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AIDS and Public Debate October 28, 1993

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Meeting - October

THE WHITE HOUSE

WASHINGTON

December 15, 1993

Victoria Harden, Ph.D., Director
NIH Historical Office and DeWitt Stetten, Jr.
Museum of Medical Research
9000 Rockville Pike
Building 31 Room 2B09
Bethesda, MD 20892

Dear Ms. Harden:

On behalf of Kristine M. Gebbie, please except her editorial changes to the "AIDS and the Public Debate: Epidemics and Their Unforeseen Consequences" speech. Please call me at (202) 632-1090 if you have any questions.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant and
Scheduler to
National AIDS Policy Coordinator

Enclosure

DeWitt Stetten, Jr.
Museum of Medical Research

NIH Historical Office
Building 31 Room 2B09
National Institutes of Health
Bethesda, MD 20892

301 496-6610 (voice)
301 402-1434 (telefax)
VH2@NIHCU.BITNET (E-mail)

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
National Institutes of Health

15 November 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Executive office of the President
750 17th St., NW, Suite 1060
Washington, DC 20500

Dear Ms. Gebbie:

Our plans to publish the proceedings of our conference, "AIDS and the Public Debate: Epidemics and Their Unforeseen Consequences" are going forward as rapidly as possible. Several people have already requested copies of the proceedings, so we hope to have a volume published within twelve months. To this end, please find enclosed a transcript and a computer disk containing your remarks. The filenames on the disk are GEBBIE.TRN (file in WordPerfect 5.1) and GEBBIE.ASC (file in ASCII).

We would appreciate your reviewing, correcting, and perhaps expanding your remarks for the publication. Please also add any references that you wish included. I believe that Dr. Parascandola mailed all speakers copies of the style sheet that we will be using; if you did not receive it, please contact his office at (301) 443-5363.

Although we will be happy to enter your handwritten corrections into our computer file of your talk, you may prefer to have your own office make the changes. We find that the fewer people involved in handling the text of any paper, the fewer are the number of errors that creep inadvertently into the manuscript. If your word processing program cannot utilize the ASCII version of the text, please contact me at (301) 496-6610. We will do everything we can to assist you.

We would receive your corrected manuscript by December 6. Please send it to me at:

NIH Historical Office
Bldg. 31 Room 2B09
National Institutes of Health
Bethesda, MD 20892

If meeting this deadline poses a problem, please contact me. Also, if there are any people who should be notified about the publication, you might send us their names and addresses. We will pass them along to the publisher, who will see that they receive announcements when the volume is ready for distribution.

Sincerely yours,

Victoria A. Harden

Victoria A. Harden, Ph.D.
Director, NIH Historical Office and
DeWitt Stetten, Jr. Museum of Medical Research
Co-chair, AIDS History Group

Enclosures

NATIONAL INSTITUTES OF HEALTH

AIDS & THE PUBLIC DEBATE:
Epidemics and Their Unforeseen Consequences

EXCERPTED PRESENTATIONS

28-29 October, 1993
Lister Hill Auditorium
National Institutes of Health
Bethesda, Maryland

* * * OPENING REMARKS * * *

- - -

MS. GEBBIE: Thank you.

That wasn't a fully accurate quote. I was sharing what I had heard given in another place introducing somebody else as a tidy way of getting around a long CV. But I do think I am properly educated. Although, I had occasion to be talking with my mother this morning, and I'm not sure that what I'm doing now is what she thought I was being educated for, as she is awakened in the middle of the night by friends who say, "Get up, Rush Limbaugh is taking her apart again."

(Laughter.)

MS. GEBBIE: That may be good in many peoples' eyes, and I take that as a useful measure.

Actually we all have the treat of a very distinguished speaker to follow, but I appreciate a chance to talk just a little bit about some of the perspectives of almost 3 months into office in this position, and I took as a framework for my remarks the title of the conference, about "foreseen or unforeseen consequences."

I'm trying to stay audible. These things were not meant for women's clothes that have neither neckties nor lapels, and I would challenge the media types out there--

(Applause.)

MS. GEBBIE: Thank you, colleagues. --to invent something that will work more generally for alternate clothing styles.

(Laughter.)

MS. GEBBIE: I decided to reflect a little bit, in the context of foreseen and unforeseen consequences, our newly launched Federal Employees' AIDS Education Initiative, because I've already had some thoughts about unforeseen consequences with it and can tell you something about what I foresee as the consequences.

My job has two halves, as I come to understand it. One half is to make the Federal bureaucracy work right in order to achieve the goal the President gave me, the simple one of stopping AIDS, ~~somehow.~~ The other half of the job is ~~to~~, as a part of that, somehow to weave together a real national response that isn't just trapped within Federal agencies, but reaches out and captures the entire national energy that enables this country to get over its denial and avoidance of the epidemic. To embrace it ~~is~~ are something we all have to work on. One of the things I found when I started asking a few questions--and it wasn't that I didn't have clues that this was the case--is that no one had attended to preparing the Federal workforce in the same way we are expecting private employers to prepare their

workforce; that actually we're spending several millions of dollars a year through the CDC to encourage private employers, as good businesses, to be prepared for this epidemic, to have good workplace policies, to be responsive, and to be a site for adult education, given that we don't have schools as a captive place to teach adults. And many industries have done a fantastic job.

The Federal Government is one of the largest single employers in the world, just under 3 million employees in the main ~~administrative workforce are in the~~ Executive Branch workforce, and while some agencies have done some things, it wasn't clear that there was a mandate from the top and that it was embedded into policies, rather than not just something that happened now and again.

And so, as a top-down approach, starting with the President's direct request to his Cabinet that they not only do this but be visible doing it, we are now starting this initiative.

Why? I've already said. As a role model of what we expect a responsible employer to do, as a role model of people in high places not being afraid of the epidemic, and because it's a way to reach 2.9 million people with a basic AIDS-related message.

The consequences of that, that I foresee, include a Federal workplace that is more responsible to HIV-positive

workers. I think we still have at least some branches of the Federal Government that would answer, as a major business leader did to me the other day, "Gee, I don't think I have any infected people in my workforce of 16,000 people." And my answer is, "That you know of." And I think that's true of many Federal employers as well; that folks have not yet been comfortable coming forward. They're still well enough that they haven't needed to deal with the sick leave or the benefits policies and therefore they're staying quiet. So, we hope to have a workforce that's more responsive to that, starting with those in management positions.

Second, I foresee the impact of an expanded circle of knowledge; not just the 2.9 million employees, but their spouses, their partners, their lovers, their children, their parents, their nieces and nephews and their neighbors. If they are like anyone else, when they learn something new they generally want to talk about it to somebody, and so the circle will get bigger as we go.

The third impact that I foresee and already have some evidence of is a program impact; that as individuals in the Federal workforce learn about the epidemic, they then start thinking about how their programs have a relationship to that epidemic and say, "Gee, you know, if we did this a little differently it could make a difference."

The specific example of that--actually two. The Department of Energy in its research laboratories does AIDS-related research. They had not thought about tying that in with their High School Science Development Program and thinking about how they could reach a critical group of young high school students interested in science with an AIDS-related message and possibly developing some AIDS research careers in that process.

The second example, Housing and Urban Development, which, for many AIDS activists, has been one of the "bad guys on the block," not responsive, not quick off the mark, not really delivering appropriate programs. When I was at their executive staff meeting with Secretary Cisnaros and his top staff, the question was, "Well, that's all well and good and we're going to deal with our workforce, but what can we do about integrating this into our programs, into our Assisted Housing Programs, into our publicly supported housing? How could we be partners in reaching out and responding to the epidemic?" I predict that we will have similar responses in other departments as we take this around.

A fourth one that I predict, but I don't know exactly how we would measure it, is to think about the potential impact on community decisionmaking. In many communities, outside of Washington, D.C. I'm thinking

particularly, it is a Federal manager who is the biggest employer in town, who is a major community decisionmaker. Here I'm thinking of my experiences in the far west where a Forest Service Manager, a Department of Agriculture, a Bureau of Land Management Manager or Agricultural Experiment Station Manager is the big person in town, their word about what will go on at school boards, or how we will respond to a community need, can be as important as any other big employer. And therefore, having managers in the Federal system who are understanding of this epidemic, thinking about their responsiveness, can have a direct impact on community decisionmaking around appropriate things for the epidemic.

And the final piece that at least some people predict is an impact on volunteerism; that as people learn first-hand what this epidemic is like and what the service needs are, whether for direct service or for prevention education, that people will want to step forward and volunteer. And here I draw on the experiences of the private industries that have done this; that those that have really widespread workplace AIDS programs are very active in volunteerism in their communities with outreach programs, with adoption of agencies, with development of services, and therefore I think the odds are high that we will see some of that.

Two pieces that I will react to, or just will comment on, in closing, are about unforeseen consequences. The first one is a very positive one, but one that I chuckle at. As we brought this forward, as I talked with the President and we took it to the Cabinet and I've been talking with lots of others about it, I foresaw a somewhat blase, or even negative, response from many people in the AIDS community because of being a "johnny-come-lately" to the process. "Well, so what's this big deal? You're finally getting around to do it? Aren't you dumb do-does, you're so slow?" And in fact, the response has been ~~far~~ the reverse, ~~and~~ extremely positive ~~about a positive~~ feedback that we finally got off our duffs and are doing it, ~~but~~ because the impact can be seen. ~~And~~ When I have mentioned this in many AIDS-related groups around the country I've been interrupted by applause because of the message that it's happening, and that's been a very pleasant, unexpected response.

The negative consequence that I'm nervous about foreseeing is what will happen if this becomes too bureaucratized. We've all been in places where you get the message, "You've got to come to the required training about this," and you all march in and somebody mechanically gives you your 15 minutes of this, or your half hour of that. "I'm here to show the video that I have to show you. So

you've seen the video, now does anybody have any questions? Thank you. Now you're dismissed. You've had your required training." I see some heads nodding. I've become concerned that if we don't do it right, if we try to do it too fast with the wrong trainers, we risk bureaucratizing this and then undoing the potential positives by turning them into negatives by not having the kind of enthusiasm behind it.

There may be other negatives that I haven't foreseen. I invite your reflection on that. You're in a far better position than I to think about that kind of thing and look at it. But also just sort of tune into this as we go about this training over the next year and on into the future, and if you have some ideas about what we can do beyond pre- and post-testing to kind of monitor the impact that this outreach program within the Federal bureaucracy might have on our ability to respond to the epidemic, I would be very interested, ~~in~~ that response, ~~because I think it~~ can help shape that process that I identified as so critical to the role that I now have, that of helping the nation embrace the epidemic.

Thank you very much.

(Applause.)

DR. HELFAND: Thank you very much, Kristine. I'm sure you'll agree with me that this is the best of President Clinton's appointments so far. I think she is serious about

any advice, guidance, ideas, you have. Her address is very simple: The White House, Pennsylvania Avenue, Washington, D.C. I don't know the ZIP code but I guess it will get there.

MS. GEBBIE: 20503.

DR. HELFAND: 20503. So, please send the ideas in and we all wish you well in what you're doing and I hope you succeed in what the President has asked you to do--to stop AIDS. Tomorrow will not be too soon.

(Whereupon, the presentation concludes.)

Foreseen & Unforseen Consequences

Fed'l Employees AIDS Educ. Init.

What we're doing –
~~top down~~

why – role model
2.9 million – ~~expanding circle~~
~~Fed'l employees~~
community decision makers

What we foresee —
better response to HIV+ workers
expanded circle of knowledge
program impact
influence in community decision-making
volunteers

what is unforseen
1) positive response –
2) "bureaucratized" could be resented

National Museum of Health and Medicine

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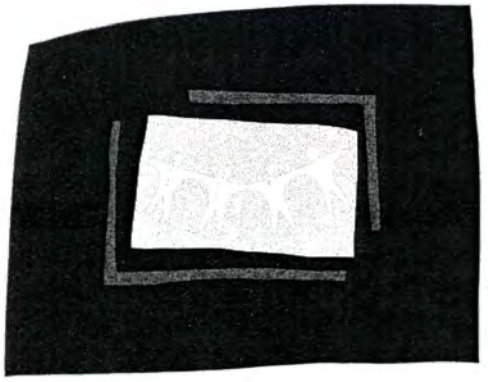
National AIDS Exhibit
Consortium

8pgs



National AIDS Exhibit Consortium

Working Together to Promote Understanding

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National Museum of Health
and Medicine

10 pgs

National Museum of Health and Medicine

Armed Forces Institute of Pathology

DEPARTMENT OF THE ARMY
G-5 Permit

DEPARTMENT OF THE ARMY
Armed Forces Institute of Pathology
Washington, D.C. 20306 - 6000

Cover:

Life Mask of Abraham Lincoln

English trephination and surgical kit

Geared cutting mechanism of Heine osteotome

Model of AIDS virus

All Photographs: Zan Arnold
Steven A. Kruger

NATIONAL MUSEUM OF
HEALTH & MEDICINE

Marc S. Micozzi, M.D., Ph.D.
Director

6825 Sixteenth Street, N.W.
Washington, DC 20306-6000
202-576-0401; 202-576-2348

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The National Museum of Health and Medicine Foundation

LifeLine

Volume 1, Issue 1
January 1993

A Newsletter of the National Museum of Health & Medicine Foundation

A Word From The Chairman

THE National Museum of Health and Medicine was founded during the Civil War when more soldiers were being killed by disease than by enemy bullets. From 1888 to 1968, the museum stood on the national Mall in Washington, D.C., where it was one of the most visited tourist attractions in the nation's capital. In 1968, the museum was torn down to make way for the Hirshhorn Modern Art Museum and the collections moved to Walter Reed Army Medical Center. Visitorship declined dramatically because the museum was so far from other tourist attractions. **The National Museum of Health and Medicine Foundation** was formed in 1989 to help revitalize and relocate the museum.

The **National Museum of Health and Medicine** is now needed as a center to study the cultural, historical and social forces which shape human health...and as a health resource center...a conduit to the American public, to our neighbors and our children.

We will have the unique opportunity to reach millions of people each year, to spark their curiosity and open their minds.

Unlike other institutions, the museum has the potential to improve the health of a nation and perhaps even to save individual lives.

I am personally committed to the success of the museum's new development program, for the sake of the education of our young people and the health of our nation. ➪

Dr. C. Everett Koop, Chairman
National Museum of Health and Medicine Foundation

INSIDE LIFELINE:

Director's Corner

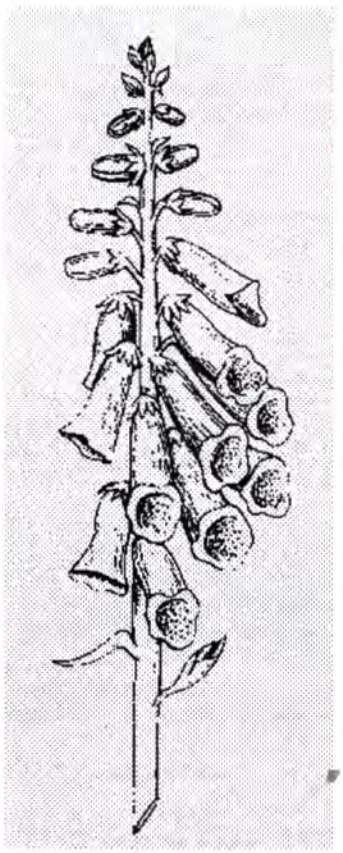
Museum On The Move

By Dr. Marc Micozzi, Museum Director

WELCOME to our newsletter ***LifeLine***, published by the Project Development Group of the **National Museum of Health and Medicine Museum Foundation.** ***LifeLine*** is designed to keep you informed about happenings at the museum as well as providing in depth articles on studies involving the museum. Our first issue features medicinal plants with the article by Dr. James Duke.

Future issues will keep you abreast of changes at the museum, and also feature other articles we hope you will find useful and perhaps even keep as reference materials. We welcome your comments and suggestions because we want this to be a useful publication for you.

(Continued on Page 5)



Foxglove. Digitalis purpurea. A source of heart-tonic used in modern medicine. Medical illustrator: Marie Duenheimer.

Medicinal Plants:

Pharmaceuticals From Nature

By Dr. James Duke

[Editor's Note: This is the first of a series of educational articles that will be featured in each issue of ***LifeLine.****]*

AS the Columbus quincentennary year closes, it's appropriate to contemplate what medicines reached Europe as a result of the Columbian exchange. This helps highlight the importance of medicinal plants for the development of modern medicine. These include especially quinine, the first active pharmacological agent to fight the world's deadliest killer: malaria. During the 1620's in the Eastern slopes of the Andes, Cinchona Bark was introduced to the Spanish colonists. From this bark they derived quinine. It's even more interesting to go to the most diverse forest in the world, the Tahuampa forest, a Explorama Lodge, Amazonian Peru, where the fountains or templates of dozens of modern medicines can be found. Latin American forests still contain nearly 100,000 species of higher plants, including sources of some of our most important drugs, e.g., anthraquinones, atropine, castanoapsermine, chymopapain, cocaine, dopa, and others.

(Continued on Page 2)

October 18 , 1993

SCHEDULED APPEARANCE
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Gurrola
DATE/TIME OF EVENT:	October 28 - 6:30 p.m. to 9:00 p.m. 6:30 p.m. to 7:30 p.m. - Reception and Dinner 7:30 p.m. to 8:15 p.m. - Museum's AIDS Exhibit 8:15 p.m. to 8:30 p.m. - Richard Goldstein speaks 8:30 p.m. to 9:00 p.m. - You speak
LOCATION:	Lister Hill Auditorium Of the National Library of Medicine, National Institutes of Health
ORGANIZATION:	Department of Health and Human Services
CONTACT:	John Parascandola, Ph.D. 301/443-5363
PURPOSE:	To speak to health professionals, medical historians, media, and interested others in order to familiarize them with the government's role in AIDS prevention and education.
OTHER PARTICIPANTS:	Speaking after KG will be Richard Goldstein, Executive Editor of the Village Voice, on "The Impact of AIDS on American Culture."
MEDIA COVERAGE:	Dr. Parascandola will be forwarding media information as soon as he gets confirmation of their attendance. He expects some newspaper annd magazine coverage and possibly NBC news.
REMARKS REQUIRED:	He suggests that you speak on the Federal Government's efforts to combat AIDS, your role as Coordinator, and any other issues that you want to discuss.
BACKGROUND:	Approximately 100 people will be in attendance. Dr. Parascandola will be faxing over any additional information as soon as he receives it. I have attached additional information for your review.

NATIONAL MUSEUM OF HEALTH &
MEDICINE FOUNDATION

OCT 2 7 1993

October 21, 1993

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

Dear Ms. Gebbie:

As Director of the National Museum of Health and Medicine, I'm delighted that you will be joining us on the evening of October 28th for the dinner and program being held here in conjunction with the AIDS conference cosponsored by the American Association for the History of Medicine and the NIH.

This letter of welcome is being written in part because I will not have the pleasure of greeting you in person. Many months ago, I accepted a speaking engagement in Atlanta on this date. Given our continuing commitment to reaching a national audience with powerful AIDS prevention and health promotion messages, I hope it will be possible for you to visit us again in the near future.

The National Museum of Health and Medicine was one of the first museums in the United States to have a major AIDS education exhibit for the general public. Surgeon General C. Everett Koop presided at the official opening in June of 1988.

Last year, we joined with seven of the largest science museums in the nation and the American Medical Association to form the National AIDS Exhibit Consortium. A brochure on the Consortium and its members is included in this packet. Funded with a grant from the Centers for Disease Control and Prevention, the Consortium was responsible for producing traveling AIDS education exhibits and associated educational programs that could reach every corner of the nation.

As the first elected President of this group, I'm pleased to report to you that this alliance has been successfully concluded. Just hours from now, AIDS exhibits produced by the Consortium will open simultaneously in New York and Philadelphia.

Mailing Address: P.O. Box 59748, Washington, DC 20012-9748
Phone Number: 202-576-1329

A third exhibit is scheduled to open at Richmond's Science Museum of Virginia next week. During November, staff from the National Museum of Health and Medicine will conduct a training workshop for representatives of museums across the nation who plan to host the Consortium's visiting AIDS exhibit in their own communities.

One subject that we would like to explore is the possibility that your office and the museum might be involved in public education programs together in the future. If you have questions or would like more information about our activities, please feel free to call me at (202) 576-0401. In my absence, please contact Dick Levinson at (202) 576-2348.

Sincerely,

Marc Micozzi

Marc S. Micozzi, M.D., Ph.D.
Director
National Museum of
Health and Medicine

"Living In A World With AIDS" At The National Museum Of Health And Medicine

The National Museum of Health and Medicine was one of the first museums in the nation to produce a major AIDS education exhibit for the general public. "Living In A World With AIDS," was opened by U.S. Surgeon General C. Everett Koop in June of 1988. Tens of thousands of young people, parents, teachers and health care professionals from every part of the country have seen it. Dr. Louis Sullivan, Secretary of the Department of Health and Human Services toured the exhibit last year. Museum professionals and/or health officials from Russia, Great Britain, Vietnam, Uganda and Thailand, among others, have also come to see it.

Since the purpose of the exhibit is to teach people of all ages how to protect themselves against the disease, the exhibit includes a "living classroom", where museum staff or community groups can present AIDS education programs, show videos and spark frank discussions on issues associated with the disease. The National Museum of Health and Medicine has conducted workshops on AIDS for public school teachers in the District of Columbia. Baltimore City school teachers who focus on family life and health issues have used "Living In A World With AIDS" to help them prepare classroom presentations. They also bring their students to see the exhibit on an annual basis. The National Museum of Health and Medicine has also been active in forming coalitions with community groups who conduct AIDS education/prevention programs.

One unique feature of "Living In A World With AIDS" is that it places the AIDS crisis in a historical context. Using posters, photographs, and disease prevention materials from 1900-1945, the exhibit highlights earlier campaigns to educate the public about the danger of sexually transmitted diseases. This display, which includes a variety of historic condoms, constitutes a brief history of American sex education in this century.

To a large degree, the battle against AIDS has focused on the development of new drugs, procedures and protective technologies. "Living In A World With AIDS" spotlights some of the new devices designed to protect medical professionals as they respond to the challenge of caring for patients in the era of AIDS. The exhibit is in the process of being updated to reflect some of the most recent developments in AIDS testing and research.

"Living In A World With AIDS" includes a self-education center where pamphlets and brochures designed to reach people at different reading levels are available in English and Spanish. Among the subjects discussed in the exhibits attractive panels are the pathways of AIDS transmission, simple steps each person can take to protect his or her health, and a list of situations/events which have never produced a single confirmed case of AIDS.

COLUMBUS THE PHILADELPHIA LEDGER
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JANUARY 15, 1992

Bacon's

3299

Museums to create traveling exhibits to teach about AIDS

By Denise Blackwood
Cox News Service

WASHINGTON — Eight of the nation's leading science museums, including the Museum of Science in Boston, and the American Medical Association announced yesterday they would create a series of traveling exhibits to teach youngsters about the AIDS epidemic.

"Education efforts must be forceful, direct and interactive," said Dr. C. Everett Koop, a former U.S. surgeon general who is advising the National Aids Exhibit Consortium. "We must reach the public with messages about AIDS in ways they will understand."

With a $1.5 million grant from the Centers for Disease Control in Atlanta, the consortium has the funding to create such a program, said Koop.

The exhibits should begin appearing by early 1993, the consortium said. They will appear first at the eight major museums that are consortium members, and eventually at more than 300 museums across the country.

"Science museums have the potential to reach a large diverse audience of young people and adults across the country with AIDS prevention information," said Bonnie VanDorn, executive director of the Association of Science-Technology Centers.

In addition to the AMA and the CDC, consortium members include the California Museum of Science and Industry in Los Angeles, The Exploratorium in San Francisco, The Franklin Institute in Philadelphia, the Maryland Science Center in Baltimore, the Museum of Science in Boston, the Museum of Science and Industry in Chicago, the National Museum of Health and Medicine in Washington and the New York Hall of Science.

VA-D48
(ARLINGTON) U S A TODAY
(M) 779,291

MARCH 25, 1992

Bacon's

Museums put their social responsibility on display

By Donna Gable
USA TODAY

From an exhibit in Washington, D.C., that puts visitors in the shoes of the homeless, to a San Francisco installation showing how to wear a condom, museums are embracing social issues as never before.

Funding is tight, and if museums want to survive they have to find ways to reach out to the communities, says Ed Able, executive director of the American Association of Museums in Washington, D.C.

"Now, more than ever, it is essential to their role in the community for museums to educate the people about issues facing their lives," he says.

The result: interpretive and often controversial exhibits. Among those on view:

▶ The National AIDS exhibit, permanently on display at The Exploratorium in San Francisco, is designed to educate visitors, particularly adolescents, about the workings of the body's immune system.

Through videos and computer games the museum hopes to provide "the kind of basic knowledge that is necessary to critical AIDS-prevention messages," says director Rod Semper. The exhibit is also on display at the California Museum of Science and Technology in Los Angeles and will travel across the country.

▶ Artist Peggy Diggs' *The Domestic Violence Project*, on display through April 18 at the Alternative Museum in New York, examines dysfunctional families. One entry displays objects that women say they've been hurt by, including a boot, an enema bag, a checkbook, a skillet, a scarf and knitting needles.

▶ The Denver Museum of Natural History's Hall of Life offers permanent hands-on exhibits on drunken driving that lets visitors realistically experience the effects of alcohol. A simulator takes the participant to a party where alcohol is plentiful. The visitor is given choices: How many drinks do you want? Do you want the keys to the car, to have someone else drive you home or to call a cab? The effects of the selections are then graphically depicted on a screen. Visitors can also address more personal questions through a phone hot line and video booth.

"The days of a natural history museum being merely filled with stuffed elephants is over," says spokeswoman Kelly Ladyga. "They come to us with questions about everything from teen-age sexuality and AIDS, to personal health and nutrition and stress management."

▶ The Children's Museum in Boston presents *Kids Bridge*, a permanent interactive exhibit that explores cultural diversity.

Computers, video and music stations guide visitors through multicultural neighborhoods where they examine prejudice and discrimination, learn new languages and listen to cross-culture lullabies.

The message: Value your own ethnicity, as well as others', and work against discrimination, says spokeswoman Christine Manak.

By Denver Museum of Natural History

INSIDE INFORMATION: Children interact with exhibits at the Denver Museum of Natural History, which deals with topics such as substance abuse and teen sexuality.

Walking with the homeless

Visitors to the Smithsonian Institution's Arts and Industries museum in Washington, D.C., sometimes encounter homeless people seeking refuge from the streets.

Now, when they tour the museum's Experimental Gallery they find an exhibit that helps them understand how the homeless got that way.

Etiquette of the Undercaste is a walk-through, interactive maze that reflects a street life that is long on lines and short on sympathy.

Visitors enter by lying on a drawer that's pushed into a pitch-black "morgue."

"The person 'dies' and then is reborn into a new life: the harsh world of a child, then an adult, of the lowest class of American society," explains creator Chris Hardman, an artist from Sausalito, Calif.

The maze begins when the "dead" participant steps through a curtain into "heaven." An audio guide then instructs the visitor to sit at the top of a slide, which lands the participant in a baby's crib.

"It's important to realize that *where* these people are born determines so much of what their potential will be in life," Hardman says.

The journey continues to reform school (and run-ins with surreal authority figures), to a boxing ring with an agile "human" figure dangling from the ceiling that tries to provoke a fight.

Throughout, the maze is laden with voices of bureaucrats who ridicule and belittle and clergy, police and bartenders who offer scant support.

But perhaps the most startling moment is when the unsuspecting visitor finds himself looking down the barrel of a gun.

It's the cycle from the birth of an innocent victim of drugs and alcohol to the "death" of a human spirit, Hardman says. "We wanted to create an environment of empathy where shared humanity would be possible. And the best way to do that is to wear somebody else's shoes."

Says Darryl Wallace, 41, who was on the street for six years and now lives in a shelter, "Someone did their homework."

The exhibit continues through April 15.

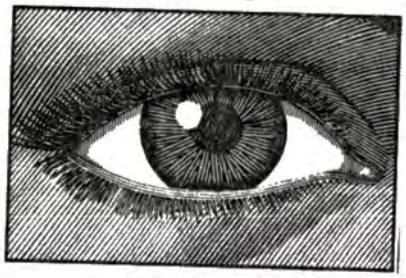
BUREAUCRAT: Stylized figure in exhibit talks about job seeking.

MARCH 26, 1992

Bacon's

3299

EYE



ON TRENDS

Museums broaden subjects

From Our Wire Services

From an exhibit in Washington, D.C., that puts visitors in the shoes of the homeless, to a San Francisco installation showing how to wear a condom, museums are embracing social issues as never before.

Funding is tight and if museums want to survive they have to find ways to reach out to the communities, says Ed Able of the American Association of Museums in Washington, D.C.

"Now, more than ever, it is essential to their role in the community for museums to educate the people about issues facing their lives."

The result: Interpretive and often controversial exhibits. Among them is The National AIDS exhibit permanently on display at the Exploratorium in San Francisco, designed to educate visitors about the body's immune system.

Busty video

In the wake of the breast implant controversy comes a new chest exercise video called "Best Bust."

The 50-minute video is an alternative for women who want chest-firming exercises but also gives advice on how to buy the right bra to enhance what you have and how to detect breast cancer.

The video host is buxom blond Cynthia Targosz of Los Angeles, who also did the 29-minute "Tummy Toner" video by Good Times.

TUESDAY, JANUARY 14, 1992 THE SUN

Science Center to help develop AIDS programs aimed at children

By Eric Siegel

The Maryland Science Center is one of eight science museums around the country that will share in a $1.5 million federal grant to develop traveling exhibits and outreach education programs on AIDS aimed primarily at youngsters, a museum official said yesterday.

The Science Center and seven other institutions will develop exhibits and programs that will focus on "making people aware of the basic science behind the [AIDS] disease," said Raylene Decatur, the museum's senior director of programs and operations. These will include how viruses affect the body and how the immune system works, she said.

The initial exhibit should be ready for viewing at the Science Center early next year.

A press conference is scheduled in Washington this morning to formally announce the grant from the federal Centers for Disease Control to the National AIDS Exhibit Consortium, a year-old organization of the eight museums. Among those expected to attend are former U.S. Surgeon General C. Everett Koop, who is advising the museums.

Ms. Decatur said the CDC was especially interested in having the consortium focus their efforts on children ages 10-14, who are just beginning to formulate decisions on sexual practices.

The museums could be particularly effective in educational efforts on AIDS and HIV because they collectively reach millions of visitors each year, most of whom are school-age children and families, she said.

Also, unlike pamphlets, the "participatory activities" of the museums "allow people to engage in a dialogue" about the subject, she said.

Some educational materials have already been developed by individual institutions, including an interactive computer program on the biology of AIDS.

The Science Center's contribution is expected to come mostly in developing outreach programs that can be used by schools and youth groups, Ms. Decatur said.

Besides the Science Center, other institutions involved in the consortium are the California Museum of Science and Industry, Los Angeles; the Exploratorium, San Francisco; the Franklin Institute, Philadelphia; the Museum of Science, Boston; the Museum of Science and Industry, Chicago; the National Museum of Health and Medicine, Washington; and the New York (City) Hall of Science.

Bacon's

3299

Young scientist researches AIDS for museum

by Shoshannah Cohen

At 22, University of Chicago Laboratory School graduate Ben Abella decided to take some time out from lab work and devote a summer to the Museum of Science and Industry's HIV/AIDS exhibit, expected to open in 1994.

Abella has short dark hair and shining brown eyes, His angular face switches rapidly from a smile to a very serious expression when he describes his work. He has always been involved in science. In 1988 as a senior at U-High he won the Westinghouse Science Award. He went on to major in biochemistry at Washington University in Missouri and expects eventually to earn an MD/PhD from Johns Hopkins University in Baltimore.

Of AIDS Abella says, "I guess I've been interested for a while in it as a medical subject, but I've come to be fascinated by the topic and the social issues surrounding it. It's been a really remarkable summer," he adds.

The work turned out to be an emotional experience for Abella, who points out that part of job was interviewing people with AIDS.

"I've learned a lot about what it means to be homosexual in this country, about the social issues in the gay community, how the AIDS crisis has made such a drastic change in their lives."

Abella stresses that AIDS is not a homosexual disease, however. "The museum is taking a look at this as a disease that affects all people. In the world, 70 percent of the people with AIDS are heterosexual," he points out.

In 1990, the Museum of Science and Industry, 57th Street and Lake Shore Drive, led the establishment of the National AIDS Exhibit Consortium, a group which assists and supports public science museums in their efforts to inform and influence the American public about the HIV/AIDS epidemic, according to Deborah Lucien, director of public relations for the museum.

The Centers for Disease Control awarded the consortium a $1.5 million grant to support the design, development, fabrication, installation and distribution of permanent and traveling exhibits on HIV infections and AIDS.

The Museum of Science and Industry is working on a 2,000 square foot permanent exhibit on HIV/AIDS and the immune system.

Lucien says "The exhibit's objectives are: One,to enhance visitors' knowledge about the biology of HIV, AIDS and the immune system; Two, to encourage visitors to adopt behaviors that promote health and reduce the risks of exposure to HIV; and Three, to foster compassionate, humane attitudes toward persons affected by HIV and/or AIDS."

Abella said working on development of the exhibit has been challenging for a number of reasons. "There are certain facts about AIDS transmission and there's a question: How explicit are we going to be?"

Abella says exhibit developers have been surveying people in the museum, attempting to ascertain what type of display they might best respond to.

"In all of our research, it turns out that the work people most associate with AIDS is death— and that's hard—how to make an exhibit on something people associate so strongly with death."

Another difficulty in planning the exhibit, according to Abella, is the rate at which knowledge about AIDS changes. The exhibit has to be made in a way that allows for accommodation of new and different information.

Ben Abella

Abella, who headed off to England on a Churchill fellowship in September, says his work with the museum turned out to be "a really challenging experience. I didn't want to spend the summer in a lab," he smiles.

Abella will spend the year studying genetics at Cambridge University. While this might sound like more school to many people, he sees it as a break between his undergraduate work and a medical/doctoral program at Johns Hopkins. The program at Cambridge is "all laboratory based—no classes. It's in a way an escapist kind of thing. I really am fascinated by how science is done in other countries," he adds.

PHS/OASH

PHS HISTORIAN'S OFFICE

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Rockville, MD 20857

PHONE: 301-443-5363; FAX: 301-443-0358

Coversheet plus 4 pages

DATE: 10/7/93

TO: Retina Holmes

FAX: 202-632-1096

PHONE: 202-632-1090

FROM: John Paraviandola

Sending Again. Did not all get through on first try.

COMMENTS:

I am faxing the information you requested. I am also mailing the originals.

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Rockville MD 20857

DATE: October 7, 1993

FROM: John Parascandola, Ph.D.
PHS Historian

SUBJECT: AIDS Conference and Dinner

TO: Retina Holmes

Pursuant to our phone conversation today, I am writing to provide you with background information on the conference on "AIDS and the Public Debate: Epidemics and Their Unforeseen Consequences," October 28-29, 1993. The conference will be held in the Lister Hill Auditorium of the National Library of Medicine, National Institutes of Health, Bethesda, Maryland, except for the dinner on Thursday, October 28, as discussed below. Enclosed you will find a copy of the program. We will include Kristine Gebbie in the final version.

The conference is aimed at a broad audience interested in the subject of AIDS. The audience will consists of health professionals, historians of medicine, members of the media, and others interested in the problem of AIDS. We expect about 150 participants in the conference (although the dinner attendance will be closer to 100).

The reception and dinner will not be at NIH, but at the National Museum of Health and Medicine, Walter Reed Army Medical Center, Washington, D.C. I am enclosing a map of the Walter Reed complex showing the location of the Museum. Only the Georgia Avenue entrance to the complex is open at night. There is ample parking adjacent to the Museum in the evening.

The reception and dinner will begin at 6:30 p.m. There will be an opportunity to view the Museum's AIDs exhibit and an exhibit of AIDS posters. We are delighted that Kristine Gebbie can participate in the after-dinner program, which will begin at 8:30 p.m. At that time, the chair of the program will introduce Ms. Gebbie to make remarks of up to ten minutes. I would suggest that she discuss the role of her office in coordinating the Federal government's efforts to combat AIDS, but we want to allow her maximum flexibility in conveying whatever information she would like to the group. Her remarks would be followed by a talk by Richard Goldstein, Executive Editor of the Village Voice, on "The Impact of AIDS on American Culture." The program will conclude at about 9:30 p.m.

The principal sponsor of the conference is the AIDS History Group of the American Association for the History of Medicine, a national, non-profit, professional society composed largely of historians and health professionals interested in the history of the health sciences. The AIDS History Group seeks to promote coordination of effort among those interested in the history of AIDS. It is cochaired by Dr. Victoria Harden, the NIH Historian. Her office and mine have been cooperating with the AAHM in the planning and organization of the conference.

If you have any questions, please call me on 301-443-5363.

Session 4

1:30 a.m. "Community Health Activists and AIDS: Forces for Change?"
Daniel Bross, Executive Director, AIDS Action Council, Washington, D.C.

2:10 p.m. "AIDS: From Public History to Public Policy"
Allan M. Brandt, Ph.D., Amalie Moses Kass Professor of the History of Medicine, Department of Social Medicine, Harvard Medical School

2:50 p.m. Closing Address: "AIDS: Reflections on the Past and Considerations for the Future"
Anthony S. Fauci, M.D., Director, Office of AIDS Research, and Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health

3:30 p.m. Closing Remarks

3:45 p.m. Conference Adjourns

Acknowledgments
Financial support for this conference was generously provided by:

Patrons: Merck & Co., Inc.
Hoffmann-La Roche Inc.
Contributors: SmithKline Beecham Pharmaceutical
The Upjohn Company

The conference organizers also express appreciation to the National Library of Medicine and the National Museum of Health and Medicine for providing meeting space and to the Public Health Service Historian's Office and the National Institutes of Health Historical Office and DeWitt Stetten, Jr., Museum of Medical Research for in kind conference support.

Conference Planning Committee
Caroline Hannaway, Ph.D., Chair
William Helfand, Treasurer
Victoria A. Harden, Ph.D.
John Parascandola, Ph.D.

AIDS & The Public Debate

Epidemics and Their Unforeseen Consequen

28-29 October 1993

Lister Hill Center Auditorium (Building 38A)
National Library of Medicine
National Institutes of Health
Bethesda, Maryland

A conference sponsored by the
AIDS History Group
of the American Association
for the History of Medicine

Program

Thursday, 28 October

Session 1

9:00 a.m. Welcome: Introductory Remarks by DHHS Officials

9:20 a.m. **Keynote Address: "The Early Days of AIDS as I Remember Them"**
C. Everett Koop, M.D., Former Surgeon General, U.S. Public Health Service

10:00 a.m. "The CDC and the Investigation of the Epidemiology of AIDS"
James W. Curran, M.D., Deputy Director (HIV), Centers for Disease Control and Prevention

10:40 a.m. Coffee Break

11:10 a.m. "The NIH and Biomedical Research on AIDS"
Victoria A. Harden, Ph.D., Director, NIH Historical Office and DeWitt Stetten, Jr., Museum of Medical Research

11:50 a.m. "AIDS, Drugs, and the FDA"
James Harvey Young, Ph.D., Charles Howard Candler Professor Emeritus of American Social History, Emory University

12:30 p.m. Lunch

Session 2

2:00 p.m. "AIDS and Minority Health"
Mark Smith, M.D., Executive Vice President, Henry J. Kaiser Family Foundation

2:40 p.m. "The National Commission on AIDS"
June E. Osborn, M.D., Professor of Epidemiology, School of Public Health and Professor of Pediatrics, Medical School, University of Michigan

3:20 p.m. Coffee Break

3:40 p.m. "The Implications of AIDS for the Development of Therapies and Vaccines: The Pharmaceutical Perspective"
R. Gordon Douglas, Jr., M.D., President, Merck Vaccine Division, Merck & Co., Inc.

4:20 p.m. "Publishing AIDS Papers in the Early 1980s"
Ruth Kulstad, Managing Editor, Clinical Chemistry

5:00 p.m. Afternoon Session Adjourns

Evening Program:

6:30 p.m. Reception and Dinner at National Museum of Health and Medicine
View Education and Poster Exhibit on AIDS

8:30 p.m. "The Impact of AIDS on American Culture"
Richard Goldstein, Executive Editor, Village Voice

Friday, 29 October

Session 3

9:00 a.m. "Haitians, Guantanamo, and the Logic of Quarantine"
Paul Farmer, M.D., Ph.D., Department of Social Medicine, Harvard Medical School

9:40 a.m. "AIDS and Voluntarism in Britain"
Virginia Berridge, Ph.D., Co-Director, AIDS Social History Programme, London School of Hygiene and Tropical Medicine

10:20 a.m. Coffee Break

10:40 a.m. "Blood Transfusion and the Spread of AIDS in France"
Anne Marie Moulin, M.D., Ph.D., Director of Research, INSERM, Paris

11:20 a.m. "AIDS and the Political Economy of Health in Uganda"
Maryinez Lyons, Ph.D., Institute of Commonwealth Studies, University of London

12:00 a.m. Lunch