking for love that he wasn't prepared for and hadn't learned enough about? I can tell you about the return trip. He was tired and sick, but with a smile and saying, "Mom, it will be allright." But it isn't! If we don't take the time to talk and explain that there is no safe sex, but to at least protect yourself and your partner with a condom. There is truth to the old saying that," The life you save may be your own" and in doing so you will in return save someone else from the hurt and the sentence of AIDS, which effects everyone that loves you. They are also in a call of caring, concern and trying to be everything and do all they can to help to make your life the best it can be with a death sentence known as AIDS.

L.G. Adams
MSAN Volunteer

Churches Respond To AIDS

A group of Churches in Morgantown approached MSAN about beginning AIDS awareness and prevention programs in their communities.

First Christian Church, St. Therese's Catholic Church, St. John's University Catholic Church and Trinity Episcopal Church have made firm commitments to the fight against AIDS.

Additionally, The Ministerial Alliance of Morgantown has begun their coordinated effort to combat this "modern day plague." Across the country, church communities have had a profound effect in battling and preventing HIV disease and AIDS. The National AIDS Interfaith Network was established to develop and support a coordinated official response to the AIDS crisis.

Persons and churches interested in joing Churches Respond to AIDS should contat the MSAN office.

In Memory Of

Brian

Board Of Directors

MSAN has certainly had a year of transition and the Board of Directors has been no exception. We have seen a tremendous amount of growth over the past year and we believe that we are keeping up with the rise in the incidence of HIV / AIDS in North Central West Virginia.

In January, the Board expanded its membership from 11 to 15 which allowed us to add 4 new Directors (who were profiled in the last issue of ***Mountain News***) and at the annual meeting in May we elected new officers and appointed 5 new Directors.

Stephen Thayer was re-elected President, Brooks Mason, Treasurer, and Mary Jane Hitt was elected Secretary.

New Board members are Bill Beynon, Brooks Mason, Matt Nieswanger, Vee Sanner and Ken VanderSluis. Mr. Beynon is a student at WVU and has worked on a number of MSAN fund raisers and educational projects; Mr. Mason was the Chairperson of this year's Dance-A-Thon; he is the controller at Lakeview Resort and Conference Center and the Finance Director at Trinity Episcopal Church.

Mr. Nieswanger has a Master's Degree in Social Work and is working towards a Doctorate Degree in Education. He is the Administrator of Meyersdale Manor Nursing Home.

Ms. Sanner is an Account Executive for HNS, Inc. which has been a long-standing supporter Mr. VanderSluis is the Vice President of Human Resources for CB&T Financial Corporation and also serves on the State AIDS Task Force.

With the presence of MSAN's full-time Executive Director, Chris Morrison, the Board of Directors is now able to shift it's focus to a different level of priorities.

The Board of Directors has established a series of working committees that will support the work of the staff and volunteers and that will enhance our presence in the community.

Some of the committees that have been established are Client Services, Education, Funding Raising and Long Range Planning. The Administrative Committee is planning

continued on page 3...

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

MSAN MOUNTAIN STATE AIDS NETWORK
SERVICE SUPPORT EDUCATION INFORMATION

MOUNTAIN NEWS

235 High Street • Suite 306 • P.O. Box 1221 • Morgantown, WV 26505
(304) 292-9000 (Morgantown) 1-800-585-4444 (In WV)

Spring 1993

DANCE-A-THON

By Lisa Persinger
MSAN Volunteer

Around the world, across the country, and coming to the WVU Health Sciences Cafe. It's a **DANCE-A-THON** to benefit MSAN. Yes, that's right, on Saturday April 17 MSAN will be hosting a five-hour dance extravaganza starting at 7 p.m. This is not a marathon! We are looking at what could be, with your help, the largest most successful AIDS fundraiser in West Virginia history! It's an event you won't want to miss.

So you ask, "How can I sign up?" It's simple. Participants are required to gather a minimum of $25.00 in pledges. You must preregister! Registration forms and pledge sheets can be picked up at locations all over Morgantown. This is an event we want the entire community to participate in.

Now you ask, "What's in it for me?" Well, there will be music provided by WWVU92 FM, complimentary food and beverages, and prizes, prizes, prizes!

$50.00 pledge participants will receive a limited edition, **DANCE-A-THON** t-shirt. Prizes will also be awarded to the top 3 fundraisers which include, but are not limited to, dinner for two at Lakeview and a getaway for two at Almost Heaven Bed and Breakfast.

We would like to extend a special thanks to our corporate and student sponsors. Thanks to Home Nutritional Services Inc., Mylan Pharmaceuticals, and Alpha Phi Omega, who has made this event their 1993 Pledge Project, (with added appreciation to their National office for adopting AIDS as their #1 cause). So join us for an evening of laughter, dance, and awareness. For more details please call MSAN at 292-9000.

APO members at DANCE-A-THON planning meeting. Pictured are Ron Jarrett, Tisha Dunkle, Patrick Daley, Melissa Albert, Bill Beynon.

Federal AIDS Agenda Project

By Lisa Persinger, MSAN Volunteer

The Federal AIDS Agenda Project is a grassroots effort coordinated by two Washington, DC based organizations, the National Association Of People With Aids (NAPWA) and the AIDS Action Council (AAC) to develop a proposal of a federal AIDS agenda for the Clinton administration. The objective was to organize representatives and PWA's from around the country who would work on creating a document that would be presented to the Clinton administration.

Morgantown was selected as the area that would represent West Virginia (and would, therefore, bring a rural perspective to the proceedings). Our Executive Director, Chris Morrison and a person with AIDS (whose identity is being protected in this article) were elected as the delegates from West Virginia. They were selected during a meeting in West Virginia to prepare for the meeting in Washington. Representatives from around the state were convened for the West Virginia meeting and everyone had the opportunity to discuss problems and concerns and to make recommendations that would be included in the document.

The Federal AIDS Agenda Project was a great opportunity for those living and working with AIDS in West Virginia to work together toward a common goal. It was also a great opportunity for the rural perspective to be acknowledged and addressed.

Leadership, AIDS Care, Education/ Prevention, Research, Discrimination, and Health care Reform.

Six areas of focus were identified that would encompass everyone's concerns: Leadership, AIDS Care, Education/ Prevention, Research, Discrimination, and Health Care Reform. Within these areas, the delegates would identify specific concerns and would make recommendations on how they should be addressed.

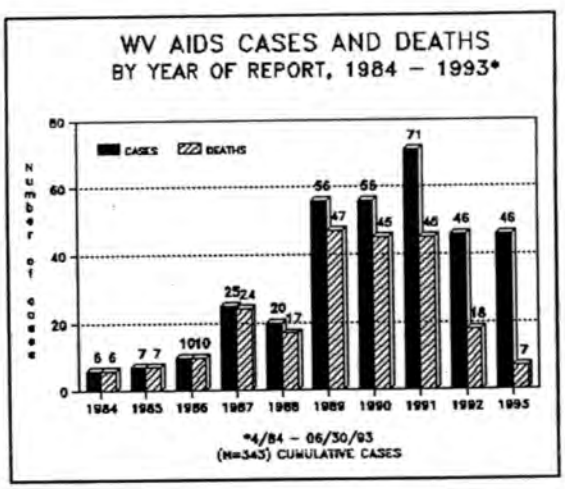
After the Washington meeting, Mr. Morrison reported, "this was a huge undertaking with tremendous scope. The delegates were a true representation of the diversity of our society and of the fact that ALL people get AIDS and that meant that there was a tremendous amount of discussion about how differently AIDS affects people and also of how differently we all fight the war on AIDS. A finished document was not achieved. The delegates will continue to work via fax and conference call to create a document that includes all of our concerns; one that is completely inclusive in terms of race, sexual orientation, gender, geographical location, and so on. Everyone's experiences will be considered and presented. Painful as it was, this was a testament to how we truly are all in this together."

HIV/AIDS IN WEST VIRGINIA

Surveillance Report through June 30, 1993

NEW AIDS SURVEILLANCE CASE DEFINITION: BACKGROUND AND IMPACT ON AIDS REPORTING

CDC has implemented, effective January 1, 1993, the new AIDS surveillance case definition for adults and adolescents aged 13 years or older. The new definition proposed by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE), is an expansion of the previous case definition. Under the revised guidelines, individuals >12 years old with documented HIV infection who have CD4+ T-lymphocyte counts below 200 per microliter or a CD4+ T-lymphocyte percentage of total lymphocytes below 14 are reportable as AIDS cases. If an HIV-positive individual has or had one CD4+ count below 200, even if the count has risen since, then this individual is reportable as having AIDS. The date of diagnosis will be that of the earliest CD4+ count <200, even if the date precedes January 1, 1993. Thus, if a person tests HIV-positive in January 1990 and has a CD4+ count of <200 in November 1992, then that person will be added retroactively to the 1992 (date of diagnosis) AIDS case total. In addition to the 23 clinical conditions in the previous case definition (1987), three new conditions are now AIDS-defining in persons with documented HIV infection: pulmonary tuberculosis, recurrent bacterial pneumonia, and invasive cervical cancer. The expanded definition requires laboratory evidence for HIV infection in persons with immunosuppression (<200 CD4+ T-lymphocytes) or one of the added clinical conditions. Copies of the new AIDS confidential report forms may be ordered by contacting Joyce Zinn, AIDS Surveillance Program, at 558-5358 or 1-800-423-1271.



During the first six months of 1993, there were 46 new cases of AIDS reported in West Virginia. This is equal to the number of new cases reported in all of 1992. Twenty-three (50%) of these cases met the guidelines of the pre-1993 definition and 50% met the 1993 expanded case definition. Of the 46 new cases, 41 are males and 5 are females. All 5 of the females and 18 of the males had CD4+ T-lymphocyte counts <200.

AIDS Cases Meeting CDC Case Definition
by Age, Sex, and Race
1984 - June 30, 1993

	WV	
AGE	**No.**	**(%)**
<13	5	(1)
13-19	2	(1)
20-29	69	(20)
30-39	163	(48)
40-49	68	(20)
>49	36	(10)
SEX		
Male	306	(89)
Female	37	(11)
RACE		
White	290	(85)
Black	49	(14)
Hispanic	2	(1)
Other	0	(.)
Unknown	2	(1)
Total	343	

PATTERN OF RISK GROUPS

TRANSMISSION CATEGORY	ADULT/ADOLESCENT		
	Males No. (%)	Females No. (%)	Total No. (%)
Homosexual or bisexual men	195 (64)	0 (0)	195 (58)
Intravenous (IV) drug user	29 (10)	12 (36)	41 (12)
Homo/Bi IV drug user	16 (5)	0 (0)	16 (5)
Hemophiliac	13 (4)	1 (3)	14 (4)
Heterosexual contact	12 (4)	9 (27)	21 (6)
Transfusion with blood/products	22 (7)	7 (21)	29 (9)
None of the above/Other	18 (6)	4 (12)	22 (7)
Total	305	33	338
	PEDIATRIC		
Hemophiliac	1 (100)	0 (0)	1 (20)
Parent at risk/has AIDS/HIV	0 (0)	4 (100)	4 (80)
Transfusion with blood/products	0 (0)	0 (0)	0 (0)
None of the above/Other	0 (0)	0 (0)	0 (0)
Total	1	4	5

REPORTED CASES OF AIDS AND CASE-FATALITY RATES BY HALF-YEAR OF DIAGNOSIS

HALF-YEAR OF DIAGNOSIS	NUMBER OF CASES	NUMBER OF DEATHS	CASE-FATALITY RATE
1984 Jan-June	4	4	100%
July-Dec	3	3	100%
1985 Jan-June	7	7	100%
July-Dec	3	3	100%
1986 Jan-June	6	6	100%
July-Dec	8	8	100%
1987 Jan-June	9	9	100%
July-Dec	14	11	79%
1988 Jan-June	10	8	80%
July-Dec	16	14	88%
1989 Jan-June	36	32	89%
July-Dec	33	27	82%
1990 Jan-June	26	18	69%
July-Dec	29	22	76%
1991 Jan-June	36	24	67%
July-Dec	33	13	39%
1992 Jan-June	28	10	36%
July-Dec	24	6	25%
1993 Jan-June	18	1	6%
Totals	343	226	66%

OTHER DATA: AIDS MORTALITY

AIDS DEATHS OCCURRING IN WEST VIRGINIA

VITAL STATISTICS	1987	1988	1989	1990	1991	1992	1993
AIDS Cases - WV residents and residents of other states who died in WV	18	19	30	52	45	42	34

This table is presented to clarify that the occurrence of deaths due to AIDS in West Virginia may be greater than deaths indicated among the official AIDS Surveillance data. It should be known that individuals diagnosed and reported with AIDS in other states would not be reflected in the AIDS Surveillance statistics.

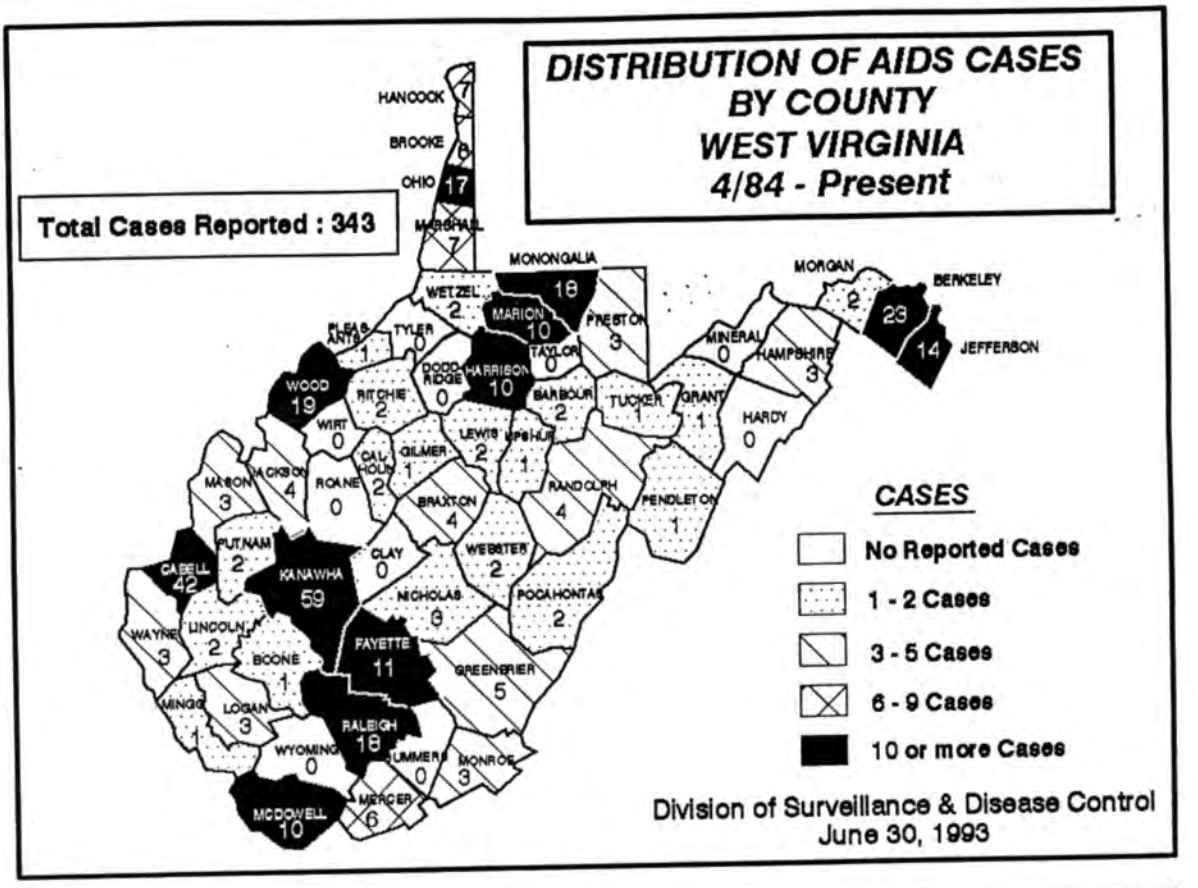
The AIDS Medical Testing and Confidentiality Act of 1988 requires that physicians report positive HIV test results to the West Virginia Bureau of Public Health. The following tables reflect those reports.

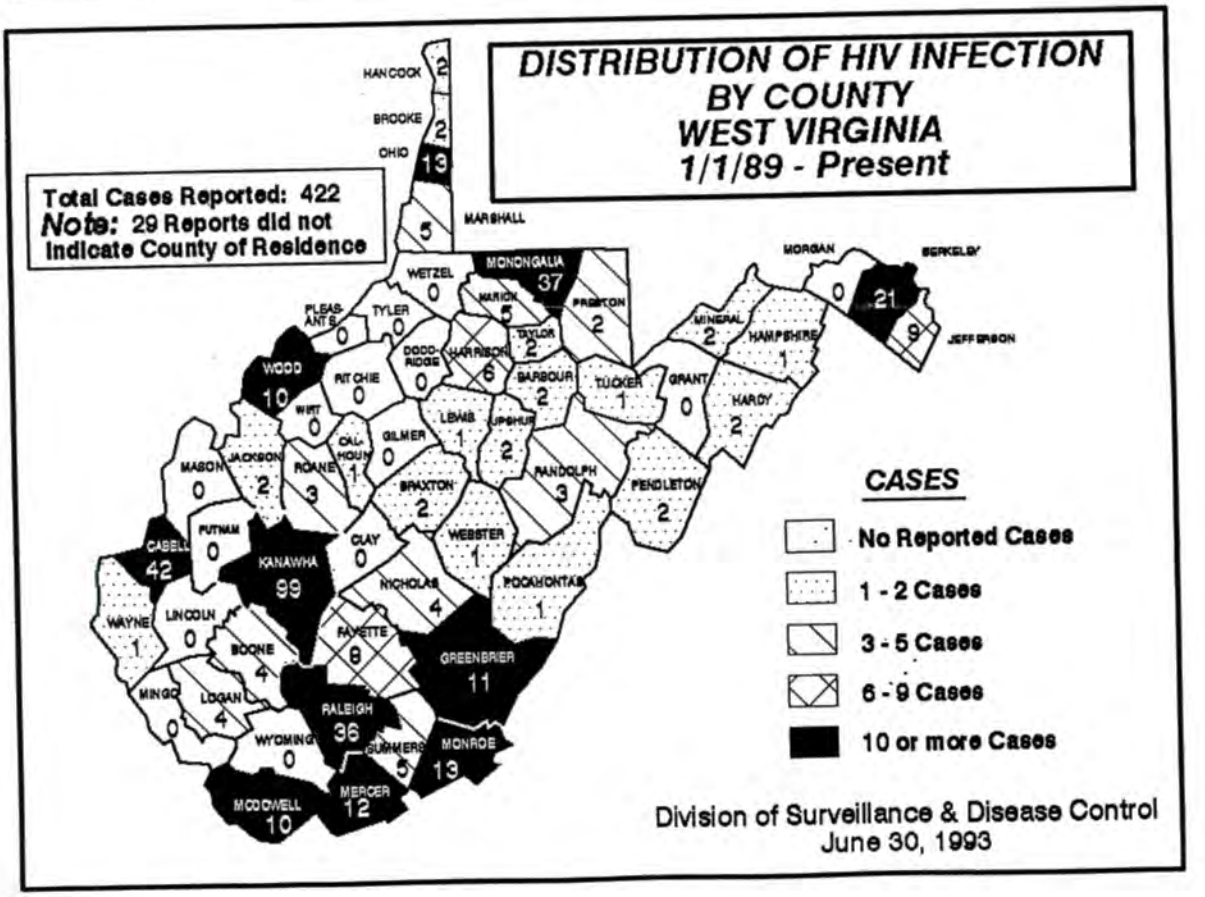
POSITIVE HIV TEST REPORTS IN WEST VIRGINIA
by Year of Report
1989 through June 30, 1993

YEAR	#	%
1989	70	(17)
1990	97	(23)
1991	103	(24)
1992	111	(26)
1993	36	(9)
Unknown	5	(1)
Total	422	(100)

POSITIVE HIV TEST REPORTS
by Age, Sex, and Race
1989 through June 30, 1993

	WV	
AGE	No.	(%)
<13	3	(1)
13-19	16	(4)
20-29	146	(35)
30-39	177	(42)
40-49	45	(11)
>49	22	(5)
Unknown	13	(3)
SEX		
Male	333	(79)
Female	88	(21)
Unknown	1	(<1)
RACE		
White	271	(64)
Black	128	(30)
Hispanic	9	(2)
Other/Unk	14	(3)
Total	422	(100)


DISTRIBUTION OF AIDS CASES
BY COUNTY
WEST VIRGINIA
4/84 - Present
Total Cases Reported : 343
HANCOCK 7
BROOKE 6
OHIO 17
MARSHALL 7
MONONGALIA 18
WETZEL 2
MARION 10
PRESTON 3
TYLER 0
PLEASANTS 1
TAYLOR 0
DODDRIDGE 0
HARRISON 10
WOOD 19
RITCHIE 2
WIRT 0
BARBOUR 2
TUCKER 1
GRANT 1
HARDY 0
MINERAL 0
HAMPSHIRE 3
MORGAN 2
BERKELEY 23
JEFFERSON 14
GILMER 1
LEWIS 2
UPSHUR 1
CALHOUN 2
JACKSON 4
ROANE 0
MASON 3
BRAXTON 4
RANDOLPH 4
PENDLETON 1
CLAY 0
WEBSTER 2
PUTNAM 2
CABELL 42
KANAWHA 59
NICHOLAS 6
POCAHONTAS 2
WAYNE 3
LINCOLN 2
BOONE 1
FAYETTE 11
GREENBRIER 5
MINGO 1
LOGAN 3
RALEIGH 18
WYOMING 0
SUMMERS 0
MONROE 3
MERCER 6
MCDOWELL 10
CASES
No Reported Cases
1 - 2 Cases
3 - 5 Cases
6 - 9 Cases
10 or more Cases
Division of Surveillance & Disease Control
June 30, 1993


DISTRIBUTION OF HIV INFECTION
BY COUNTY
WEST VIRGINIA
1/1/89 - Present
Total Cases Reported: 422
Note: 29 Reports did not
Indicate County of Residence
HANCOCK 2
BROOKE 2
OHIO 13
MARSHALL 5
MONONGALIA 37
WETZEL 0
MARION 5
PRESTON 2
TYLER 0
PLEASANTS 0
TAYLOR 2
DODDRIDGE 0
HARRISON 6
WOOD 10
RITCHIE 0
WIRT 0
BARBOUR 2
TUCKER 1
GRANT 0
HARDY 2
MINERAL 2
HAMPSHIRE 1
MORGAN 0
BERKELEY 21
JEFFERSON 9
GILMER 1
LEWIS 2
UPSHUR
CALHOUN 0
JACKSON 2
ROANE 3
MASON 0
BRAXTON 2
RANDOLPH 3
PENDLETON 2
CLAY 0
WEBSTER 1
PUTNAM 0
CABELL 42
KANAWHA 99
NICHOLAS 4
POCAHONTAS 1
WAYNE 1
LINCOLN 0
BOONE 4
FAYETTE 8
GREENBRIER 11
MINGO 0
LOGAN 4
RALEIGH 36
WYOMING 0
SUMMERS 5
MONROE 13
MERCER 12
MCDOWELL 10
CASES
No Reported Cases
1 - 2 Cases
3 - 5 Cases
6 - 9 Cases
10 or more Cases
Division of Surveillance & Disease Control
June 30, 1993

HIV/AIDS NEWS

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse has published the ***Surgeon General's Report to the American Public on HIV Infection and AIDS***. Copies of this report can be ordered, in limited quantities, free of charge, by calling:

CDC National AIDS Hotline:

English service (7 days a week, 24 hours a day)
1-800-342-AIDS (2437)

Spanish service (7 days a week, 8 a.m. till 2 a.m. EST)
1-800-344-7432

TDD service for the deaf (10 a.m. till 10 p.m. EST, Monday through Friday)
1-800-243-7889

or by writing:

CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, Maryland 20849-6003

This monthly update published by:

West Virginia Bureau of Public Health
HIV/AIDS Program
1422 Washington Street, East
Charleston, WV 25301

558-5358 or 1-800-423-1271

Loretta E. Haddy, Director
Joyce A. Zinn, Surveillance Coordinator

PRESBYTERIAN AIDS NETWORK

Make File: Pittsburgh Trip - 9/29/93

Rd 1, Box 112
Fredericktown, PA 15333
(412) 377-0728

August 12, 1993

Buck Buckingham
National AIDS Policy Office
Washington, DC

Dear Mr. Buckingham,

As I mentioned in our phone conversation regarding the speaking engagement at California University of Pennsylvania, AIDS Update '93, on Wednesday, September 29, 1993. I would like to formally invite Ms. Kristine Gebbie or someone from the National AIDS Policy office to speak at this annual event at California University.

As I mentioned, we had planned to have Mr. Yung-Kang Chow from Harvard Medical School to speak. However, because of recent changes in his life he is unable to be to us.

In the past six years the AIDS Update has become a major regional health awareness event. In addition, to drawing many of the 7,000 students it has also drawn attendance from the surrounding universities (Univ. of Pittsburgh, Carnegie Mellon, West Virginia University, plus several other academic institutions), health care professionals and students. Our speakers have included Dr. Richard Keeling, American College Health Association, plus many others. Please note the enclosed University articles.

As mentioned above, the topic for the event is an AIDS Update. I would like to ask if you would share your thoughts and perceptions on modifying behaviors as a preventative measure. Your position, expertise and dynamic speaking style would help us provide clear honest information to a regional population needing such a message.

I am excited about the possibility of Ms Gebbie or someone from National AIDS Policy

Office availability to speak to this region. If you have any questions please feel free to contact me at the above number. I look forward to hearing from you.

Faithfully,

The Rev. Phil N. Jamison, Jr.
National Co-Moderator

Post-it™ brand fax transmittal memo 7671 | # of pages ▸

To Buck Buckingham	From Rev Phil Jamison
Co.	Co. PAN
Dept. NDS Policy Office	Phone # 412 377 0778
Fax # 202 646-7054	Fax # 412 323 2256

California University
of Pennsylvania

250 University Avenue
California, Pennsylvania 15419-1394

FACSIMILE COVER SHEET

DATE: 9/10, 1993 TIME: 11:15

Please deliver the following pages to:

Name: Warren Buckingham

FIRM: _____

FAX # _____

Number of Pages 2

If you do not receive all pages, please call (412) 938-4076 and ask for Nancy (person transmitting).

SENDER:

Name: Norma Snyder

Fax#: _____

Message: _____

PRESS RELEASE

CALIFORNIA UNIVERSITY OF PENNSYLVANIA

AIDS UPDATE '93 - A YEAR OF HOPE

For the sixth time, California University of Pennsylvania presents its seminar on current trends in AIDS Awareness and Research on Wednesday, September 29, 1993 at 1:00 pm in Steele Auditorium. The featured speakers are Warren (Buck) Buckingham, Special Assistant for Planning and Development to the National AIDS Policy Coordinator, and Michael Quercio, recognized spokesperson on living with HIV disease and one of President Clinton's "Faces of Hope" during the 1993 Presidential Inauguration.

Earlier in the day, from 10:00 am to 1:00 pm, local AIDS organizations will have displays in front of the Natali Student Center. In an effort to promote education and awareness of AIDS and its related issues. Now in its sixth year, AIDS UPDATE has built a firm history in providing the very latest in information on both causal factors and the human condition.

For more information contact:

[redacted] 412 [redacted]

AIDS UPDATE '93

SCHEDULE OF EVENTS

SCHEDULE OF EVENTS

Wednesday, September 29, 1993

10:00am - 1:00 pm: AIDS educators and Task Forces will be available to answer questions and distribute literature.

LOCATION: In front of the Natali Student Center (weather permitting)

1:00 pm - 3:30 pm: Buck Buckingham, National AIDS Policy Office and Michael Quercio, a recognized spokesperson on living with HIV disease.

LOCATION: Steele Auditorium

California University
of Pennsylvania

250 University Avenue
California, Pennsylvania 15419-1394

FACSIMILE COVER SHEET

DATE: 9/10, 1993 TIME: 10:15

Please deliver the following pages to:

Name: Warren Buckingham

FIRM: _____

FAX # 202-632-1096

Number of Pages 11

If you do not receive all pages, please call (412) 938-4076 and ask for NANCY (person transmitting).

SENDER:

Name: Norma Snyder

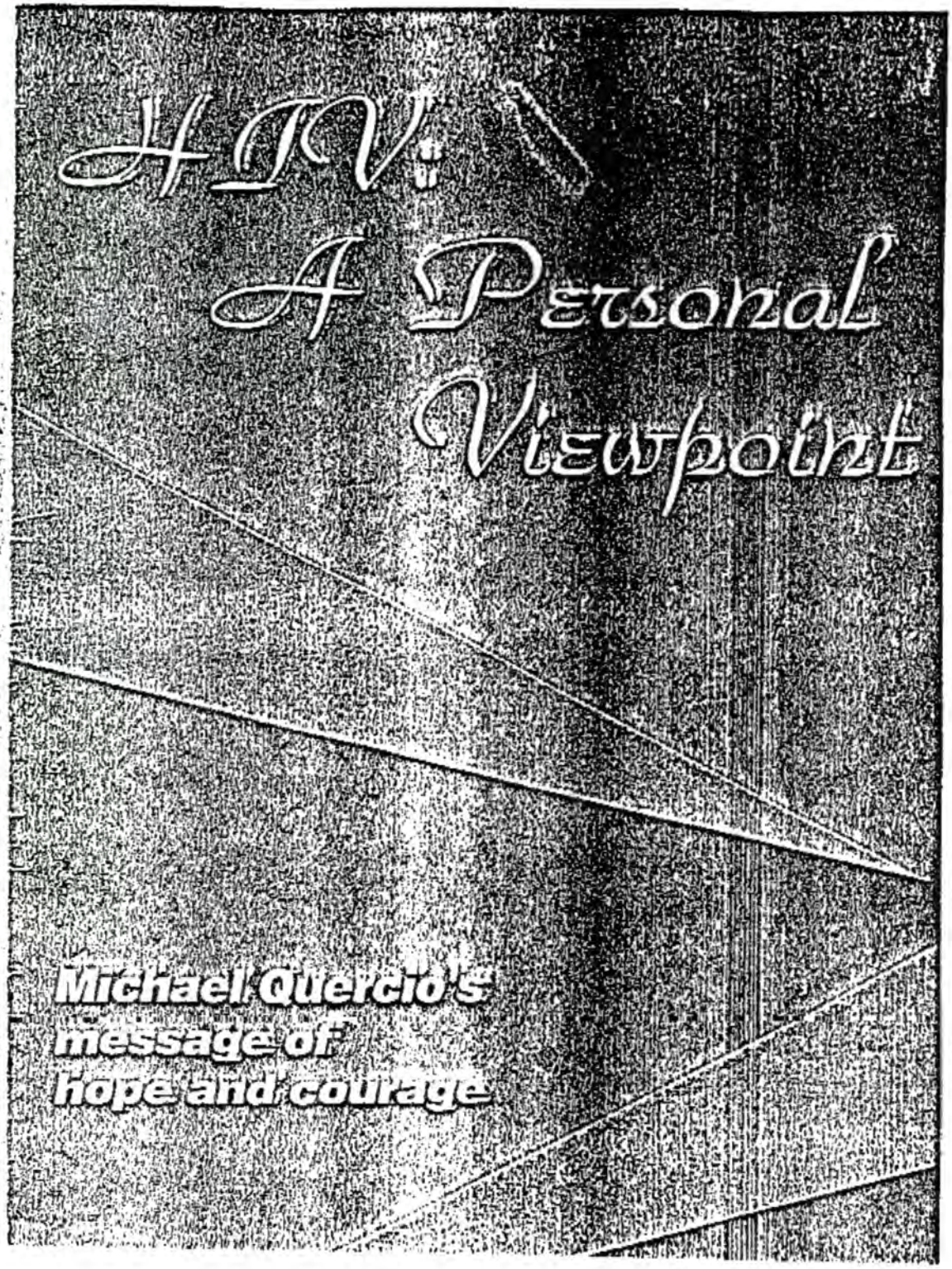
Fax#: _____

Message: _____

_____

_____

_____



MICHAEL QUERCIO

As a recognized spokesperson on the topic of HIV/AIDS, Michael Quercio presents a message of hope and courage as he shares his own spiritual experience of living with the virus.

Michael was one of the 53 people honored by President Bill Clinton and Vice-President Al Gore, for the "Faces of Hope" celebration (part of the 1993 Presidential Inauguration). Upon being selected, Michael has made personal appearances

being selected, Michael has made personal appearances on CNN, CNBC, CBS news, NBC news and Boston Area stations. He has been featured in the Washington Post (12/28/92), New York Times (12/29/92), Boston Globe (12/29/92), UPI (12/29/92), AP (12/29/92) and USA Today (12/30/92). On December 30, 1992, Michael was a guest on National Public Radio's All Things Considered.

At a recent (January 1993) HIV/AIDS conference in New Orleans, the pharmaceutical company, Burroughs-Wellcome, named Michael Quercio, National Spokeperson for the drug, AZT.

Michael was the keynote speaker at the 1992 fall conference for the National Association of Independent Schools.

In early July, 1992, Michael had the honor of being selected as one of the three finalists in President Bill Clinton's search for a speaker to address the Democratic National Convention on the topic of AIDS.

As a marathon runner (Have you seen him jogging with President Clinton?), Michael completed his seventh Boston Marathon this past (1992) Spring. He was featured on WCVB-TV's (Boston), Chronicle, in an in-depth interview about young athletes facing the challenges of living with HIV.

Educated at Assumption College (Worcester, MA), Michael earned a Bachelor of Arts Degree in Political Science (May, 1988).

Michael had a very successful career in business. He began his career with Traveler's Insurance Company as an Account Manager in the law department, and most recently as a Claims Representative. He left the insurance business in August of 1992, so that he could devote himself full-time to the education of others on HIV/AIDS.

Due to an extraordinary successful presentation at Worcester Academy last spring, Michael was invited to be a faculty member at Worcester Academy. He is currently teaching a series of AIDS prevention seminars.

Michael is also a HIV/AIDS Counselor for teens at risk at Y.O.U. Inc (Youth Opportunities Upheld). He is a board member of AIDS Project Worcester where he also serves on their executive committee.

Having spoken at over 200 schools and colleges, his lectures are always regaled with standing ovations.

The focus of Michael's talk will be on the need for sensitivity to the psychosocial implications of the disease as well as the importance of addressing the issue of denial.

# # #

Michael Quercio

Recognized spokesperson on the topic of HIV/AIDS

Michael Quercio's talk, "HIV: A Personal Viewpoint", is a message of hope and courage as he shares his own spiritual experience of living with the virus. The focus will be on the need for sensitivity to the psychosocial implications of the disease as well as the importance of addressing the issue of denial.

"Mr. Quercio is a dynamic speaker well-versed and articulate on the subject of AIDS/HIV. He relates well with his audiences and regularly moves them to laughter, tears, and standing ovations. He is straightforward and honest, while at the same time respectful and appropriate."

- Assumption College

"Michael is a terrific speaker and an outstanding man being who could make a contribution to edu and sensitivity efforts on any college campus."

- College of The Holy Cross

- *Honored as one of the 53 people by President Bill Clinton and Vice President Al Gore for the "Faces of Hope" celebration for individuals who have made significant contributions to their communities. Mr. Quercio was selected for his outstanding work in the field of HIV/AIDS education.*
- *Personal appearances on "Good Morning America", CNN, CNBC, and Boston Area stations.*
- *Has been featured in the New York Times (12/29/92), Boston Globe (12/29/92), UPI (12/29/92), AP (12/29/92), and the Washington Post (12/23/92).*
- *Guest on National Public Radio's All Things Considered.*
- *Chosen as one of the three finalists in President Bill Clinton's search to address the 1992 Democratic National Convention on the topic*
- *Keynote Speaker at the National Association of Independent Sch*
- *HIV counselor for teens at risk at Youth Opportunities Upheld (Y.O*
- *Part-time faculty member at Worcester Academy (MA), where he teaching a series of AIDS prevention seminars.*
- ~~*Keynote Speaker at the National Association of Independent Sch*~~
- *Executive Board member of AIDS Project Worcester, Massachusetts.*
- *Featured on WCVB-TV's (Boston), Chronicle, in an in-depth interview about young athletes facing the challenge of living with HIV.*
- *Has spoken at over 200 schools and colleges on the topic of HIV/AIDS.*

F

inform

regarding Michael Quer
outstanding speakers, artists & spe
contact Dammah Productions at (205

COLLEGE OF THE HOLY CROSS
WORCESTER, MASSACHUSETTS 01610-2395

OFFICE OF DEAN OF STUDENTS
TEL: (508) 793-2411
FAX: (508) 793-2778

March 3, 1992

TO WHOM IT MAY CONCERN:

Mr. Michael Quercio addressed a standing-room only crowd of students on February 18, 1992 in the Campus Center at Holy Cross College. The Worcester native and Assumption College alumnus was the featured speaker of the evening's program, Living with AIDS/HIV: A Personal Experience. Holy Cross students and administrators alike were captivated and moved by Mr. Quercio who is an engaging and dynamic speaker.

Michael connected with the audience almost immediately during his presentation which focused on living with the HIV virus, sexual decision making, lifestyles, prevention and stereotyping. During the course of the presentation Michael cultivated an atmosphere of trust with the audience enabling him to interact positively during the question and answer segment. Besides his personal perspective Michael is also quite knowledgeable about the epidemiology of HIV/AIDS and current treatment alternatives.

Mr. Quercio had an enormous impact on the 175 people who attended this program at Holy Cross. There were many positive comments from staff and students and our peer educators received a big moral boost with the attention Michael generated. Michael is a terrific speaker and a outstanding human being who could make a contribution to education and sensitivity efforts on any college campus. I recommend Mr. Michael Quercio for a speaking engagement at your institution without reservation and would welcome the opportunity to serve as a reference on his behalf.

Sincerely,

John J. King
Assistant Dean of Students

Tantasqua Regional High School

BRIMFIELD • BROOKFIELD • HOLLAND • STURBRIDGE • WALES

319 Brookfield Road
Fiskdale, Massachusetts 01518

TELEPHONE 508-347-9301

FRANCIS G. SIMANSKI
PRINCIPAL

JAMES N. WHITE
ASSISTANT PRINCIPAL

CHRISTINA PELOUZE
GUIDANCE DIRECTOR

May 6, 1992

Dear Michael,

It is difficult for me to put into words the tremendous impact I want you to know you have made during the time you visited us at Tantasqua Regional High School. What is so [illegible] words alone cannot adequately describe the powerful meaning your presence and talk had for our students. Certainly it is clear to me that you have a wonderful gift of communication (A definite asset for your political aspirations!). Your message was very well received, Michael. Because of your personal talents, you were able to establish an instant rapport with your audiences and engage them in an honest and mutually respectful conversation.

Not only did you succeed in reaching students about the importance of AIDS awareness, but you were equally effective in developing in students a better understanding and acceptance of diversity. I believe students have been presented an opportunity to reflect on their attitudes about homosexuality, have demonstrated a willingness to confront any biases they may have, and have become more tolerant of others.

Students who have approached me were all moved by your thoughtful commentary and have each been enlightened in immeasurable ways.

We are privileged to have you accept our invitation to return on June 8, at 8:30a.m. for two large group sessions.

Sincerely,

Christina G. Pelouze

Christina G. Pelouze
Director of Guidance

TELEGRAM & GAZETTE
(Est. May 10, 1866) (Est. Jan 1, 1866)
Established April 17, 1989

PETER E. THERIOT, *Publisher*
JOHN P. WIDDISON, *Exec. Managing Ed.*
LEAH LAMSON, *Managing Ed/Region*
BRUCE S. BENNETT, *Deputy Publisher*
HARRY T. WHITIN, *Managing Ed. News*
ROBERT Z. NEMETH, *Chief Editorial Writer*

In our opinion

AIDS education

Ignorance is its ally, knowledge its foe

"I don't dream of being 40 or 50. I don't dream of buying a big house. I don't dream of going to law school," Michael Quercio, an Assumption College alumnus infected with the AIDS virus said the other day. "There is no cure, there is no second chance."

Not for him, not for Magic Johnson, not for the many who are HIV positive and will develop AIDS in the next 10 years.

Michael's message is that AIDS will not disappear if we ignore it. Quite the reverse: Ignorance is its ally.

The most powerful weapons against AIDS are knowledge and information. Schools must spread the message of the dangers of AIDS — starting in junior high, when some children first become sexually aware, in high school when many become sexually active, and going right through college, when many people get their first taste

Assumption College deserves credit for giving Quercio a forum, and for aggressively pursuing AIDS education. All freshmen are required to receive AIDS information as part of summer orientation.

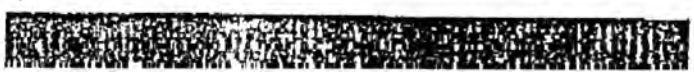
Other programs carry the message further and involve the college community through the Office of Campus Ministry, the health center and student peer counselors.

Other schools and colleges in Central Massachusetts have their own AIDS education programs, too — and that's commendable. AIDS recognizes no ideology, affiliation or religion.

Assumption, a Roman Catholic school, makes clear its moral position on sex, in line with church teaching, but separates it from factual discussion of AIDS. That's the way it should be. Knowledge can mean the differ-

EDITORIAL:

I am very proud to be associated with Assumption College. This



mistakes can happen to them, too, and not to realize that each of them is

Regis Lefebvre

...holds true for many reasons since I came to the College 5 years ago, but another example of why I feel that way happened as a result of a recent talk given by Michael Querzo '88.

Assumption's mission is to "teach for the truth" and to help students develop skills to continue that quest throughout their lives. This mission applies beyond the academic classroom, here. Michael Querzo, who is HIV positive, told an audience of over 350 people (students, faculty, staff and the press) strong, very personal truths about "Facing AIDS." Not fluff. Facts. Feelings. A talk that drew a few hundred students who, deep down, knew they really should learn more. And who better from than one of their own?

The audience immediately identified with Michael, as he reminisced about what his experience at Assumption meant to him, and told how he'd dreamed about coming back to speak to the College community some day as a hot-shot lawyer. Instead, he ended up coming back to share that he has the HIV/AIDS virus, that he loves Assumption and each of us, and hopes that he can expand our education with some hard and vitally important facts. His mission is, hopefully, to save at least "one person's world," and to clearly show, particularly the students, that, yes, it can happen to them, just as simply as it happened to him. Michael said he was aware of how AIDS is contracted, and didn't think/didn't make the right choices.

Assumption's Office of Student Affairs and Campus Ministry offer extensive programming for students concerned specifically with chipping away at denial, especially around the issue of AIDS. (They always clearly state the Catholic Church's position on the subject.) They know that this education must be done on an ongoing basis because it is the genetic nature of youthful inexperience not to believe that tragedy and ...ultimately responsible for his/her own actions.

Michael's message was direct and clear. Without preaching or lecturing, he told us what he'd been through, so far, what would be happening down the road, and how he was dealing with accepting and living with the hard truths. He beautifully demonstrated open acceptance of each of us in the audience as well as our everyday vulnerabilities and humanness. Students, so struck by Michael's candidness, asked him real, direct and deeply personal questions, ones we hardly allow ourselves to think, let alone ask, especially of a stranger, in public. They obviously felt very safe. And each question was answered, completely. Very edifying. Riveting. The evening's presentation left everyone much more able to talk openly about AIDS, and very well informed on the subject. By Michael's example we all learned about loving relationships, loving alternatives, and, especially, about loving ourselves, which is so important to our personal growth.

This is why I feel Assumption College is a community to be proud of. The rich opportunity to learn and grow together (unfortunately, in this case through pain, but in a sharing community) is so healthy and not atypical of the way the College cares for the individual. I commend Michael for his bravery in coming forward to share his story for our edification, as well as the Assumption Students for AIDS Programming (SAP), the Student Affairs Office, especially associate director of Student Affairs, J. Richard Christiansen, and Campus Ministry for their continuous, caring support of the ongoing, personal needs of our young men and women.

by: Nancy McBride, *Editor of the QUARTERLY, director of Public Relations, Publications, and Advertising, and parent of current student.*

ASSUMPTION COLLEGE
500 Salisbury Street, PO Box 15005, Worcester, MA 01615-0005 Tel: 508/752-5615

OFFICE OF STUDENT AFFAIRS

June 12, 1992

Mr. Harold Ickes
Convention Manager

Convention Manager
Clinton for President Campaign
1560 Broadway Suite 700
New York City, NY 10036

Dear Mr. Ickes:

I am advised that your office has been in contact with *MR. MICHAEL QUERCIO*, Worcester, Massachusetts, regarding his possible involvement in this year's Democratic Convention. Given my high regard for Mr. Quercio, as well as Assumption College's great indebtedness to him for his fine work over the past year, I am compelled to correspond with you on his behalf.

Last June, Mr. Quercio offered his services as a speaker on the subject of AIDS/HIV. Since that time, he has related his experiences as an HIV-positive person with dozens of audiences, large and small. Assumption College started an aggressive AIDS education campaign (mandatory for all students) in 1988, with a limited degree of success. It was not until *Mr. Quercio* became involved that we noted satisfactory progress. He was an instant sensation on our campus. Mr. Quercio is a dynamic speaker, well-versed and articulate on the subject of AIDS/HIV. He relates well with his audiences and regularly moves them to laughter, tears, and standing-ovations. He is straightforward and honest, while at the same time respectful and approriate. He handles even the most difficult questions with aplomb.

With regard to his personal character, Mr. Quercio is an exemplary individual. In spite of the difficulties he faces from HIV-infection, he leads a life of dignity and hope. He has committed himself to serving others in the cause of stemming the AIDS epidemic. Without a doubt, Mr. Quercio is one of the finest individuals with whom I have been associated. I urge you to give him all due consideration as a prospective speaker at the 1992 convention.

Pittsburgh AIDS Task Force
905 West Street • Fourth Floor • Pittsburgh, PA 15221-2833 • 412/242-2500 • Fax 412/242-2440

FAX TRANSMITTAL

TO: Dr. Arthur Lawrence **FAX#:** (202) 690-6584

FROM: Michael L. Neal
Executive Director **FAX#** (412) 242-2440

DATE: 8/9/93

NUMBER OF PAGES TO FOLLOW: 2 (including this page)

****

MESSAGE:

Dear Dr. Lawrence;

The below list is a list of the individuals who will be in attendance at the meeting with Christine Gebbie. I am awaiting the exact time of the meeting. If you could call me once this time is set, I will arrange for everyone to attend on time. At this time, I am planning to meet around 2:00 pm.

1. Michael L. Neal
   Executive Director
   The Pittsburgh AIDS Task Force - a community based AIDS Service Organization providing direct non-medical support services to people living with HIV/AIDS, HIV prevention programs and Education programs.

2. Randal Forrester
   Executive Director
   PERSAD Center - a mental health agency focused on providing mental health counselling to sexual minorities and people

living with HIV/AIDS.

3. Beverly Pollock
   President, Board of Directors
   Shephard Wellness Community - a community based AIDS Service Organization focused on providing wellness to people living with HIV/AIDS through spiritual support, and peer support.

4. Anthony Silvestre, PhD.
   The Pitt Mens Study - a federally funded project of the University of Pittsburgh. This is part of the MAC studies being conducted in other areas of the country. The focus of this study, is to look at sexual behavioral change of gay men in the Pittsburgh area. The study intends to show the correlation between the AIDS epidemic and behavioral change.

5. Karen Reddick
   Minority Programs Manager
   The Pittsburgh AIDS Task Force - Ms. Reddick manages the minority prevention programs of the Pittsburgh AIDS Task Force. The objective of this program is to heighten Awareness of the AIDS epidemic within the African American communities of Pittsburgh.

6. Jane Stock
   Person Living with HIV
   Jane is a volunteer of the Pittsburgh AIDS Task Force providing her volunteer services as a speaker to various audiences providing her personal perspective on living with HIV.

7. James E. Miles Jr.
   Family Therapist
   Alternative Program Associates.
   Project Recruiter for the Community AIDS Risk Reduction Project
   South Western PA AIDS Planning Coalition Consumer Representative to the Pennsylvania HIV Planning committee. Community Advisory Board member Pitt Mens Study.

Could not fit into
schedule. ? Rose calls
to Hear when Here?

Art,

OPTIONAL FORM 99 (7-90)
FAX TRANSMITTAL # of pages ▶

To	From
Attn Jennifer	Alicia Blessington
Dept./Agency	Phone #
Fax # 202-690-7560	Fax # 215 596-0123

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Region III

MEMORANDUM

DATE: August 3, 1993

FROM: Regional NAPO/FDA Coordinator

SUBJECT: Kristine Gebbie's Participation at Conference in Pittsburgh

TO: Director Resources Analysis and Information Services Staff

I have contacted key people in Pittsburgh and they would be very pleased to meet with Kristine Gebbie to discuss their programs. If Kristine is available to visit programs the following people may be contacted:

Monto Ho, M.D.
Director Pittsburgh Treatment Evaluation Unit
University of Pittsburgh
412-624-3092

Charles Randola
Director Pitt Mens Study
412-624-5046

Donald Mattison
Dean Graduate School of Public Health
University of Pittsburgh
412-624-3001

Linda Frank, Ph.D.,M.S.N.
Senior Project Director
PA AIDS Educational and Training Center
University of Pittsburgh
412-624-1895

I will be out of the office for the next two days but my secretary can reach me if you have questions.

Appreciate your assistance and I will confirm with these people as soon as you let me know Kristine's schedule. I will not be at the conference due to lack of availability of funds.

Alicia M. Blessington, M.S.N., R.N.

Alicia M.Blessington, M.S.N.,R.N.
Regional NAPO/FDA Coordinator

Allegheny City { BRUCE DIXON
412-578-8008
Mensen emig.

July 30, 1993

NOTE TO ART LAWARENCE:

Sorry to have taken so long. It's been an awful week. As I'm sure the services in the city will easily provide people. We've try to target those in rural and suburban areas near Pittsburg who would normally not be included in the meeting with Kris. I've also listed key service providers in the Pittsburgh area.

Jim and Lori DeMarco
2605 Tenth Avenue
Beaver Falls, Pennsylvania 15010
412.843.7673

(Jim and and his wife are both recovering addicts. She was pregnant when they learned of their serostatus. She was a nurse's aid.)

Kevin McKinley
916 West College Avenue
Apt. A
State College, PA 16801
814.861.7273

(Kevin is 25 year old gay male.)

Tom Tuesing
Post Office Box 103
Hambleton, West Virginia 26269
304.478.3943

(Tom is a former health care worker.)

Chris Morrison
Mountain State AIDS Network
235 High Street
Suite 306
Post Office Box 1221
Morgantown, West Virginia 26505-3411
304.292.9000

Michael Neal
Pittsburg AIDS Task Force
905 West Street
4th Floor
Pittsburgh, Pennsylvania 15221-2833
412.242.2500

921-8617

Mahoning County Task Force on AIDS
P.O. Box 1143
Youngstown, OH 44501
216.742.8766

A Quiet Place
166 W. Princeton Ave.
Youngstown, OH 44507
216.743.6025

Pittsburgh AIDS Task Force
905 West St.
Pittsburgh, PA 15221
412.242.2500

Community AIDS Educators
300 Liberty Ave.
Room 514
Pittsburgh, PA 15222
412.565.5171

Ministerial Network on AIDS
377 S. Winebiddle St.
Pittsburgh, PA 15224
412.731.2192

Anawim
P.O. Box 362
Pittsburgh, PA 15230
412.782.4023

RUNNER

ATHENS AIDS TF
614-592-4397

KATE WALLACE
216 - 782-8136 (H)
742-8811

Review page

Ex Lynn Edwards
Bev. Pollock
[illegible] 3879

Minutes = Robbie Hewitt
Report

MAHONING -
KATE WALLACE
PRES.

REV. TOM CLARK
CHAIR, CLERGY SOLD. FOR TF

JERRY JO SMITH
MOTHER WHO LOST SON

SR NANCY DAWSON
OR
SR KATHLEEN KINCAID
~~[illegible]~~ URSULINE
SR.

Facsimile Transmittal Sheet

NAPWA

National Association of People With AIDS

DATE: July 30, 1993
TO: Art Lawrence
FAX#: 690.7054
FROM: A. Cornelius Baker
RE: Pittsburgh Trip
 # OF PAGES (including Cover): 3
MEMO:

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CONTACT US IMMEDIATELY

1413 K Street, NW
10th Floor
Washington, DC 20005-3405
(202) 898-0414 (Voice)
(202) 898-0435 (Fax)

Dr. Arthur Lawrence
Enclosure

MEETING #1:
Representatives from the Southwest Ryan White Coalition:

Southwestern PA AIDS Planning Coalition
Dana Phillips
Jewish Health Care Foundation
Centre City Tower, Suite 2550
650 Smithfield Street
Pittsburgh, PA 15222
(412) 232-6509

Southwestern PA AIDS Planning Coalition
Cynthia Klemanski
PACT
Presbyterian University Hospital
DeSoto at O'Hara Streets
Pittsburgh, PA 15213-2582
(412) 647-2038

MEETING #2:
Representatives of the HIV A[illegible] Substance Abuse Outreach Project:

~~Annette Green~~ Bernadette Holmes ~ Aurelia Brooks
Allegheny County MH/MR/DA
1224 Boyle Street
Pittsburgh, PA 15212
(412) 355-4291

Xiaoyan Zhang, Ph.D.
Director of Research
Institute for the Black Fam[illegible]
230 S. Bonquet Street
3509 Forbes Quadrangle
Pittsburgh, PA 15260
(412) 648-7217

412-934-0387
HOME

Wilford A. Payne
Executive Director
Alma Illery Medical Center
7227 Hamilton Avenue
Pittsburgh, PA 15208
(412) 244-4700

Commonwealth of Pennsylvania

Department of Health

HARRISBURG

August 3, 1993

Dr. Arthur Lawrence
Office of the National
AIDS Policy Coordinator
Executive Office of the President
The White House
Washington, D.C. 20500

Dear Dr. Lawrence:

As per my discussion with you, I am Faxing the names of individuals for two different meetings to be scheduled with Ms. Christine Gebbie while he is in Pittsburgh, Pennsylvania on August 10, 1993.

In addition to the names on the enclosure, we would like the Director of our Department's Bureau of HIV/AIDS to also attend both meetings. This would afford her the opportunity to meet Ms. Gebbie. Her name and address are as follows:

Ms. Janice Kopelman
Director, Bureau of HIV/AIDS
PA Department of Health
Room 913 Health and Welfare Building
P.O. Box 90
Harrisburg, Pennsylvania 17120

If I can be of further assistance, please feel free to contact my office at (717) 787-9857. Thank you.

Sincerely,

Jeannine D. Peterson

Jeannine D. Peterson
Deputy Secretary for
Health Promotion, Disease and
Substance Abuse Prevention

Enclosure

P.O. BOX 90 HARRISBURG PA 17108

Commonwealth of Pennsylvania

Department of Health

HARRISBURG

WE ARE TELECOPYING TO YOU 3 PAGES, INCLUDING THIS PAGE.

PLEASE DELIVER AS SOON AS POSSIBLE TO:

Dr. Arthur Lawrence

TO SEND A FAX MESSAGE TO US, CALL (717) 772-6959.
TO TALK TO US, CALL (717) 787-9857.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF OTHER PROBLEMS OCCUR, PLEASE CALL US BACK AS SOON AS POSSIBLE.

SENT BY: Roseann Deutsch - for Jeannine Peterson

DATE: 8-3-93

MESSAGE:

AIDS meeting info. Per your request.

Public Health after Health Reform

National Academy for State Health Policy
August 10, 1993

Kristine M. Gebbie

Core Functions of Public Health
- Assessment
  - health status
  - risks/threats to health
  - health system capacity/quality
- Policy Development and Management
- Assurance
  - Disease control programs
  - Regulatory programs
  - Health Education
  - Outreach and Linkage
  - Quality assurance

Overlap with Personal Care System/Services
- health education
- outreach
- services to special populations
- selected services of public health importance

Data systems and needs

Transition Problems
- Infrastructure
- Staffing
- Conceptual base

National Academy for State Health Policy

50 Monument Square, Suite 302, Portland, Maine 04101
207-874-6524 • Fax 207-874-6527

Date: 7/22

TO:

Name: Kristine Gebbie

Office:

Fax No.: 202-690-7054

FROM:

Name: Jean Fisk

Allocation to: 93C

Number of pages following cover sheet: 7
Confirmation Number: 207-874-6524

PLEASE NOTE NEW ADDRESS, PHONE & FAX NUMBER

Kris - Here are all of the conference materials. Please call the hotel today to receive the conf. rate for ~~two~~ rooms (412-281-3700). Also, please fill out & fax back the registration form & the AV & authorization to record forms. Thanks!

National Academy for State Health Policy

50 Monument Square, Suite 302, Portland, Maine 04101
207-874-6524 • Fax 207-874-6527

June 17, 1993

Chris Gebbie
Office of the Assistant Secretary
DHHS-Room 2132, Switzer Building
330 C St., SW
Washington, DC 20201

Dear Chris:

Thank you for your interest in the Academy and your willingness to speak at our 6th Annual State Health Policy Conference to be held August 8-10 at the Vista Hotel in Pittsburgh, PA. We are delighted that you will serve on the conference faculty and enclose detailed information to assist you in your planning.

The Academy is a voluntary organization of state health policy leaders and does not have core support nor a dues paying membership base to sustain us. Our budget is based on particular projects, identified by the annual policy conferences and our steering committees, and, therefore, the conference must be self-sustaining. Speakers are asked to provide for their own travel costs and we appreciate your willingness to do so. We are pleased to be able to waive your registration fee, if necessary, and appreciate that some organizations will pay that fee for speakers in support of the Academy.

Last year's highly successful conference saw registrants from 48 states representing a wide variety of legislative and executive branch positions and resulted in excellent evaluations from those in attendance. The conference is a unique one in that it cuts across traditional agency barriers and examines cutting edge policy issues from this multidisciplinary perspective. Our goal is to be as informative as possible and to engage the audience actively in discussion. Therefore, it is crucial that sessions be focused and that time limits be strictly enforced by the moderator to assure time for discussion. Moderators are responsible for contacting speakers to finalize plans for the session.

It will be necessary for you to make your own travel and hotel arrangements and to complete and return the enclosed registration form. In addition, we ask you to complete and return the enclosed audiovisual request form so that we can assure that any equipment you

need is available when and where you need it. Finally, we ask your permission to record your presentation. Because the conference runs in tracks of concurrent sessions, attendees cannot always take advantage of all our offerings and they often request that we make tapes available for their purchase, which, with your permission, we are happy to do. The green audiovisual request and the yellow authorization to record forms must be returned **by July 19.**

Should you have any questions about your session at the conference, please contact me or your conference moderator.

Thank you again for your willingness to develop a presentation for the conference. It promises to be our best yet!

Sincerely,

Trish

Trish Riley
Executive Director

Congratulations too, on your new position!

Enclosures

NATIONAL ACADEMY FOR STATE HEALTH POLICY
6th Annual State Health Policy Conference
August 8-10
Vista Hotel
Pittsburgh, PA

Session Summary Form

Session Title: Dinosaurs or Dynamos?
Public Health Agencies in an Era of Health Reform

Session Date and Time: Tuesday, August 10, 1993, 9:00-10:30 a.m.

MODERATOR

David Murday, Ph.D.
Director of Research
Joint Legislative Health Care Commission
P.O. Box 11867
Columbia, SC 29211
Phone: 803-734-2906 • Fax 803-734-2907

PANELISTS

Kotsline
Chris Gebbie
Office of the Assistant Secretary
DHHS-Room 2132, Switzer Building
330 C St., SW
Washington, DC 20201
202-205-8660

Allan S. Noonan, MD
Secretary of Health
Department of Health
P.O. Box 90-Room 802
Harrisburg, PA 17108
717-787-6436

Sara Rosenbaum
Senior Research Staff Scientist
Center for Health Policy Research
George Washington University
2021 K St., NW
Washington, DC 20052
202-296-6922

CRAWFORD Room EAST.

SESSION SUMMARY:

Responding to basic flaws in our health care delivery system, state and local public health agencies have included, as a major part of their mission, the delivery of personal health care services. These services include clinical preventive services as well as more traditional primary care services. If reformers are successful in assuring all Americans a medical home which emphasizes primary and preventive care, how many of these traditional public health services will be provided by private health care systems? Are there enough other unmet health needs to justify large traditional public health agencies? Do public health agencies have a vision for their future or will they cling to their past? Is their vision shared by policymakers and the taxpaying public?

PLEASE RETURN BY JULY 19

NATIONAL ACADEMY FOR STATE HEALTH POLICY

Sixth Annual State Health Policy Conference

State and Federal Health Reform: Now Who Does What?

Request for Audiovisual Equipment

Session Title: _____

Day/Time: _____

Name: _____

Please check any equipment you will need:

_____ 35 mm carousel slide projector

_____ overhead transparency projector

_____ screen

_____ flipchart, easel, markers

_____ other (please specify below)

Preconference

Delivering National Health Reform: State Responsibilities & Options

August, 8, 1993
State and Federal Officials Only
9:00 a.m. – 4:00 p.m.

This intensive, interactive seminar will examine emerging issues and technical assistance needs of states as they consider reform amidst national change. The agenda will be organized as a series of roundtable discussions to maximize audience participation and information exchange.

9:00-9:30 ***The Shape of Things to Come: State Responsibilities***
Rick Kronick, member White House Task Force on Health Care Reform and Professor, University of California at San Diego

9:30-10:30 ***Purchasing Alliances***
How should they be governed? How can we make them work? Should they be voluntary? Mandatory? Competing? How? Which traditional state functions stay with the state, which go to the alliances? How will cost containment objectives be met?

10:30-11:30 ***Negotiating and Selecting Health Plans***
What strategies work best to negotiate and contract with HMOs, insurers? How are integrated delivery systems constructed, regulated?

11:30-12:30 ***Global Budgeting and General Data Needs***
How do we construct a global budget? What are the data needs and how do we get what we need? How do we know a good buy when we have one?

12:30-1:30 ***Lunch***

1:30-3:00 ***Integrating the Poor and Special Populations into Reforms***
What happens to Medicaid? What are the short term possibilities for Medicaid reforms through demonstrations and waivers? How can acute and long term care be integrated? What happens to categorical programs, public health providers and people with chronic illnesses in reform?

3:00-4:00 ***The Politics of Reform***
How can states link to multiple constituencies and the public at large to assure broad understanding of and commitment to reform? How can consumer, provider and payer interests best be mediated and addressed?

Next Steps
Summary of key concerns, identification of technical assistance needs and articulation of next steps the Academy and others can take to help states implement reform.

Confirmed Faculty to Date

*Anya Rader, Vermont Governor's Office
*Alan Weil, Colorado Governor's Office
*Richard Curtis, Institute for Health Policy Solutions
Rachel Block, Vermont Health Care Authority
Catherine Dunham, Robert Wood Johnson Foundation
Vernon Smith, Michigan Medical Services Division
*Pete Welch, Urban Institute
James R. Tallon, Jr., New York State Assembly
*Sally Richardson, West Virginia Public Employees Insurance Agency
Christie Ferguson, Office of Senator Chafee
*Mary Jo O'Brien, Minnesota Department of Health
Mary Kenison, Office of Demonstration and Evaluation, HCFA
*Mary Dewane, Office of Medicaid Managed Care, HCFA
Patricia Butler, Pew Fellow, University of Michigan
*Diane Rowland, Kaiser Commission on the Future of Medicaid (invited)
Linda Bilheimer, Congressional Budget Office (invited)
Sandra Shewry, California Major Risk Medical Insurance Board

*White House Task Force on Health Care participant

Other Confirmed Speakers

Sally Bachman, Brandeis University
S. Kimberly Belshé, California Health and Welfare Agency
James Bernstein, North Carolina Office of Rural Health and Resource Development
John Billings, United Hospital Fund of New York
Rich Bringewatt, National Chronic Care Consortium
Martin Burke, University of Montana School of Law
John Colmers, Maryland Health Care Access & Cost Commission
Doug Cook, Florida Agency for Health Care Administration
Robert Crittenden, MD, University of Washington
Larry Crist, Vermont Department on Aging
Robert D'Alessandri, MD, West Virginia University School of Medicine
Sara DePersio, MD, Oklahoma Department of Health
Susan Dietsche, Oregon Senior and Disabled Services
Mari-Lynn Drainoni, Brandeis University
Mark Epstein, National Association of Health Data Organizations
Allen Feezor, North Carolina Department of Insurance
Paul Fitzpatrick, New York State Office of Rural Health
Hank Foley, Ke Ola O Hawai'i
Irene Frazier, American Hospital Association
Diane Friedholm, Texas Medicaid
Kristine Gebbie, U.S. Department of Health and Human Services
Gerry Goodrich, New Jersey Department of Health
Jay Greenberg, United Health Care Corp.
Bill Hagens, Washington State Legislature
Denise Hallfors, Brandeis University
Brodess Hartley, Community Health, Inc.
W. David Helms, The Alpha Center
Denise Holmes, Michigan Department of Public Health
Kay Johnson, March of Dimes
Diane Justice, National Association of State Units on Aging
Rosalie Kane, University of Minnesota
Richard Ladd, Texas Health & Human Services Commission
David Lambert, University of Southern Maine
Charles LaVallee, Pennsylvania Caring Program for Children
Donzella Lee, Watts Health Foundation, Inc.
Bentley Lipscomb, Florida Department of Elder Affairs
Bill Little, Florida Department of Health and Rehabilitative Services
George Little, MD, Dartmouth-Hitchcock Medical Center
Manuel Martins, Tennessee Medicaid
Robert Master, MD, Medicaid Working Group
Barbara Matula, North Carolina Division of Medical Assistance
Donna McDowell, Wisconsin Division of Community Services
David Mechanic, Rutgers University
David Murday, South Carolina Joint Legislative Health Care Commission
Jeff Merrill, Center for Addiction and Substance Abuse
Lonna Milburn, University of North Dakota
Ira Moscovics, University of Minnesota
Keith Mueller, University of Nebraska Medical Center
Rose Naff, Florida Healthy Kids Corp.
Annie Neasman, Dade County (FL) Health Department
Allan Noonan, MD, Pennsylvania Department of Health
Pam Parker, Minnesota Department of Human Services
Peggy Quinn, Elmhurst Hospital
John Ramey, California Major Risk Medical Insurance Board
Charles Reed, Washington Aging & Adult Services
Cindy Resnick, Arizona Assembly
Sara Rosenbaum, White House Health Policy Advisor
John Rother, AARP
Elizabeth Ryan, New Jersey Department of Health
Charlene Rydell, Maine Legislature
Keith Schaeffer, Missouri Department of Mental Health
Bruce Siegel, MD, NJ Department of Health
Robyn Stone,* Project HOPE
James R. Tallon, Jr., New York State Assembly
Paul Tenan, New York State Department of Health
Jean Thorne, Oregon Medicaid
Bruce Vladeck, HCFA Administrator
Stan Wallack, Brandeis University
Carol Weissert, Michigan State University
David Wennberg, MD, Maine Medical Center
Don Weston, MD, University System of West Virginia

* Participant in Task Force on Health Reform

PLEASE RETURN BY JULY 19

NATIONAL ACADEMY FOR STATE HEALTH POLICY

State and Federal Health Reform: Now Who Does What?

Authorization to Record Presentations

I, _____, consent to the recording of my presentation at the National Academy for State Health Policy's 6th Annual State Health Policy Conference, "State and Federal Health Reform: Now Who Does What?" on August 8-10, 1993 in Pittsburgh, PA.

I waive any claim for liability on the part of the NASHP and agree to make no claim for compensation in connection with these recordings.

Signature: _____

Name (Print): _____

Date: _____

No, you may not record my remarks at the National Academy for State Health Policy's 6th Annual State Health Policy Conference on August 8-10 in Pittsburgh, PA.

Signature: _____

Name (Print): _____

Date: _____

50 Monument Square, Portland, Maine 04101 • Phone: 207-874-6524 • Fax: 207-874-6527

National Academy for State Health Policy—6th Annual State Health Policy Conference

State and Federal Health Reform—Now Who Does What? 6/29/93

SUNDAY, August 8	**PRECONFERENCE 10:00-4:00** Conference Registration—1:00-4:00			**Reception and Dinner—5:00-8:00 p.m.** **White House Official (Confirmed; TBA)**	
MONDAY, August 9	Who's in Charge of Long Term Care?	State Roles in Reform: Near Term Solutions, Long Term Goals (CA, WA, FL)	Experience With Special Populations in Managed Care	Defining and Assuring: Preventive Services in an Integrated System	Access to Primary Care: Can We Get it Right?
8:00-9:45	**James Tallon (confirmed); Walter Zelman and Senator Paul Wellstone (invited)**				
10-11:30	Who's in Charge of Long Term Care?	State Roles in Reform: Near Term Solutions, Long Term Goals (CA, WA, FL)	Experience With Special Populations in Managed Care	Defining and Assuring: Preventive Services in an Integrated System	Access to Primary Care: Can We Get it Right?
Noon-1:30	**Reed Tuckson, MD (Invited)**				
1:30-3:00	Health Care Reform For All? Universal Access for Vulnerable Populations **Plenary**			Rural Health Reform: Choices and Opportunities **Plenary**	
3:30-5:00	Restructuring and Expanding Long Term Care in a Restrained Environment	State Capacity to Deal with the Brave New World of Health Reform	Health Alliances: Will They Work for States?	Substance Abuse & Mental Health: Picking up the Pieces after Health Reform	Children's Health Plans: A Step on the Road to Reform
5:30	**OPTIONAL EVENING EVENT**				
TUESDAY, August 10					
(Roundtables) 7:30-8:45					
9:00-10:30	Dinosaurs or Dynamos?: Public Health Agencies in an Era of Health Reform Sara Rosenbaum (confirmed) **Plenary**			State Health Reform as a Vehicle for Cost Containment (Oregon, Maryland, Minnesota) **Plenary** Jean Thorne, John Colmers, Mary Jo O'Brien (confirmed)	
10:45-12:15	Practical Innovations: The Future of Long Term Care	Role of Public Providers	The ADA and Health Reform	How Can States Foster Integrated Delivery Networks?	Toward Improving Outcomes for Pregnant Women
12:15-1:30	**"A New HCFA Relationship with the States"—Bruce Vladeck, HCFA Administrator**				
1:30-3:00	Closing Institutions: Strategies for Success		New State Initiatives (TN, AL, MT, LA)		Strategies to Expand Primary Care Practice and Training

Registration Information

Airline Discount

US Air has extended special discounts to attendees of the annual conference. A discount of 10% off unrestricted coach fares will apply with seven-day advance reservations and ticketing. To obtain this discount, you or your travel agent must call US Air's Reservation Office at 1-800-334-8644 and refer to **Gold File #51280041.** A shuttle van travels between the Pittsburgh airport and area hotels. The cost is $10 one way and $17 roundtrip; cab fare is approximately $30 one way.

Lodging

The Pittsburgh Vista Hotel, 1000 Penn Avenue is this year's conference hotel. **Attendees are responsible for making their own hotel reservations directly with the Vista.** Room rates are $71 per night, single occupancy, and $81per night double occupancy (plus tax). Conference rates are available from August 7-10 and cannot be guaranteed after **July 16**. Contact the Vista at 412-281-3700 and refer to ***The NASHP Conference.***

Conference

The Conference will begin on Sunday, August 8 at 5:00 p.m. and end on Tuesday, August 10 at 4 p.m. A Preconference, open to state and Federal government officials only, begins on Sunday, August 8 at 9:00 a.m., and ends at 4:00 p.m. Rates for the conference include admission to all sessions, conference manuals, a reception and dinner on Sunday evening, and breakfast and lunch on Monday and Tuesday. Finally, mingle and relax with your colleagues over an informal dinner at historic Station Square on the Monongahela River. A $40 fee includes transportation to a reception and dinner at the Grand Concourse in Station Square (a beautifully restored railroad station), views of the city and river and, if you are so inclined, a pass to take the famous *Incline* up Mount Washington for a spectacular view of the city and three rivers. Time will be available to take advantage of shopping opportunities at Station Square. Space is limited, so register early.

Refunds cannot be made and cancellations cannot be honored after **August 2, 1993**. Substitutions are permitted at any time, with notice

Registration

Name: _____

Title: _____

Organization: _____

Address: _____

_____

City/State/Zip: _____

Phone: _____

	Government	*Private*
Pre-Conference Only	100.00	NA
Conference & Pre-Conference	350.00	NA
Conference Only	300.00	700.00
Late (After July 20)	400.00	800.00
Monday Evening	40.00	40.00

Total Enclosed: _____ Dietary restrictions—if any:

Receipt required? ☐ Yes ☐ No

Please make checks payable to:
CHPD/NASHP
50 Monument Sq., Suite 302
Portland, Maine 04101
Fed ID #: 52-1576801

For more information, call 207-874-6524
You may register by fax! 207-874-6527

The National Academy for State Health Policy shall comply with Section 504, Title IX and the ADA and will provide reasonable accommodations to qualified individuals with disabilities upon request. If you need special services to participate fully in this conference, please contact Jan Fuk at 207-874-6524.

Joint Legislative
Health Care Planning and Oversight Committee

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 8
To KRISTINE GEBBIE	From DAVE MURDAY
Co. AIDS CTR	Co. HCPO GH
Dept.	Phone # 803-734-2906
Fax # 202-690-7054	Fax # 803 734-2907

South Carolina

STAFF:
DAVID E. MURDAY, PH.D.
PHYLLIS S. DRUMMOND

SUITE 216
Blatt Building
Columbia, S.C. 29201

803/734-2906
FAX 734-2907

July 16, 1993

TO: Allan S. Noonan, Secretary
Pennsylvania Department of Health

Kristine Gebbie, Consultant
US Department of Health & Human Services

Sara Rosenbaum, Senior Research Scientist
GWU Center for Health Policy Research

FROM: Dave Murday

RE: NASHP Annual Conference Session

Hello again. I appreciate your willingness to serve as the panel for the "Dinosaurs or Dynamos: Public Health Agencies in an Era of Health Reform" session on August 10. I have been asked to moderate the session and look forward to working with such a distinguished group of presenters.

I envision each of you speaking for twenty minutes, followed by thirty minutes of questions and answers. My thought was that you use your twenty minutes to frame the issue as you see it, emphasize the most important elements from your perspective, and conclude with some provocative thoughts for the future. Conference attendees are usually not shy; every year they request more opportunities to ask questions and engage presenters in a discussion.

As part of my homework, I have reviewed the recent literature on this topic and found it sparse and quite dry. For your information I have enclosed my distillation of the key topics, but I would encourage you to work from your own backgrounds and experiences rather than feel limited by an academic approach to the subject. (There is a brief discussion paper from CDC on "Public Health in the New American Health System" dated March 1993 -- I'll send it when I get a complete copy.)

While you were selected as panelists due to the diverse personal and professional perspectives you can and do represent, I would prefer that you not feel "typecast." I assume that your backgrounds and experiences will naturally shape your thoughts and comments, so do not feel compelled to wear a certain hat or represent a particular point of view.

As a long time procrastinator, it is with some irony that I make this next request. To help me as moderator and to help your fellow panelists prepare their remarks, I would like you to fax to me by Monday, July 26, a brief outline of your tentative remarks. NASHP staff may ask us to hold a conference call around that time or shortly thereafter. You will either hear more from me or from Jan Fisk, the administrative czar at NASHP. KMG?

Until then, please feel free to call me with your questions or concerns. Thank you for your willingness to share your thoughts.

Enclosure

cc: Jan Fisk, Administrative Czar
NASHP

THE POLITICS OF PUBLIC HEALTH (Camilla Stivers)
(In *Health Politics & Policy*, 1991)

"Public health is the science and art of 1) preventing disease, 2) prolonging life, and 3) promoting physical health and efficiency through organized community efforts for (a) the sanitation of the environment, (b) the control of communicable infections, (c) the education of the individual in personal hygiene, (d) the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and (e) the development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity."

The duties of state and local health departments conflict with the profession's self image. 1988 Institute of Medicine study concluded that the diversity of organizational arrangements and responsibilities in state and local health agencies suggests that there is no clear organizational focus for state and local public health, and little agreement among units of goverment about what public health means operationally. While it is possible to list functions performed by "nearly all" or "most" state health departments, few generalizations can be made about how deeply or in what manner these agencies are involved in any particular activity.

Because of great differences in population size and revenue base, local health departments range from agencies larger than some state health departments to bare bones operations. Given this variation, it is even harder to generalize about the functions performed by local health departments. Also many local health departments provide personal health services, particularly to those who would otherwise not be able to afford such services. This draws agency resources away from population wide disease prevention and health promotion activities.

In the 1960s, the leadership role in protecting the environment was gradually removed from public health departments and lodged in newly created departments of environmental services. This was a response to the growth of environmental programs and permit requirements that took place as environmental hazards worsened. The traditional health department model for handling environmental problems appeared outdated. In the same way, Medicaid and other health related programs went to other public agencies. Such fragmentation creates confusion over who has the power to act to solve health problems. Separate data systems in different agencies also hinder the kind of broad assessment and surveillance on which effective action depends.

The most striking of all the difficulties facing public health is a lack of public knowledge and support. State and local health departments have no apparent constituency, a serious handicap in a political system where organized interest groups play a key role in policy decisions. In addition, the general public has little knowledge of what health departments actually do. Many legislators, private health care providers, appointed officials, and members of the general public interviewed by the IOM study team view public health departments as passive and out of the policy mainstream. The IOM interviews paint public health staffs as papershufflers, enmeshed in red tape, out

of touch with reality, politically naive and ineffective; while agency personnel themselves complain that nobody pays any attention to their expertise and about the presence of politics in the policy process.

Public health personnel see themselves as engaged in a lonely struggle to promote public goods, such as infectious disease control, that have no organized advocates. Sincerely believing that their values and aims are consistent with the public interest, they lose sight of the fact that public decision making entails bargaining, negotiation, and compromise -- convincing others rather than merely furnishing what the profession feels is incontrovertible proof.

Clear organizational focus, increased fiscal resources and other needs of public health will be difficult to marshal as long as public health professionals continue to attempt to insulate practice from the politcal process. While society depends on public health action grounded in scientific knowledge, the governmental framework in which public health is practiced requires that science be transformed into policy. Reform is never simply a nonpartisan effort to build technical skills and organizational structures. Change in the public sector is inherently political. The politics of public health will not get better until public health professionals get better at politics.

THE FUTURE OF PUBLIC HEALTH (Institute of Medicine, 1988)

An impossible responsibility has been placed on America's public health agencies: to serve as stewards of the basic health needs of entire populations, but at the same time avert impending disasters and provide personal health care to those rejected by the rest of the health system. Public health is currently in disarray. Some of the frequently heard criticisms of public health are deserved, but this society has contributed to the disarray by lack of clarity and agreement about the mission of public health, the role of government, and the specific means to accomplish public health objectives.

Throughout the history of public health, two major factors have determined how problems were solved: scientific and technical knowledge, and the content of public values and popular opinions. Knowledge and values remain decisive elements in the shaping of public health practice. But they blend less harmoniously than they once did. Neither among the providers nor the beneficiaries of public health programs is there a shared sense of what the citizenry should expect in the way of services, and both the mix and the intensity of services vary widely from place to place. Such extreme variety of available services and organizational arrangements suggests that contemporary public health is defined less by what public health professionals know how to do than by what the political system in a given area decides is appropriate or feasible.

Tension between professional expertise and politics can be observed throughout the public health system. Public health professionals aim to maximize the influence of accurate data and professional judgement on decision making -- to make decisions as comprehensive and objective as possible. The dynamics of American politics make it difficult to fulfill this commitment. Decision making in public health, as in other areas, is driven by crises, hot issues, and the concerns of organized interest groups.

Lack of agreement about the public health mission is also reflected in the diversion in some states of traditional public health functions, such as water and air pollution control, to separate departments of environmental services, where the health effects of pollutants often receive less notice. There is a sharp tendency to take what are perceived as "important" programs (for example Medicaid and environmental programs) away from health departments.

To provide a set of directions for public health that can attract the support of the total society, the IOM committee made three basic recommendations:

- The committee defines the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy.
- The committee finds that the core functions of public health agencies at all levels of government are assessment, policy development, and assurance. The committee recommends that every public health agency:
    - Regularly and systematically collect, assembly, analyze, and make available information on the health of the community, including statistics

on health status, community health needs, and epidemiologic and other studies of health problems.

- Exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision making about public health and by leading in developing public health policy. Agencies must take a strategic approach, developed on the basis of a positive appreciation for the political process.

- Assure constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (private or public sector), by requiring such actions through regulation, or by providing services directly.

- Involve key policymakers and the general public in determining a set of high priority personal and communitywide health services that governments will guarantee to every member of the community. This guarantee should include subsidization or direct provision of high priority personal health services for those unable to afford them.

- In addition to these functions, which are common to federal, state, and local governments, each level of government has unique responsibilities.

Restoring an effective public health system neither can nor should be achieved by public health professionals alone. Americans must be concerned that there are adequate public health services in their communities, and must let their elected representatives know of their concern. The specific actions appropriate to strengthen public health will vary from area to area and must blend professional knowledge with community values. The committee intends not to prescribe one best way of rescuing public health, but to admonish readers to get involved in their own communities in order to address present dangers, now and for the sake of future generations.

CREATING A HEALTHY PUBLIC (C. William Keck, 1991 Presidential Address)
(*American Journal of Public Health*, September 1992, 1206-1209)

APHA has advocated a national health program for the past 50 years:

- Changing the imbalance between our medical/clinical high technology model and preferred community based models of primary care that emphasize health promotion and disease prevention.
- Making the impact on health a major consideration in the development of all public policy.
- Linking the health of the environment to the health of individuals.
- Changing the basic philosophy of the system from selling health care in the marketplace to creating the healthiest public possible.

We argue that substantial change is required of the "illness care" sector and the emphasis it receives in our society if we are to provide universal access to care and also reach our full potential for healthfulness. Not surprisingly, there is substantial resistance to change from many of those who have benefited from the currenty system. This resistance to change is natural and to be expected. We should recognize that focusing on healthy public policies will require an even larger paradigm shift for most of us than we are proposing for the illness care sector and we are just as likely to resist change as our clinically oriented colleagues. Indeed, the resistance to change among the community health sector may be even greater since we will be faced with changes not only in organizational structure, but also in many of the activities we are currently comfortable with.

We have to accept the necessity for change because I believe that effective public health agencies in the future will be all of the following:

- Facilitators for strong and meaningful community participation in the assessment and prioritization of community health problems and issues.
- Major participants in public policy decision making.
- Focused on health outcomes as the measure of the impact of interventions.
- Positioned as the health intelligence centers of their respective communities. They will be the source of epidemiologically based thinking and analysis of their community's approach to dealing with health matters.

Many of us, anxious to preserve our current positions and prerogatives, may actually be significant barriers to the changes required if every citizen is to be served by a strong and effective public health agency. To be successful, we will need to:

- Face the reality that many of our local health departments are too small and too resource poor even to attempt to play the role I have described, let alone be taken seriously by community decision makers.
- Learn how to empower citizens to take responsibility for decision making related to the community's health as well as their own.
- Build strong collaborative and cooperative linkages with other community health

agencies and with our clinical colleagues.

- Create stronger linkages with the academic community to raise the quality and quantity of research that is conducted and used to improve service delivery.
- Focus more on community outreach than clinical services.

A national health program that provides universal access to primary care will call for some adjustments in the way many health departments and other community agencies provide primary care services. I would hope that the prevailing pattern will become one of collaborative links with the existing illness care sector that would lead to a truly community based effort focusing on outreach to high risk individuals and families and the delivery of well balanced health promotion, disease prevention, and illness care services. All of this should be done in a manner that continues to emphasize a leadership role for local health departments in assessing, prioritizing, and solving community health problems.

Al Norman — 787-6436

PLEASE RETURN BY JULY 19

NATIONAL ACADEMY FOR STATE HEALTH POLICY

State and Federal Health Reform: Now Who Does What?

Authorization to Record Presentations

I, KRISTINE GEBBIE, consent to the recording of my presentation at the National Academy for State Health Policy's 6th Annual State Health Policy Conference, "State and Federal Health Reform: Now Who Does What?" on August 8-10, 1993 in Pittsburgh, PA.

I waive any claim for liability on the part of the NASHP and agree to make no claim for compensation in connection with these recordings.

Signature: [signature]

Name (Print): KRISTINE M GEBBIE

Date: 8/2/93

No, you may not record my remarks at the National Academy for State Health Policy's 6th Annual State Health Policy Conference on August 8-10 in Pittsburgh, PA.

Signature: _____

Name (Print): _____

Date: _____

50 Monument Square, Portland, Maine 04101 • Phone: 207-874-6524 • Fax: 207-874-6527

for mtg in
Pittsburg –

NATIONAL ACADEMY FOR STATE HEALTH POLICY

Sixth Annual State Health Policy Conference

State and Federal Health Reform:
Now Who Does What?

August 8-10

Pittsburgh, Pennsylvania

Workshops

- ☆ Who's in Charge of Long Term Care?
- ☆ State Roles in Reform: Near Term Solutions, Long Term Goals
- ☆ Health Alliances: Will They Work for the States? (CA,FL,WA)
- ☆ Substance Abuse and Mental Health
- ☆ Primary Care Access
- ☆ Long Term Care Restructuring and Expansion
- ☆ Role of Public Providers
- ☆ Experience with Special Populations in Managed Care
- ☆ Preventive Services in an Integrated System
- ☆ Childrens' Health Plans
- ☆ The Future of Long Term Care
- ☆ State Capacity to Implement Reform
- ☆ How Can States Foster Integrated Delivery Networks?
- ☆ Improving Outcomes in Pregnancy
- ☆ The Dually Diagnosed: A Challenge for Healthcare Delivery
- ☆ Closing Institutions & Nursing Homes: Costs and Strategies
- ☆ The ADA and Health Reform

Confirmed Speakers to Date

- ☆ Rachel Block, Vermont Health Care Authority
- ☆ Pat Butler, Pew Fellow, University of Michigan
- ☆ John Colmers, Maryland Health Care Access & Cost Commission
- ☆ Richard Curtis,* Institute for Health Policy Solutions
- ☆ Christie Ferguson, Senator Chaffee
- ☆ Bill Hagens, Washington State Legislature
- ☆ Kaye Johnson, March of Dimes
- ☆ Diane Justice, National Association of State Units on Aging
- ☆ Richard Ladd, Texas Health & Human Services Commission
- ☆ Donzella Lee, Watts Health Foundation, Inc.
- ☆ Mary Jo O'Brien,* Minnesota Department of Health
- ☆ Peggy Quinn, Elmhurst Hospital
- ☆ Charles Reed, Washington Aging & Adult Services
- ☆ Sally Richardson,* West Virginia Public Employees Insurance Agency
- ☆ Sara Rosenbaum, White House Health Policy Advisor
- ☆ Vern Smith, Michigan Medicaid
- ☆ James R. Tallon, Jr., New York State Assembly
- ☆ Jean Thorne, Oregon Medicaid
- ☆ Cindy Resnick, Arizona Assembly

* Participant in Task Force on Health Reform

National Academy for State Health Policy
50 Monument Square, Suite 302
Portland, Maine 04101

National Academy for State Health Policy

State and Federal Health Reform: Now Who Does What?

6th Annual State Health Policy Conference
Pittsburgh Vista Hotel
Pittsburgh, PA

August 8-10, 1993

Preliminary Announcement & Registration

State and Federal Health Reform: Now Who Does What?

This Conference is developed for and by state health policy leaders and those directly involved in health reform

Highlights

Pre-Conference
Sunday, 10-4

Delivering National Health Reform: State Responsibilities & Options

This session is an intensive exchange for and among state and Federal officials only, to examine emerging issues and technical assistance needs of states as they consider reforms amidst national change.

Conference

Sunday Evening
5:00-9:00

Keynote: Key White House Official

Monday
8:00-5:00

☆ ***Managed Competition or Single Payer: Making Choices***

☆ ***Health Care for All? Universal Access for Vulnerable Populations***

☆ ***Reforming Rural Health Care Delivery***

Tuesday
7:30-3:30

Roundtables: Informal breakfast discussions on topics of interest

☆ ***Dinosaurs or Dynamos: Public Health Agencies in an Era of Health Reform***

☆ ***Models for Cost Containment: MN, MD, OR***

☆ ***How Can States Foster Integrated Delivery Networks?***

☆ *Major Luncheon Speakers Monday and Tuesday*

Registration Information

Airline Discount

US Air has extended special discounts to attendees of the annual conference. A discount of 10% off unrestricted coach fares will apply with seven-day advance reservations and ticketing. To obtain this discount, you or your travel agent must call US Air's Reservation Office at 1-800-334-8644 and refer to **Gold File # 51280041.** A shuttle van travels between the Pittsburgh airport and area hotels. The cost is $10 one way and $17 roundtrip; cab fare is approximately $30 one way.

Lodging

The Pittsburgh Vista Hotel, 1000 Penn Avenue is this year's conference hotel. **Attendees are responsible for making their own hotel reservations directly with the Vista.** Room rates are $71 per night, single occupancy, and $81 per night double occupancy (plus tax). Conference rates are available from August 7-10 and cannot be guaranteed after **July 16**. Contact the Vista at 412-281-3700 and refer to ***The NASHP Conference.***

Conference

The Conference will begin on Monday, August 9 at 8:00 a.m. and end on Tuesday, August 10 at approximately 3:30 p.m. A Pre-Conference, open to state and Federal government officials only, begins on Sunday, August 8 at 10:00 a.m., and ends at 4:00 p.m. Rates for the conference include admission to all sessions, conference manuals, a reception and dinner on Sunday evening, and breakfast and lunch on Monday and Tuesday. Finally, mingle and relax with your colleagues over an informal dinner at historic Station Square on the Monongahela River. A $40 fee includes transportation to a reception and dinner at the Grand Concourse in Station Square (a beautifully restored railroad station), views of the city and river and, if you are so inclined, a pass to take the famous *Incline* up Mount Washington for a spectacular view of the city and three rivers. Time will be available to take advantage of shopping opportunities at Station Square. Space is limited, so register early.

Refunds cannot be made and cancellations cannot be honored after **August 2, 1993**. Substitutions are permitted at any time, with notice.

Registration

Name: _____

Title: _____

Organization: _____

Address: _____

_____

City/State/Zip: _____

Phone: _____

	Government	*Private*
Pre-Conference Only	100.00	NA
Conference & Pre-Conference	350.00	NA
Conference Only	300.00	700.00
Late (After July 20)	400.00	800.00
Monday Evening	40.00	40.00

Total Enclosed: _____ **Receipt** required? ❑ Yes ❑ No

Please make checks payable to:
CHPD/NASHP
50 Monument Sq., Suite 302
Portland, Maine 04101
Fed ID #: 52-1576801

Dietary restrictions—if any:

The National Academy for State Health Policy shall comply with Section 504, Title IX and the ADA and will provide reasonable accommodations to qualified individuals with disabilities upon request. If you need special services to participate fully in this conference, please contact Jan Fisk at 207-874-6524.

National Academy for State Health Policy

50 Monument Square, Suite 302, Portland, Maine 04101
207-874-6524 • Fax 207-874-6527

June 17, 1993

Chris Gebbie
Office of the Assistant Secretary
DHHS-Room 2132, Switzer Building
330 C St., SW
Washington, DC 20201

Dear Chris:

Thank you for your interest in the Academy and your willingness to speak at our 6th Annual State Health Policy Conference to be held August 8-10 at the Vista Hotel in Pittsburgh, PA. We are delighted that you will serve on the conference faculty and enclose detailed information to assist you in your planning.

The Academy is a voluntary organization of state health policy leaders and does not have core support nor a dues paying membership base to sustain us. Our budget is based on particular projects, identified by the annual policy conferences and our steering committees, and, therefore, the conference must be self-sustaining. Speakers are asked to provide for their own travel costs and we appreciate your willingness to do so. We are pleased to be able to waive your registration fee, if necessary, and appreciate that some organizations will pay that fee for speakers in support of the Academy.

Last year's highly successful conference saw registrants from 48 states representing a wide variety of legislative and executive branch positions and resulted in excellent evaluations from those in attendance. The conference is a unique one in that it cuts across traditional agency barriers and examines cutting edge policy issues from this multidisciplinary perspective. Our goal is to be as informative as possible and to engage the audience actively in discussion. Therefore, it is crucial that sessions be focused and that time limits be strictly enforced by the moderator to assure time for discussion. Moderators are responsible for contacting speakers to finalize plans for the session.

It will be necessary for you to make your own travel and hotel arrangements and to complete and return the enclosed registration form. In addition, we ask you to complete and return the enclosed audiovisual request form so that we can assure that any equipment you

need is available when and where you need it. Finally, we ask your permission to record your presentation. Because the conference runs in tracks of concurrent sessions, attendees cannot always take advantage of all our offerings and they often request that we make tapes available for their purchase, which, with your permission, we are happy to do. The green audiovisual request and the yellow authorization to record forms must be returned **by July 19.**

Should you have any questions about your session at the conference, please contact me or your conference moderator.

Thank you again for your willingness to develop a presentation for the conference. It promises to be our best yet!

Sincerely,

Trish

Trish Riley
Executive Director

Congratulations, too, on your new position!

Enclosures

NATIONAL ACADEMY FOR STATE HEALTH POLICY
6th Annual State Health Policy Conference
August 8-10
Vista Hotel
Pittsburgh, PA

Session Summary Form

Session Title: Dinosaurs or Dynamos?
Public Health Agencies in an Era of Health Reform

Session Date and Time: Tuesday, August 10, 1993, 9:00-10:30 a.m.

MODERATOR

David Murday, Ph.D.
Director of Research
Joint Legislative Health Care Commission
P.O. Box 11867
Columbia, SC 29211
Phone: 803-734-2906 • Fax 803-734-2907

PANELISTS

Chris Gebbie
Office of the Assistant Secretary
DHHS-Room 2132, Switzer Building
330 C St., SW
Washington, DC 20201
202-205-8660

Sara Rosenbaum
Senior Research Staff Scientist
Center for Health Policy Research
George Washington University
2021 K St., NW
Washington, DC 20052
202-296-6922

Allan S. Noonan, MD
Secretary of Health
Department of Health
P.O. Box 90-Room 802
Harrisburg, PA 17108
717-787-6436

SESSION SUMMARY:

Responding to basic flaws in our health care delivery system, state and local public health agencies have included, as a major part of their mission, the delivery of personal health care services. These services include clinical preventive services as well as more traditional primary care services. If reformers are successful in assuring all Americans a medical home which emphasizes primary and preventive care, how many of these traditional public health services will be provided by private health care systems? Are there enough other unmet health needs to justify large traditional public health agencies? Do public health agencies have a vision for their future or will they cling to their past? Is their vision shared by policymakers and the taxpaying public?

The George Washington University
WASHINGTON DC

CENTER FOR HEALTH POLICY RESEARCH

July 26, 1993

MEMORANDUM

To: Dave Murday
Fr: Sara Rosenbaum
Re: Remarks outline

I am taking you at your word and sending you truly an outline of my remarks. Please give me a call if I have been too cryptic.

You're right: there is no literature to speak of.

cc: Trish Riley

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 5
To Kristine Gebbie	From Dave Murday
Co.	Co.
Dept.	Phone #
Fax # 202-690-7054	Fax # 803-734-2907

Managed Care and Public Health

Sara Rosenbaum
August 10, 1993

National Academy for State Health Policy

1. Two major time frames for this discussion

   . before national health reform: what is the role of public health when nearly 40 million Americans are uninsured and at least as many have only sporadic public or private coverage?

   . after national health reform: what is the role of the public health system after there is universal insurance coverage?

2. Public health in this context = publicly funded providers of personal health care services (Probably no one in the audience will dispute the continued vital nature of population-based public health activities. The controversial issues concern personal health services furnished by publicly funded providers.)

3. Two types of providers to consider:

   . general purpose providers (capable of full primary care and case management)

   . special purpose/special population providers

4. General purpose providers are relatively easy: their mission is to adapt, as is the case with all primary care providers, private or public.

   . Programs like comprehensive health agencies, community and migrant health centers and the National Health Service Corps will be more important in either a "before" or "after" situation, because of the need to have providers in place on which to build a managed care system. No evidence suggests that managed care creates a health care system where there was none to begin with.

   . however, these providers have a big learning curve (risk management, contracting, utilization review, etc). No bigger a learning curve than most private providers, just no capital to work with.

   . big challenge will be to equip them and give them stop loss and supplemental financing for uncovered activities

5. Special purpose providers pose the more difficult issues. Options are:

   . sub-contracts: give examples and discuss potential

strengths and weaknesses

. carve outs: are these a success? We do not know enough yet. Discuss family planning study for Kaiser which we will be doing.

. separate financing: pluses and minuses

Commonwealth of Pennsylvania

DEPARTMENT OF HEALTH

ALLAN S. NOONAN, M. D., M. P. H.
SECRETARY

HARRISBURG

July 23, 1993

David E. Murday, Ph.D.
Joint Legislative Health Care Planning
and Oversight Committee
Suite 216, Blatt Building
Columbia, South Carolina 29201

Dear Dr. Murday:

In reference to your letter of July 16, 1993, I am forwarding to you a tentative outline of the remarks that I will be offering at the Dinosaurs/Dynamos panel session on August 10th. Naturally, as they say in Washington, I reserve the right to revise and extend my remarks.

I am looking forward to the meeting and participating on the panel. In the meantime, if you require any additional assistance prior to the session, please do not hesitate to call.

Sincerely,

Allan S. Noonan

Allan S. Noonan, M.D., M.P.H.

Enclosure

NASHP ANNUAL CONFERENCE

OUTLINE OF REMARKS BY ALLAN S. NOONAN, M.D., M.P.H.

Secretary of Health, Pennsylvania

Topic: Dinosaurs or Dynamos: Public Health Agencies in an Era of Health Reform

Perspectives of a State Public Health Officer: The Pennsylvania Experience.

Highlights:

The national Health Reformation process as seen from the vantage of a State Public Health Agency.

Brief overview of Pennsylvania population and health status indicators

Brief comment on the organizational relationship between the Pennsylvania Department of Health and the local health departments and clincs.

Federal mission and role expectations vs the mission and role expectations of our local citzens and governments.

Institute of Medicine functions (Assessment - Policy Development - Assurance) as they relate to day to day realities of managing a State Public Health Agency.

States as innovators... Pennsylvania examples:

- Health Care Security Act
- Health Manpower Initiates
- Children's Health Insurance Program

By proceeding on and dealing with issues that cannot be set aside, maybe the States are the "dynamos" amid the wrenching debate over national health care reform.

The continuation of the State Public Health Agencies is critical to the success of the national system. As an example, only the States can objectively collect and assess health information and assure uniform system quality.

PLEASE RETURN BY JULY 19

NATIONAL ACADEMY FOR STATE HEALTH POLICY

Sixth Annual State Health Policy Conference

State and Federal Health Reform: Now Who Does What?

Request for Audiovisual Equipment

Session Title: _____

Day/Time: _____

Name: _____

Please check any equipment you will need:

_____ 35 mm carousel slide projector

_____ overhead transparency projector

_____ screen

_____ flipchart, easel, markers

_____ other (please specify below)

Clinton Presidential Records
Digital Records Marker

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

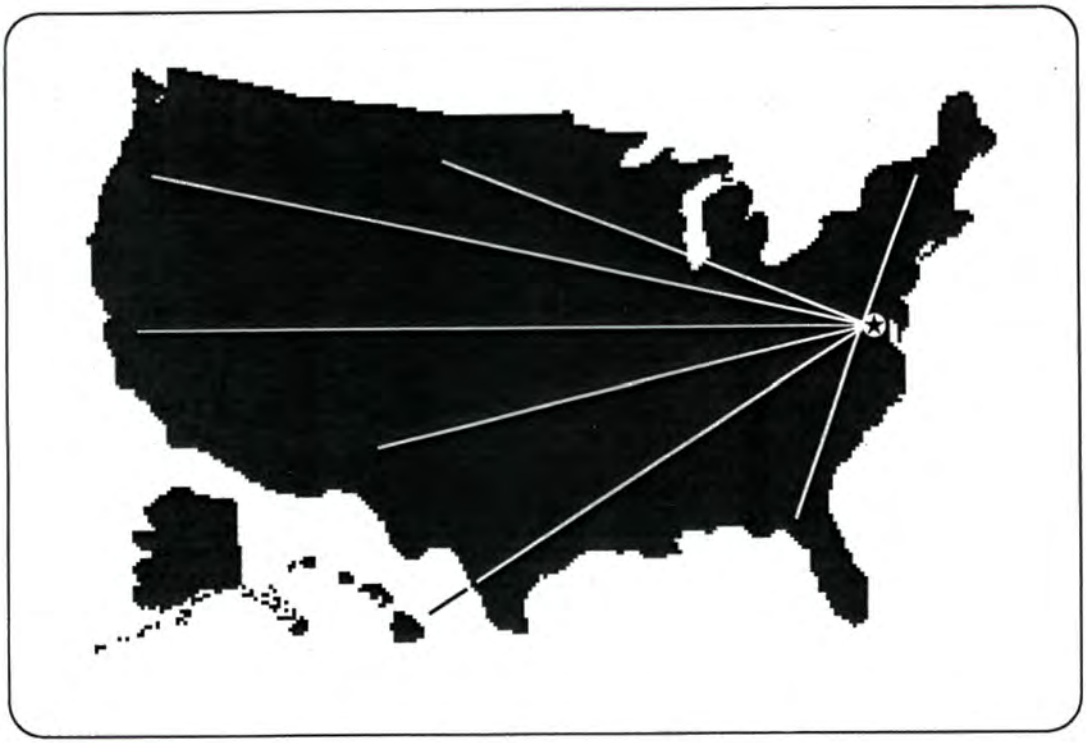
This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

CONFERENCE PROGRAM GUIDE

NATIONAL ACADEMY FOR STATE HEALTH POLICY

State and Federal Health Reform: Now Who Does What?



6TH ANNUAL STATE HEALTH POLICY CONFERENCE

Pittsburgh Vista Hotel
Pittsburgh, PA
August 8-10, 1993

The Center for Health Policy Development/National Academy for State Health Policy is a not-for-profit educational organization which brings the best available analytical and operational expertise to bear on critical issues in health care financing and delivery. The Academy provides a forum for leading state health policy officials to exchange insights, information and experience and to develop practical solutions to problems they confront.

EVALUATION FORM

State and Federal Health Reform: Now Who Does What?

6th Annual State Health Policy Conference
August 8-10, 1993
Pittsburgh, Pennsylvania

1. How would you rank the conference overall?

   ☐ Poor ☐ Fair ☐ Good ☐ Excellent

2. What did you like best about the conference?

3. What did you like least?

4. What are the key policy issues and products for the Academy this year?

5. How would you rank the breakfast roundtables?

   ☐ Poor ☐ Fair ☐ Good ☐ Excellent

6. Additional comments? *(Please use back of form)*

EVALUATION FORM

(Circle one rating for session and for each speaker, low (1) to high (5).

SUNDAY

Session	Low				High
Keynote Speaker: **Key Clinton Administration Official**					
Overall Rating	1	2	3	4	5

Comments:

_____

_____

_____

MONDAY

Session	Low				High
Opening Plenary: ***Managed Competition or Single Payer?***					
Overall Rating	1	2	3	4	5
Richard Kronick, Ph.D.	1	2	3	4	5
Cathy Hurwit	1	2	3	4	4
Christie Ferguson	1	2	3	4	5
Ed Neuschler	1	2	3	4	5
James Tallon, Jr.	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Who's in Charge of Long Term Care***

Overall Rating	1	2	3	4	5
Robyn Stone	1	2	3	4	5
Barbara Matula	1	2	3	4	5
Donna Matula	1	2	3	4	5
Richard Ladd	1	2	3	4	5

Comments:

Session: ***State Roles in Reform: Near Term Solutions, Long Term Goals***

Overall Rating	1	2	3	4	5
William Hagens	1	2	3	4	5
John Ramey	1	2	3	4	5
Mike Fagan	1	2	3	4	5
moderator	1	2	3	4	5

Comments:

Session: ***Experience with Special Populations in Managed Care***

Overall Rating	1	2	3	4	5
Stan Wallack	1	2	3	4	5
Pam Parker	1	2	3	4	5
Robert Master	1	2	3	4	5
Paul Tenan	1	2	3	4	5

Comments:

Session: ***Defining and Assuring Prevention Services in an Integrated System***

Overall Rating	1	2	3	4	5
Bill Little	1	2	3	4	5
Lillian Rivera	1	2	3	4	5
Brodess Hartley	1	2	3	4	5
Lonna Milburn	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Access to Primary Care: Can We Get it Right?***

Overall Rating	1	2	3	4	5
John Billings	1	2	3	4	5
David E. Wennberg, MD	1	2	3	4	5
Bruce Siegel, MD	1	2	3	4	5

Comments:

_____

_____

_____

Session: **Non-Track #1** ***Health Care Reform for <u>All</u>?: Universal Access for Vulnerable Populations***

Overall Rating	1	2	3	4	5
David Mechanic	1	2	3	4	5
Larry Crist	1	2	3	4	5
Rich Bringewatt	1	2	3	4	5
Rachel Block	1	2	3	4	5

Comments:

_____

_____

_____

Session: **Non Track #2** ***Rural Health Reform: Choices and Opportunities***

Overall Rating	1	2	3	4	5
W. David Helms	1	2	3	4	5
Ira Moscovics	1	2	3	4	5
Robert D'Allesandri, MD	1	2	3	4	5
Charlene Rydell	1	2	3	4	5
Sally Richardson	1	2	3	4	5

Comments:

Session: ***Restructuring and Expanding Long Term Care in a Restrained Environment***

Overall Rating	1	2	3	4	5
Charles Reed	1	2	3	4	5
Bentley Lipscomb	1	2	3	4	5
Richard Ladd	1	2	3	4	5
Diane Justice	1	2	3	4	5

Comments:

Session: ***State Capacity to Deal with the Brave New World of Health Reform***

Overall Rating	1	2	3	4	5
William Hagens	1	2	3	4	5
Mark Epstein	1	2	3	4	5
Randy Madry	1	2	3	4	5
Anya Rader	1	2	3	4	5
Allen Feezor	1	2	3	4	5

Comments:

Session: ***Health Alliances: Will They Work for States?***

Overall Rating	1	2	3	4	5
Jeff Merrill	1	2	3	4	5
Alan Weil	1	2	3	4	5
Richard Slowes	1	2	3	4	5
Rick Curtis	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Substance Abuse and Mental Health: Picking up the Pieces After Health Reform***

Overall Rating	1	2	3	4	5
David Lambert	1	2	3	4	5
Mari-Lynn Drainoni	1	2	3	4	5
Keith Schaeffer	1	2	3	4	5
Denise Holmes	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Children's Health Plans: A Step on the Road to Reform***

Overall Rating	1	2	3	4	5
Charles LaVallee	1	2	3	4	5
Rose Naff	1	2	3	4	5
Patricia Piper	1	2	3	4	5
Robert Mollica	1	2	3	4	5
Charlene Rydell	1	2	3	4	5

Comments:

_____

_____

_____

TUESDAY

Session: Non-Track #3 ***Dynasaurs or Dynamos? Public Health Agencies in an Era of Health Reform***

Overall Rating	1	2	3	4	5
Kristine Gebbie	1	2	3	4	5
Sara Rosenbaum	1	2	3	4	5
Allan S. Noonan	1	2	3	4	5
David Murday	1	2	3	4	5

Comments:

_____

_____

_____

Session: Non-Track #4 ***State Health Reform as a Vehicle for Cost Containment***

Overall Rating	1	2	3	4	5
Jean Thorne	1	2	3	4	5
Mary Jo O'Brien	1	2	3	4	5
John Colmers	1	2	3	4	5
Vernon Smith	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Practical Innovations: The Future of Long Term Care***

Overall Rating	1	2	3	4	5
Peter Fox	1	2	3	4	5
Susan Dietsche	1	2	3	4	5
John Rother	1	2	3	4	5
Rosalie Kane	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***The Role of Public Providers in Health Reform***

Overall Rating	1	2	3	4	5
Vernon Smith	1	2	3	4	5
Peggy Quinn	1	2	3	4	5
Donzella Lee	1	2	3	4	5
Patricia Butler	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***The ADA and Health Reform***

Overall Rating	1	2	3	4	5
Bob Griss	1	2	3	4	5
Allen Feezor	1	2	3	4	5
Betsy Mahoney	1	2	3	4	5
Doug Wilkins	1	2	3	4	5
Jean Thorne	1	2	3	4	5
Trish Riley	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***How Can States Foster Integrated Delivery Networks***

Overall Rating	1	2	3	4	5
Irene Frazier	1	2	3	4	5
Cindy Resnick	1	2	3	4	5
Paul Fitzpatrick	1	2	3	4	5
Keith Mueller	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Toward Improving Outcomes for Pregnant Women***

Overall Rating	1	2	3	4	5
Kay Johnson	1	2	3	4	5
George Little, MD	1	2	3	4	5
Bruce Siegel, MD, MPH	1	2	3	4	5
Sara DePersio, MD, MPH	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Closing Institutions: Strategies for Savings and Success***

Overall Rating	1	2	3	4	5
Sara Bachman	1	2	3	4	5
Paul Castellani	1	2	3	4	5
Charles Reed	1	2	3	4	5
Robert Crittenden, MD, MPH	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***New State Initiatives***

Overall Rating	1	2	3	4	5
Manuel Martins	1	2	3	4	5
DeAnn Friedholm	1	2	3	4	5
Martin Burke	1	2	3	4	5
Rachel Block	1	2	3	4	5

Comments:

_____

_____

_____

Session: ***Strategies to Expand Primary Care Practice and Training***

Overall Rating	1	2	3	4	5
Carol Weissert	1	2	3	4	5
Don Weston, MD	1	2	3	4	5
Hank Foley	1	2	3	4	5
James Bernstein	1	2	3	4	5

Comments:

_____

_____

_____

National Academy for State Health Policy

50 Monument Square, Suite 302, Portland, Maine 04101
207-874-6524 • Fax 207-874-6527

July 20, 1993

FOR IMMEDIATE RELEASE

For more information contact:

Trish Riley
Executive Director
207-874-6524

National conference to focus on federal and state health reform

PITTSBURGH—State health reformers will gather during the National Academy for State Health Policy's 6th Annual State Health Policy Conference to discuss state reforms currently underway and those that may occur under Federal reform.

The conference, which will take place August 8-10 at the Pittsburgh Vista Hotel, also will feature a debate between Richard Kronick, Ph.D., a member of the workgroup of the White House Task Force on Health Reform and an expert in managed competition, and Cathy Hurwit, Legislative Director with Citizen Action and an advocate for a single payer system. The debate will be moderated by James R. Tallon Jr., Majority Leader of the New York Assembly.

This year's theme—"State and Federal Health Reform: Now Who Does What?—points to the importance of the work state officials have started and will continue as Federal reform unfolds. The conference is designed to provide state policy leaders with a forum to exchange cutting edge ideas and an opportunity to discuss day-to-day implementation issues.

Other highlights of the conference include a workshop entitled "Dinosaurs or Dynamos?: Public Health Agencies in an Era of Health Reform" that will feature Sara Rosenbaum, a participant in the drafting of the federal health reform bill that will go to Congress later this year and Kristine Gebbie, the National AIDS Policy Coordinator, and a luncheon address by Bruce Vladeck, Health Care Financing Administration administrator on "A New HCFA Relationship with the States". Included in the 30 roundtables, workshops and plenaries are topics such as "Health Care Reform for All? Universal Access for Vulnerable Populations"; "Rural Health Reform: Choices and Opportunities"; "Health Alliances: Will They Work for States"; "State Health Reform as a Vehicle for Cost Containment"; and "New State Initiatives—Tennessee, Alabama and Montana", and several sessions on Medicaid managed care. Representatives from every state currently active in health reform will be present.

Each year the conference convenes about 400 policy makers from across the country. The National Academy for State Health Policy is an educational think tank based in Portland, Maine that provides technical assistance to states grappling with health reform and provides a forum for leading health policy officials.

-30-

National Academy for State Health Policy

50 Monument Square, Suite 302, Portland, Maine 04101
207-874-6524 Fax 207-874-6527

Date: 8/3

TO:

Name: Dr. Lawrence

Office: AIDS Policy Office

Fax No.: 202 690 6584

FROM:

Name: Trish Riley

Allocation to: Conference

Number of pages following cover sheet: _____

Confirmation Number: 207-874-6524

PLEASE NOTE NEW ADDRESS, PHONE & FAX NUMBER

(1) BASED ON OUR DISCUSSION WE'VE MOVED Christine Gebbie's meeting to the Armstrong Room — ITS SMALLER + SHE CAN HAVE IT ALL DAY

(2) The enclosed list has rec'd our press release (attached). Much of the health press will be in attendance

Joint Legislative
Health Care Planning and Oversight Committee

State of South Carolina

STAFF:
David E. Murday, Ph.D.
Phyllis S. Drummond

SUITE 216
Blatt Building
Columbia, S.C. 29201

803/734-2906
FAX 734-2907

May 24, 1993

TO: Kristine Gebbie

FROM: Dave Murday

RE: An offer you can refuse, but hope you accept

I am contacting you as a member of the National Academy of State Health Policy. If you are not familiar with NASHP, it is a five year old organization dedicated to the thoughtful exchange of ideas and information among state health policy makers. As such, members come from various disciplines and professions. (Robert Crittendon is on the NASHP executive committee if that helps.)

I am responsible for organizing a ninety minute session on health reform and the changing role of public health for the NASHP annual conference on August 8, 9, and 10, in Pittsburgh. The session will be from 9:00 - 10:30 a.m. on Tuesday, August 10. There will be one other concurrent session, so the roughly 400 conference participants will probably split about 50/50%.

If your schedule and interest permit, I would like you to be one of three panel members to address this issue. Both the substance and presentation of your remarks during the Public Health Foundation's teleconference calls have been excellent. And I've since found that you are widely respected and admired.

I envision three twenty minute presentations with a half hour for questions and answers. The perspective I would hope you could express is that of a thoughtful "state" practitioner. Enclosed is the abstract the I have tentatively prepared. I know what I want, but am open to other ideas or better ways of framing the issues.

I hope you will consider serving. Please excuse the impersonality of the fax -- I'll be calling on Wednesday to discuss this with you, but am wary of too much time slipping by if we get caught in telephone tag. So thanks for your understanding.

Dinosaurs or Dynamos?: Public Health Agencies in an Era of Health Reform

Responding to basic flaws in our health care delivery system, state and local public health agencies have included, as a major part of their mission, the delivery of personal health care services. These services include clinical preventive services as well as more traditional primary care services.

If reformers are successful in assuring all Americans a medical home which emphasizes primary and preventive care, how many of these traditional public health services will be provided by private health care systems? Are there enough other unmet health needs to justify large traditional public health agencies? Do public health agencies have a vision for their future or will they cling to their past? Is their vision shared by policymakers and the taxpaying public?

Joint Legislative
Health Care Planning and Oversight Committee

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 8

To KRISTINE GEBBIE	From DAVE MURDAY
Co. AIDS CTAR	Co. HCP+O Cm
Dept.	Phone # 803-734-2906
Fax # 202-690-7054	Fax # 803 734-2907

STAFF:
DAVID E. MURDAY, Ph.D.
PHYLLIS S. DRUMMOND

SUITE 216
Blatt Building
Columbia, S.C. 29201

803/734-2906
FAX 734-2907

South Carolina

July 16, 1993

TO: Allan S. Noonan, Secretary
Pennsylvania Department of Health

Kristine Gebbie, Consultant
US Department of Health & Human Services

Sara Rosenbaum, Senior Research Scientist
GWU Center for Health Policy Research

FROM: Dave Murday

RE: NASHP Annual Conference Session

Hello again. I appreciate your willingness to serve as the panel for the "Dinosaurs or Dynamos: Public Health Agencies in an Era of Health Reform" session on August 10. I have been asked to moderate the session and look forward to working with such a distinguished group of presenters.

I envision each of you speaking for twenty minutes, followed by thirty minutes of questions and answers. My thought was that you use your twenty minutes to frame the issue as you see it, emphasize the most important elements from your perspective, and conclude with some provocative thoughts for the future. Conference attendees are usually not shy; every year they request more opportunities to ask questions and engage presenters in a discussion.

As part of my homework, I have reviewed the recent literature on this topic and found it sparse and quite dry. For your information I have enclosed my distillation of the key topics, but I would encourage you to work from your own backgrounds and experiences rather than feel limited by an academic approach to the subject. (There is a brief discussion paper from CDC on "Public Health in the New American Health System" dated March 1993 -- I'll send it when I get a complete copy.)

While you were selected as panelists due to the diverse personal and professional perspectives you can and do represent, I would prefer that you not feel "typecast." I assume that your backgrounds and experiences will naturally shape your thoughts and comments, so do not feel compelled to wear a certain hat or represent a particular point of view.

As a long time procrastinator, it is with some irony that I make this next request. To help me as moderator and to help your fellow panelists prepare their remarks, I would like you to fax to me by Monday, July 26, a brief outline of your tentative remarks. NASHP staff may ask us to hold a conference call around that time or shortly thereafter. You will either hear more from me or from Jan Fisk, the administrative czar at NASHP.

Until then, please feel free to call me with your questions or concerns. Thank you for your willingness to share your thoughts.

Enclosure

cc: Jan Fisk, Administrative Czar
NASHP

THE POLITICS OF PUBLIC HEALTH (Camilla Stivers)
(In *Health Politics & Policy*, 1991)

"Public health is the science and art of 1) preventing disease, 2) prolonging life, and 3) promoting physical health and efficiency through organized community efforts for (a) the sanitation of the environment, (b) the control of communicable infections, (c) the education of the individual in personal hygiene, (d) the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and (e) the development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity."

The duties of state and local health departments conflict with the profession's self image. 1988 Institute of Medicine study concluded that the diversity of organizational arrangements and responsibilities in state and local health agencies suggests that there is no clear organizational focus for state and local public health, and little agreement among units of goverment about what public health means operationally. While it is possible to list functions performed by "nearly all" or "most" state health departments, few generalizations can be made about how deeply or in what manner these agencies are involved in any particular activity.

Because of great differences in population size and revenue base, local health departments range from agencies larger than some state health departments to bare bones operations. Given this variation, it is even harder to generalize about the functions performed by local health departments. Also many local health departments provide personal health services, particularly to those who would otherwise not be able to afford such services. This draws agency resources away from population wide disease prevention and health promotion activities.

In the 1960s, the leadership role in protecting the environment was gradually removed from public health departments and lodged in newly created departments of environmental services. This was a response to the growth of environmental programs and permit requirements that took place as environmental hazards worsened. The traditional health department model for handling environmental problems appeared outdated. In the same way, Medicaid and other health related programs went to other public agencies. Such fragmentation creates confusion over who has the power to act to solve health problems. Separate data systems in different agencies also hinder the kind of broad assessment and surveillance on which effective action depends.

The most striking of all the difficulties facing public health is a lack of public knowledge and support. State and local health departments have no apparent constituency, a serious handicap in a political system where organized interest groups play a key role in policy decisions. In addition, the general public has little knowledge of what health departments actually do. Many legislators, private health care providers, appointed officials, and members of the general public interviewed by the IOM study team view public health departments as passive and out of the policy mainstream. The IOM interviews paint public health staffs as papershufflers, enmeshed in red tape, out

of touch with reality, politically naive and ineffective; while agency personnel themselves complain that nobody pays any attention to their expertise and about the presence of politics in the policy process.

Public health personnel see themselves as engaged in a lonely struggle to promote public goods, such as infectious disease control, that have no organized advocates. Sincerely believing that their values and aims are consistent with the public interest, they lose sight of the fact that public decision making entails bargaining, negotiation, and compromise -- convincing others rather than merely furnishing what the profession feels is incontrovertible proof.

Clear organizational focus, increased fiscal resources and other needs of public health will be difficult to marshal as long as public health professionals continue to attempt to insulate practice from the politcal process. While society depends on public health action grounded in scientific knowledge, the governmental framework in which public health is practiced requires that science be transformed into policy. Reform is never simply a nonpartisan effort to build technical skills and organizational structures. Change in the public sector is inherently political. The politics of public health will not get better until public health professionals get better at politics.

THE FUTURE OF PUBLIC HEALTH (Institute of Medicine, 1988)

An impossible responsibility has been placed on America's public health agencies: to serve as stewards of the basic health needs of entire populations, but at the same time avert impending disasters and provide personal health care to those rejected by the rest of the health system. Public health is currently in disarray. Some of the frequently heard criticisms of public health are deserved, but this society has contributed to the disarray by lack of clarity and agreement about the mission of public health, the role of government, and the specific means to accomplish public health objectives.

Throughout the history of public health, two major factors have determined how problems were solved: scientific and technical knowledge, and the content of public values and popular opinions. Knowledge and values remain decisive elements in the shaping of public health practice. But they blend less harmoniously than they once did. Neither among the providers nor the beneficiaries of public health programs is there a shared sense of what the citizenry should expect in the way of services, and both the mix and the intensity of services vary widely from place to place. Such extreme variety of available services and organizational arrangements suggests that contemporary public health is defined less by what public health professionals know how to do than by what the political system in a given area decides is appropriate or feasible.

Tension between professional expertise and politics can be observed throughout the public health system. Public health professionals aim to maximize the influence of accurate data and professional judgement on decision making -- to make decisions as comprehensive and objective as possible. The dynamics of American politics make it difficult to fulfill this commitment. Decision making in public health, as in other areas, is driven by crises, hot issues, and the concerns of organized interest groups.

Lack of agreement about the public health mission is also reflected in the diversion in some states of traditional public health functions, such as water and air pollution control, to separate departments of environmental services, where the health effects of pollutants often receive less notice. There is a sharp tendency to take what are perceived as "important" programs (for example Medicaid and environmental programs) away from health departments.

To provide a set of directions for public health that can attract the support of the total society, the IOM committee made three basic recommendations:

- The committee defines the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy.
- The committee finds that the core functions of public health agencies at all levels of government are assessment, policy development, and assurance. The committee recommends that every public health agency:
    - Regularly and systematically collect, assembly, analyze, and make available information on the health of the community, including statistics

on health status, community health needs, and epidemiologic and other studies of health problems.

- Exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision making about public health and by leading in developing public health policy. Agencies must take a strategic approach, developed on the basis of a positive appreciation for the political process.

- Assure constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (private or public sector), by requiring such actions through regulation, or by providing services directly.

- Involve key policymakers and the general public in determining a set of high priority personal and communitywide health services that governments will guarantee to every member of the community. This guarantee should include subsidization or direct provision of high priority personal health services for those unable to afford them.

- In addition to these functions, which are common to federal, state, and local governments, each level of government has unique responsibilities.

Restoring an effective public health system neither can nor should be achieved by public health professionals alone. Americans must be concerned that there are adequate public health services in their communities, and must let their elected representatives know of their concern. The specific actions appropriate to strengthen public health will vary from area to area and must blend professional knowledge with community values. The committee intends not to prescribe one best way of rescuing public health, but to admonish readers to get involved in their own communities in order to address present dangers, now and for the sake of future generations.

CREATING A HEALTHY PUBLIC (C. William Keck, 1991 Presidential Address)
(*American Journal of Public Health*, September 1992, 1206-1209)

APHA has advocated a national health program for the past 50 years:

- Changing the imbalance between our medical/clinical high technology model and preferred community based models of primary care that emphasize health promotion and disease prevention.
- Making the impact on health a major consideration in the development of all public policy.
- Linking the health of the environment to the health of individuals.
- Changing the basic philosophy of the system from selling health care in the marketplace to creating the healthiest public possible.

We argue that substantial change is required of the "illness care" sector and the emphasis it receives in our society if we are to provide universal access to care and also reach our full potential for healthfulness. Not surprisingly, there is substantial resistance to change from many of those who have benefited from the currenty system. This resistance to change is natural and to be expected. We should recognize that focusing on healthy public policies will require an even larger paradigm shift for most of us than we are proposing for the illness care sector and we are just as likely to resist change as our clinically oriented colleagues. Indeed, the resistance to change among the community health sector may be even greater since we will be faced with changes not only in organizational structure, but also in many of the activities we are currently comfortable with.

We have to accept the necessity for change because I believe that effective public health agencies in the future will be all of the following:

- Facilitators for strong and meaningful community participation in the assessment and prioritization of community health problems and issues.
- Major participants in public policy decision making.
- Focused on health outcomes as the measure of the impact of interventions.
- Positioned as the health intelligence centers of their respective communities. They will be the source of epidemiologically based thinking and analysis of their community's approach to dealing with health matters.

Many of us, anxious to preserve our current positions and prerogatives, may actually be significant barriers to the changes required if every citizen is to be served by a strong and effective public health agency. To be successful, we will need to:

- Face the reality that many of our local health departments are too small and too resource poor even to attempt to play the role I have described, let alone be taken seriously by community decision makers.
- Learn how to empower citizens to take responsibility for decision making related to the community's health as well as their own.
- Build strong collaborative and cooperative linkages with other community health

agencies and with our clinical colleagues.

- Create stronger linkages with the academic community to raise the quality and quantity of research that is conducted and used to improve service delivery.
- Focus more on community outreach than clinical services.

A national health program that provides universal access to primary care will call for some adjustments in the way many health departments and other community agencies provide primary care services. I would hope that the prevailing pattern will become one of collaborative links with the existing illness care sector that would lead to a truly community based effort focusing on outreach to high risk individuals and families and the delivery of well balanced health promotion, disease prevention, and illness care services. All of this should be done in a manner that continues to emphasize a leadership role for local health departments in assessing, prioritizing, and solving community health problems.

Pittsburgh AIDS Task Force
905 West Street • Fourth Floor • Pittsburgh, PA 15221-2833 • 412/ 242-2500 • Fax 412/ 242-2440

August 16, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
750 17th Northwest
Washington D.C. 20500

Dear Ms. Gebbie;

I am writing to thank you for pulling together the meeting we had on August 10, 1993 here in Pittsburgh. I feel comfortable to speak for my colleagues when I say that it was a pleasure meeting you and getting the opportunity to discuss national AIDS policy with you.

As a follow-up to our meeting, I am writing also to express that I am pleased that you consider community based AIDS Service Organizations (ASO's) as an important component in the effort to combat AIDS. As the Director of an ASO I know first hand how clients come to depend upon the services we provide. We in Pittsburgh are working hard to pull together a variety of services to our clients.

After talking with you, I feel that ASO's are not working alone and that the federal government can be looked to as a partner. As your goals become a reality, we can looked to the government as a leader in what we do.

For your information, I have enclosed a copy of the Pittsburgh AIDS Task Force Annual Report. I have also taken the liberty of putting you on our mailing list. I also want to express to you, that if there is anything that I or the Pittsburgh AIDS Task Force can do to help, please do not hesitate to call.

Thank you again for taking the time to meet with us and good luck with all you do.

Sincerely
Michael

Michael L. Neal
Executive Director

MICHAEL L. NEAL
EXECUTIVE DIRECTOR

Pittsburgh AIDS Task Force

905 West Street • Fourth Floor • Pittsburgh, PA 15221-2833
412/ 242-2500 • Fax 412/ 242-2440

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

"Nothing in Life is to be feared. It is only to be understood"

19 pgs

A Report to the Community from the Pittsburgh AIDS Task Force

"Nothing in life is to be feared. It is only to be understood." Marie Curie

A REPORT TO THE COMMUNITY FROM THE PITTSBURGH AIDS TASK FORCE 1991-1992