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California Trip, February 1-5, 1994

Stack:	Row:	Section:	Shelf:	Position:
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8

John F. Schunhoff, Ph. D.
Director
AIDS Programs
600 South Commonwealth Avenue, 6th Floor
Los Angeles, CA 90005

Kim Bellsea
Director
Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814

didn't I do
something to them?

Wayne Saucedo
California AIDS Coordinator
830 S Street
Sacramento, CA 95814

Caswell Evans

Phil Wilson – APLA

Jimmy Loyce (sp?) – APLA

Dr. Wilbert Jordan
12021 South Willmington Avenue
Los Angeles, CA 90059

(8)

Dr. Reed Tuscan
1621 East 120th Street
Los Angeles, CA 90059

Mary Ashley (at Drew med. Center)
12021 South Willmington Avenue
Los Angeles, CA 90059

(8)

Eliot Johson
County USC 5P21

Denise Yamada Host at USD Town Hall.

(9)

(619) 279-3939

619-260-4659
Maria

KNSD
P.O. Box 719389
San Diego, CA 92171-9739

Ruth Henricks
Executive Director
Special Delivery San Diego
P.O. Box 33815
San Diego, CA 92163

meals on wheels

3

Irene Milton
Program Director
Being Alive Women & Children's Center
3265 Fifth Avenue
San Diego, CA 92103

love —

Antonio Mora
Anchor
Good Day LA
Fox Studios
5746 Sunset Boulevard
Los Angeles, CA 90028

John ??
why?

Victor L. Beer, M.D.
Internal Medicine, General Practice
Kraus-Beer Medical Group
6464 Sunset Boulevard
Suite 600
Los Angeles, CA 90028

(the guy with the mercedes)

4

Christine Kehoe
Councilmember
Third District
202 C street
San Diego, CA 92101

Mary E. Adams (HIDS Coordinator)
Assistant to the Mayor for Community Relations
202 C Street
San Diego, CA 92101

Dr. David Scutchfield
University of California San Diego
200 West Arbor Drive
San Diego, CA 92103

Fran Butler-Cohen
Executive Director
Logan Heights Family Health Center
1809 National Avenue
San Diego, CA 92113

(1)

Michelle M. Ginsberg, M.D.
Chief AIDS & Community Epidemiology
County of San Diego
Department of Health Services
1700 Pacific Highway
San Diego, CA 92101

(1)

Diane Abbitt (put together reception)

(7)

Roberta Wilson
L.A. Gay and Lesbian Community Center
1625 North Hudson Avenue
Los Angeles, CA

Mr. and Mrs.David Shulman
437 1/2 North Ogden Drive
Los Angeles, CA

Ferd Eggan
Los Angeles AIDS Coordinator
215 West Sixth Street, Sixth Floor
Los Angeles, CA 90014

done.

Marta E. Flores
Health Promotion Department Project Director
Logan Heights Family Health Center
1809 National Avenue
San Diego, CA 92113

(1)

Binnie Collender (San Diego County AIDS Coordinator)
Director
Office of AIDS Coordination
P.O. Box 85524
San Diego, CA 92186-5524

(1)

Bob Kittle (Hosted Ed Board Mtg)
San Diego Union Tribune
350 Camino De La Reina
San Diego, CA 92108

(1) (2)

Carol Nottley
Executive Director
AIDS Foundation San Diego
4080 Centre Street
San Diego, CA 92103

(1)

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 323-7415

February 2, 1994

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
THE WHITE HOUSE
Washington

FEB 22 1994

Dear Ms. Gebbie:

This is to inform you that I have forwarded your January 3, 1994 letter regarding "Caring For Babies With AIDS" to Martha Lopez, Deputy Director, Community Care Licensing Division in the California Department of Social Services (DSS). Caring for Babies With AIDS is a facility licensed by the Department of Social Services.

If you have any questions, Martha Lopez can be reached at (916) 657-2346.

Sincerely,

Wayne E. Sauseda, Chief
Office of AIDS

cc: Ms. Martha Lopez
Deputy Director
Community Care Licensing Division
Department of Social Services
State of California
744 P Street, MS 17-17
Sacramento, CA 95814

ROBERT K. ROSS, M. D.
DIRECTOR
(619) 236-2237

County of San Diego

DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

March 8, 1994

Ms. Kristine Gebbie, RN, MSN
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, D.C.

Dear Ms. Kristine Gebbie:

I am writing to personally thank you for taking time from your busy schedule recently to pay a visit to San Diego.

It was great to see you again. Your in depth understanding of the many issues involved in this epidemic as well as your willingness to listen to our own local concerns were apparent to all who had the opportunity to meet with you or listen to you. Many San Diegans have expressed appreciation for your visit.

Please don't hesitate to contact me at any time if I can be of help to you in any way. Warm personal regards to both you and John Gurrola. Thanks again!

Cordially,

ROBERT K. ROSS, M.D., Director
Department of Health Services

RKR:bc

cc: John Gurrola

County of San Diego

ROBERT K. ROSS, M. D.
DIRECTOR

DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Office of AIDS Coordination
P.O. Box 85524
San Diego, CA 92186-5524
Phone: (619) 236-2254
FAX: (619) 236-2660

February 17, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500

Dear Ms. Gebbie:

This is to express my personal thanks to you for your recent visit to San Diego and for your obvious interest and concern. I especially enjoyed the opportunity to spend the day with you and observe first hand how knowledgeable you are.

I know that all of the agencies which you visited on your one day "whirlwind" tour were delighted to meet you and to listen to your message. I am attaching a copy of one account of your visit which appeared in one of the gay newspapers. I also marvel at your level of energy, I was exhausted at the end of the day!

Please do not hesitate to ask if there is any way I may be of assistance to you. Kind regards too to John Gurrola and isn't Mary Adams a delight?

Sincerely,

Binnie Callender, Chief
Office of AIDS Coordination

cc: John Paul Gurrola

County of San Diego

BINNIE CALLENDER RN, MS MPH
CHIEF
OFFICE OF AIDS COORDINATION

DEPARTMENT OF HEALTH SERVICES
1700 Pacific Highway, Rm 104
PO Box 85524
San Diego, California 92186-5524
(619) 236-2254 MS P-501-C

Southern California's Gay & Lesbian Newspaper • ISSUE 633 •

Update

FEBRUARY 9 1994

U.S. AIDS "Czar" Brings No Good News To San Diego

By B. Allan Ross
Associate Editor

SAN DIEGO — "This job of coordinating national AIDS policy was never defined before they gave it to somebody. Some of you may have had that experience of being handed a title and a large pile of stuff and told 'let me know when you get done fixing it,' which is what the President asked me to do."

Kristine Gebbie, RN, MN, National AIDS Policy Coordinator for President Clinton, began a Feb. 2 tour of some of San Diego's city and county AIDS service organizations with those words at a breakfast roundtable hosted by Mayor Susan Golding's office and held at City Hall. Representatives from 21 area service agencies, governments and governmental departments, businesses and AIDS-oriented organizations attended the conference.

After the breakfast roundtable, Golding and Gebbie held an unimpressive press conference, then Gebbie was greeted with, "Welcome to our house," at the barrio Logan Heights Family Health Center where she met with the staff and volunteers and toured the entire facility before moving on to the County Health Department, where she conferred with doctors and the director. Among other things, needle exchange programs in the country, including San Di-

"It really isn't enough to show up for the AIDS Walk and take a nice little hike on a sunny afternoon."

(Clockwise, from bottom left) Robert Ross, MD, Director of County Health, gets in a few last words with President Clinton's National AIDS Policy Coordinator, Kristine Gebbie, after her tour of his facility's AIDS programs. Anna presents Gebbie with a teddy bear during her stop at the Being Alive Women and Children's Center in Hillcrest. Gebbie brings dinner to a Special Delivery client with AIDS, spending nearly half an hour with him as she wraps up her one-day tour of San Diego. photos — B. Allan Ross

exchange programs hinted that it was being looked at on a federal level, and then threw it back into the local arena by saying such programs don't work unless they are supported by the entire community.

"At the corporate level ... we're just not where we should be."

She told County Health Director Robert Ross that the "Gay community is exerting tremendous pressure" for the U.S. to act immediately to authorize or

Afterwards, she attended a

ego, and then spent an hour with the editorial board of San Diego's *Union-Tribune* newspaper.

Next, Gebbie toured AIDS Foundation San Diego, then moved on to share in Addy's fifth birthday party while she talked with staff, members, chil-

See **CZAR**, *Page A-9*

While at the Being Alive-San Diego Women and Children's Center, Kristine Gebbie (center, with bear) joins Addy (third from left) and her family in a party to celebrate Addy's fifth birthday.
photo — B. Allan Ross

Kristine Gebbie shares a moment with Christine Milton, a volunteer at the Women and Children's Center. Binnie Callender, Chief, San Diego County Office of AIDS Coordination, looks on from the left.
photo — B. Allan Ross

Update Tip Brings Arrest In Christmas Eve Stabbing And UCSD Robbery

By B. Allan Ross
Associate Editor

SAN DIEGO — Shortly after noon last Wednesday, Feb. 2, near the corner of Eighth and University Aves. in Hillcrest, Richard Anthony Pike, 23, was arrested by San Diego police and charged with assault with a deadly weapon involving serious injury, along with separate charges from an armed robbery he is accused of committing at UCSD Medical Center the previous weekend. According to Detective Jim Yeatts, of the San Diego Police Department's Western Division Violent Crime Unit, he was arrested mere blocks from the scene of a Christmas Eve stabbing reported in *Update*, a story which ultimately brought about his apprehension.

Robert, 23, had been seriously stabbed Christmas Eve near the Taste of Szechuan restaurant at Sixth and University. He has requested *Update* not to publish his last name. His five stab wounds required eight staples, 37 stitches and later surgery to restore feeling to his right hand.

Update investigated and ran a front-page story about the stabbing. Two days later, an anonymous woman called the paper, giving the name of someone she believed had committed the crime, based on a description and information in the story linking him to Boney's grocery store, as an employee or friend of an employee.

Update immediately passed this information on to Detective Yeatts, who called back shortly afterwards to say, "It looks like he's going to be the guy." Apparently, Pike had worked at Boney's but had been fired for bragging about stabbing someone. No one from Boney's, perhaps with the exception of a still-anonymous woman, had called police.

Police had been searching for Pike without success ever since.

The descriptions of the suspect and the weapon, a box cutter, used in a weekend robbery at UCSD, caught Yeatts's attention as very similar to those

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In This Issue

CZAR

Continued From Front Page

dren and volunteers at Being Alive-San Diego's Women and Children's Center, a member-supported organization made up of many AIDS-related programs. Finally, she delivered a meal to a home-bound man with AIDS, experiencing the Special Delivery program. She left him her card and asked him to call her if he needed anything.

According to Gebbie, the three major agendas comprising the nation's response to AIDS are research, services and prevention. Learning about the virus, its effects on the human body, and behavior associated with getting and living with the disease make up the research agenda.

The services component seeks prompt diagnosis, early care enrollment and comprehensive care services for the lifetime of HIV-positive persons. "A key part of that care agenda is getting health reform passed," Gebbie said, "because ... people with HIV infection have been disproportionately uninsured, under-insured or in danger of losing insurance."

The third agenda is prevention, attempting to ensure "that anybody who has any reason to do so, which includes just about every human being on the face of the planet, has real access to prevention information...

"The fact is ... we know absolutely how to prevent [illegible] that are infected and an end to any sexual transmission..."

In order to end sexual transmission, Gebbie said there is only one generally applicable alternative. "Either complete abstinence from sex, which I believe is not an elective in our community; everyone being in relationships that are mutually monogamous since virginity, which also seems a little difficult to accomplish in our society; and therefore, (through) the safer sex practices approach, with use of latex condoms consistently and correctly every time...."

If the three agendas were fully embraced, Gebbie said they would, "in a very short time, bring transmission down to just about zero.

"I know how good that sounds, and I know how far that is from human reality for an awful lot of people... A major part of my job is trying to work with anybody in the country to figure out how we engage this nation in understanding why everybody has to be a part of AIDS-related programs. There just is no justification for saying it's not in our town or it's not my business or it's not my interest...

"You only have to look at several nations on the globe to understand how bad this can get if you don't attend to it early... We could, within not too many years, achieve ... that level of infection. It would be ridiculous if we did," Gebbie said.

Throughout the day, she continued to spread the same message, that "we, collectively, desperately need community leaders, business people, clergy, (and) public officials who understand that it really isn't enough to show up for the AIDS Walk and take a nice little hike on a sunny afternoon, and it isn't even enough to slip a check from your corporate donation fund into the process. It takes being willing to be counted around this disease. Things like being willing to let your corporate logo be used in AIDS-related activities...."

Gebbie said business leaders should develop their own AIDS prevention programs. It's a wise investment she said, "when you look at the down-side of the lost work time, the lost workers, when the infection rate goes up. Particularly for a self-insured company, the prevention of one or two cases of HIV can more than pay off an investment in a workplace program... The National Leadership Coalition On AIDS is available. They're a membership organization, they are looking for new members. They will come work (with corporations to design workplace programs)."

"What it really takes is that leadership community being willing to do things like show up at a school board debate on 'will we have comprehensive health education for our kids?' Or a neighborhood debate on [illegible] hoped they could avoid... They're messy, awkward questions that require dealing with subjects like sexuality that our society doesn't do well with."

Gebbie stated that currently her prime desire is "to see a shift in the participation in the public debate on AIDS so that the ... leadership of the religious community and the corporate community of America are visibly at the table in a much stronger way...

"At the corporate level of saying 'we're prepared to put our energy behind this,' we're just not where we should be."

Spreading this message seemed to be the main reason for Gebbie's five-day tour of cities. She repeated it at the forum at USD, where she said schools were so independent of national government's input that they were "sliding right by" with a minimum effort in AIDS education. She said if business and social leaders "want a next generation of healthy workers," they should be looking at the school curriculum and "really demanding that (AIDS education) be comprehensive and strong."

Her answer to *Update's* questions at the town hall forum about the scope of her authority and about the McClintock Project would not be encouraging to persons currently coping with HIV or AIDS.

Gebbie's response to the Barbara McClintock Project to Cure AIDS, recently introduced by Congressman Jerrold Nadler (D-N.Y.), (202) 225-5635, as bill HR 3310, was accompanied by a tone of dismissal toward the proposal. "For those of you who don't know," she told the audience, primarily USD students, "the McClintock Project is a proposal authored by a number of groups, but associated primarily with ACT UP-New York, to redesign the entire nation's research structure around HIV... It tackles several pieces, including perceived conflicts of interest [illegible] Health and I, have been in a number of conversations about how to redesign the way we manage research to get it to where we're going. It doesn't look like the McClintock Project as written is exactly right. There's another one that was written in Madison, Wisconsin that isn't quite there. So we're looking at several models, going to push how we manage research to try and speed it up and get what we want," Gebbie said, and told the students about the Drug Development Task Force.

Regarding her authority as National AIDS Coordinator, she said, "I don't have authority to spend money Congress hasn't appropriated. I don't have authority to tell Congress to do what's right. I do have the authority to go to any member of the Cabinet and enlist their aid with us, and look at how they're spending the money they do have and redirect and move it. So we've been working with Housing and Urban Development (HUD) on how their AIDS housing projects go and what we can do to tie them in better... A lot of activity within HHS (Health and Human Services) on how to get ready to re-authorize Ryan White and make it more effective with health reform. And doing a lot of work on health reform and how to bring that about; work with the Department of Defense on their research programs.

"What I have the authority of: 'Hello, the President sent me here to make this work.' And that gets the ear of a Cabinet official, it gets the ear of a federal employee, it gets the ear of people in the private sector. So, it's coming along. You can't push the rate of science too fast. I mean, discoveries happen when they happen no matter how much money you throw at it, and that's part of the problem."

Although many questions were asked about [illegible] ent approaches to AIDS research or treatment, outreach to adolescents and youth of any sexual orientation, or multi-cultural or international outreach.

As many HIV-positive "in-your-face" activists have been saying since her nomination, Gebbie appeared, to many people asked, to be a forthright, well-informed, sincerely concerned woman with no authority.

For example, when asked specifically what is being done on a national level to provide better HIV/AIDS education to Gay and Lesbian adolescents, her response simply stated the obvious, offered no improvement over the extremely minimal and embattled self-help community-level outreach already being done, and bluntly stated that there is no hope the nation will reach out in the foreseeable future to its most at-risk, least influential, hardest to convince and probably soon-to-be-most-contagious group of citizens.

"That area is one that a lot of us have an interest in," Gebbie said, "And it revolves around the fact that adolescents are still trying to figure out their sexuality. In our society, that doesn't do very well helping *any* adolescents learn about maturing as a sexual person, we do extra bad helping those who are Gay and Lesbian figure that out, as they're going through puberty and adolescence and developing roles. A lot of health education programs in schools don't want to deal with it, a lot of support programs don't.

"There are a number of projects supported through CDC (Centers for Disease Control) prevention money that at the community level specifically have outreach to Gay and Lesbian youth, and include some specific activities that in most [illegible] do outreach. But I think until our society becomes comfortable saying 'Gay and Lesbian teens,' that this is a fact of life whether we like it or not. It's really hard to then say, 'So what do we do about it?'" She did not answer her question.

One teenager, who listened to that response later, told *Update* that Gebbie sounded as

See **CZAR**, *Page A-10*

San Diego From Hillcrest to North County

Metro

Pride Committee Seeks New Members

SAN DIEGO — The San Diego Lesbian and Gay Pride Steering Committee seeks to expand its membership. The committee says it is committed to maintaining a high level of sensitivity to the diversity of our community and to representing that diversity in its make-up.

In the spirit of this commitment, the committee wants to maintain gender parity and ethnic diversity on the committee. All people of our community are encouraged to apply.

New members may be self-nominated or nominated by community groups or individuals. Membership requires a commitment to serve for three years.

All nominations and inquiries are welcome, the committee says. Interested parties should send a resume or nominations to San Diego Lesbian and Gay Pride, P.O. Box 34352, San Diego, CA 92163. For more information, call the Pride office at (619) 29-PROUD (297-7683).

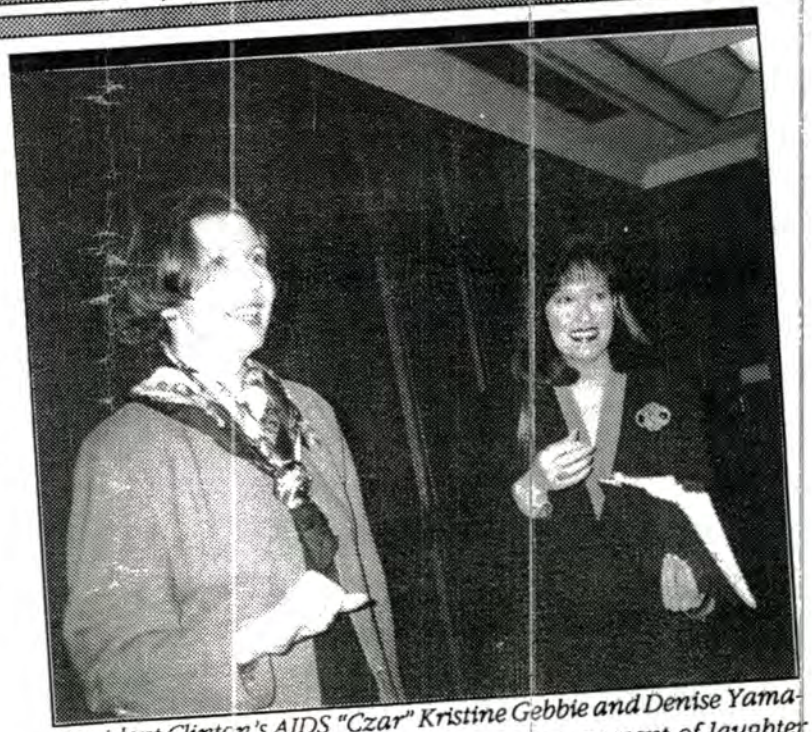
Briefs

Warm-hearted individuals can make the difference to

Lesbian Community Blood Drive

SAN DIEGO—Eleven years ago the Women's Caucus of the San Diego Democratic Club organized the Blood Sisters, a group of women from the community who became regular blood donors at the San Diego Blood Bank. Over the years, several hundred pints of blood have been collected for community use. The program became a model used by Lesbian organizations throughout the country to show support for their Gay brothers.

In recent weeks, a call for donors has gone out across the country. Because of the nation-wide shortage, a Lesbian Community Blood Drive will be held on Saturday, March 19, from 9:00 a.m. until noon at the San Diego Blood Bank (Fifth and Upas) in Hillcrest.



President Clinton's AIDS "Czar" Kristine Gebbie and Denise Yamada of San Diego's KNSD-TV 39 enjoy a rare moment of laughter during a serious youth-directed "town hall forum" discussion of AIDS which Yamada moderated at the University of San Diego.
photo – B. Allan Ross

HIV Loves All Colors

SAN DIEGO — San Diego artist Tim Grummon's latest poster, "HIV Loves All Colors," will debut at Being Alive San Diego's open house for the community on Valentine's Day, Monday, Feb. 14. The multi-hued 18" by 24-1/2" poster is available exclusively at Being Alive and comes complete with the artist's statement:

ARREST

Continued From Front Page

in Robert's case and he alerted patrol officers to be looking for Pike.

On Wednesday, an anonymous caller, probably the same woman, told police that Pike was in the area. They immediately picked him up for both crimes.

"He gave no problems at all" when arrested, according to Yeatts, who said, "It's nice when we're actually able to make an arrest, especially in a case as vicious as this one."

Pike has admitted to the Christmas Eve crime, although he claims self-defense, stating that Robert attacked him and he thought he was also going to be attacked by the group of six people who were talking with Robert at the time.

"The information received by *Update* and passed on to the police was the whole key to the whole case," said Yeatts, adding 'No one else ever did call" with information about the stabbing, and Robert's friends turned out to be reluctant witnesses.

Pike is in jail pending a preliminary hearing in a couple of weeks.

CZAR

Continued From Page A-9

though she was saying young people, especially Gay and Lesbian teenagers and adolescents, will continue to be on their own, indefinitely, until their entire generation dies of national neglect.

Other repeated complaints front-line AIDS-service providers shared with Gebbie concerned an appalling lack of interest in HIV/AIDS on the part of the medical community, doctors' ignorance of HIV/AIDS symptoms in women, HIV/AIDS/TB problems unique to sharing an international border, and lack of governmental support for holistic treatments.

San Diego Mayor Susan Golding had her own complaints for Gebbie, stating, "One out of every five AIDS patients in San Diego was first diagnosed elsewhere. Funding allocations continue to be based on first-diagnosis counts, which means we are simply not getting our fair share of AIDS dollars." Golding's proposals to Gebbie included support for continued funding of the Ryan White Care Act, implementation of an upward adjustment in the "cost of housing" allocations to San Diego from HUD's Housing Opportunities for People With AIDS (HOPWA) funding, and funding from the Defense Department for education and prevention programs targeted at military personnel and dependents stationed in San Diego.

Golding said she recently sent a letter of support to the U.S. Conference of Mayors in support of a County request for funding of a county-wide HIV/AIDS education needs assessment. County government has jurisdiction over health issues in this area.

CALIFORNIA SCHOOL NURSES ORGANIZATION
HEALTHY CHILDREN LEARN BETTER
Northern Section

February 15, 1994

RECEIVED
FEB 22 1994

Kristine M Gebbie, R.N.
U.S. AIDS Policy Coordinator
The White House
750 17th Street , Suite 1060
Washington, D.C.

Dear Kristine,

On behalf of the California School Nurses Organization, we would like to take this opportunity to express our gratitude to you for appearing at our 44th Annual Conference here in Sacramento on February 5th. Your message was inspiring to us and our only regret was the time constraint that you were under. We really admire you for the job you are doing!

Thank you again for your support of the California's School Nurses' Organization in their efforts to care for the health needs of California's children!

Sincerely,

Eleanor Hoffman Linda Davis-Alldritt

Eleanor C. Hoffman, R.N. and Linda Davis-Alldritt, R.N.
2341 Skube Lane 6378 Driftwood Street
Sacramento, CA 95825 Sacramento, CA 95831
(916)481-9389) (916)393 - 7517

WomanCare
a feminist women's health center

2850 Sixth Avenue, #311
San Diego, CA 92103
(619) 298-9352
Fax (619) 298-3406

688 Hollister Street, #B
San Diego, CA 92154
(619) 424-9944
Fax (619) 424-6441

Did time set scheduled ?

February 22, 1994

Kristine Gebbie
National A.I.D.S. Policy Coordinator
Office of National A.I.D.S. Policy
Executive Office of the President
Washington DC 20500

Dear Secretary Gebbie:

Thank you so much for taking the time to speak with me during your last visit to San Diego. I realize you were on a very tight schedule and I really appreciated the opportunity to discuss women's health issues.

I am anxious to see the direction that A.I.D.S. research and funding will be taking, particularly as it relates to women's health care. WomanCare has taken an active role during the University of San Diego's A.I.D.S. Awareness Week by making educational and preventative A.I.D.S. information available and helping to put students in contact with other HIV related organizations. Since women are the number one group in the U.S. contracting HIV, we are currently working on obtaining funding to make HIV testing available at our clinic.

I really enjoyed our brief meeting, and I look forward to seeing you in the future. Again, greetings from June Lowenburg. I will be in Washington DC from February 24-March 4. If you have any time available, I would like to meet with you again. If I can be of any other service to you, please feel free to contact me at (619) 298-0967.

Sincerely,

Ashley E. Phillips
Executive Director

cc: Mary Adams
AEP:jkb

SUSAN GOLDING
MAYOR

RELEASE NUMBER: 401 **CONTACT: Dan McAllister**

DATE: February 2, 1994 **PHONE: (619)236-7747**

"GOLDING PUSHES FOR AIDS PREVENTION AND EDUCATION IN SAN DIEGO"

Emerging from an early morning reception with local AIDS care providers and Clinton AIDS Policy Coordinator, Kristine Gebbie, San Diego Mayor Susan Golding announced she had met with Gebbie, in an effort to secure more AIDS funding for San Diego.

"One out of every five AIDS patients in San Diego was first diagnosed elsewhere. Funding allocations continue to be based on first-diagnosis counts, which means we are simply not getting our fair share of AIDS dollars," said Golding.

Golding indicated she also plans to docket some of the issues discussed with the AIDS Czar at a future meeting of the Council Rules Committee for City Council consideration as part of the City's legislative agendas in Washington and Sacramento. Additionally, Golding recently sent a letter to the United States Conference of Mayors in support of a County request for funding of a county-wide HIV/AIDS education needs assessment.

MORE.....MORE.....MORE

Proposals discussed by the Mayor with Gebbie included the Mayor's support of continued funding of the Ryan White Care Act, the primary AIDS funding program which is set to expire after the '95-'96 cycle; implementation of a "cost-of-housing" adjustment in HUD's "Housing Opportunities for People With AIDS" (HOPWA) allocations to San Diego, to allow for the higher housing costs in the region; and, utilization of a weighted consideration for the San Diego region in applications for federal AIDS money.

Citing the impacts of the military and our proximity to the international border with Mexico as significant factors to our growing AIDS needs, the Mayor urged Gebbie to fund more HIV/AIDS education and outreach programs.

Specifically, Golding requested that Gebbie, officially known as the National AIDS Policy Coordinator, encourage the Department of Defense to allocate funding for education and prevention programs targeted at military personnel and dependents stationed in San Diego.

"I plan to continue working with the County to fight for increased dollars to combat AIDS in San Diego for prevention, education and care of AIDS and HIV positive San Diegans", Golding added."

# #

County of San Diego

ROBERT K. ROSS, M. D.
DIRECTOR

DEPARTMENT OF HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Office of AIDS Coordination
P.O. Box 85524
San Diego, CA 92186-5524
Phone: (619) 236-2254
FAX: (619) 236-2660

February 17, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500

Dear Ms. Gebbie:

This is to express my personal thanks to you for your recent visit to San Diego and for your obvious interest and concern. I especially enjoyed the opportunity to spend the day with you and observe first hand how knowledgeable you are.

I know that all of the agencies which you visited on your one day "whirlwind" tour were delighted to meet you and to listen to your message. I am attaching a copy of one account of your visit which appeared in one of the gay newspapers. I also marvel at your level of energy, I was exhausted at the end of the day!

Please do not hesitate to ask if there is any way I may be of assistance to you. Kind regards too to John Gurrola and isn't Mary Adams a delight?

Sincerely,

Binnie Callender, Chief
Office of AIDS Coordination

cc: John Paul Gurrola

AIDS REGIONAL BOARD OF

LOS ANGELES COUNTY

600 So. Commonwealth Ave., 6th Floor; Los Angeles, CA. 90005

Facsimile Cover Sheet

To: kristine Gebbie
Agency: Natl AIDS Policy Coordinator
Phone: 202/632-1090
Fax: 202/632-1096

From: Gilbert Fernandez
Agency: AIDS Regional Board
Phone: 213/351-8026
Fax: 213/738-0825

Date: February 11, 1994
Pages including this cover page: 2

COMMENTS:

3/1 c 8:30

ARB
AIDS Regional Board of Los Angeles County

February 11, 1994

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office

Dear Ms. Gebbie:

I am taking this opportunity to introduce myself as the Executive Director of the AIDS Regional Board of Los Angeles County.

The AIDS Regional Board (ARB) HIV consortium is an incorporated membership organization of service providers and individuals. Its purpose is to coordinate community-based planning of HIV care delivery and provide community representation to the HIV Health services Planning Council. Currently we hold 12 of the 42 seats on the Planning Council which administers Title I and II funds.

One of our task force groups (Housing) has just developed a video which received high marks when it was shown to the Planning Council on Thursday, February 10, 1994. It depicts the search for permanent housing through the eyes of an HIV infected individual after he becomes unemployed and is unable to maintain his current lifestyle. As you well know, housing is an issue for concern in the Los Angeles area given some of the recent events brought on by the earthquakes, mud slides and fires.

I will be in Washington, D.C. on Monday, February 28, and Tuesday, March 1, 1994 meeting with some legislators on capital hill. I would be very interested in meeting with you during my visit and present to you a copy of the video on behalf of the Housing Task force of the ARB that produced it and addressing some community issues related to the AIDS epidemic. Shall I act up?

I also wish to extend an invitation to you to visit with us the next time you are in the Los Angeles area. We have a number of community based organizations that are interested in expressing their views on the issue of AIDS, gaps in services and alternative treatments. I would like to arrange a roundtable informal discussion in the Watts or inner city area to give our membership the opportunity of meeting you and engaging in some meaningful dialogue. If your office could provide me with a date(s) when you will be in the area, I can arrange something that will accommodate your schedule.

Sincerely,

Gilbert Fernandez,
Executive Director

600 South Commonwealth Avenue, Sixth Floor
Los Angeles, California 90005-4001

Phone: 213/351-8026
FAX: 213/738-0825

ARB OF L.A. COUNTY

file

ARB AS COMMUNITY CONSORTIUM

Community Approach to Getting the Job Done

Gilbert Fernandez, Executive Director

TABLE OF CONTENTS

Section One -

EXECUTIVE SUMMARY

The information contained herein is in response to a request from the *Board of Director's working group* to better understand the mission of the ARB when it was originally formed as an organization. To accomplish this task, original documentation were reviewed and excerpts from that period of time have been included.

Many of the original architects of the original ARB consortium who contributed to the thoughts and words in this document are still active in the AIDS arena as administrators, members of the ARB and/or planning council providing leadership and direction. It is their thoughts and printed words I have extracted , as it represents the structure of the ARB as we know it today. A review of the documents recorded in 1989 by individuals involved at that time explained the need for a community consortium (such as an ARB) and how it was to carry out its functions differently from the activities being performed by the APO.

While the APO was the County administrative and planning organization for all AIDS services, a coalition movement of individual activist and organizations interested in having more HIV community participation in planning and funding decisions about services for HIV-affected populations began in Los Angeles County in approximately 1988 under the name "United AIDS Coalition." . This coalition met into 1989 discussing the need for shaping priorities from the perspective of the service needs of people living with HIV, massaging them into a workable list with a priority ranking, and strategies needed to present that list to various government and private entities for funding considerations. The goal of the effort was greater participation in the movement along with an active voice in the planning process through consensus among AIDS service providers and people with HIV disease. The primary document I found dated October 13, 1989 appears to be the first notice (mailed to over 500 individuals), calling for a community meeting to begin dialogue for the creation of a community consortium (Planning Council) with the Department of Health Services AIDS Program Director Robert Frangenberg and six service providing agencies at that time[1]. After repeated such notices and a series of four regional and five community-wide meetings and meetings, of a steering committee over the better part of a year, the eight "Task Forces" of the "AIDS Regional Board of Los County, Inc. (ARB), began operating in December 1990.

However, also in 1989, federal legislation toward providing funding for services for people living with HIV began to take shape in Washington, D.C.. As more information was forthcoming about implementation of the Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act, the still-fledging ARB attempted to bring itself closer in line to satisfy the federal legislation. That legislation mandated the local health jurisdiction in those metropolitan areas most impacted by AIDS (in Los Angeles, the County's Board of Supervisors) with the authority to control and distribute C.A.R.E. Act Title I funds. Given some explicit guidelines in the Act for participation, the Board of Supervisors began to address the need for a community-based planning council as required for access to Title I emergency relief. The County's development of the "HIV Health Services Planning Council" included significant ARB participation. It was the ARB input to the selection process that helped to structure community seats so they would have a controlling influence while meeting the federal Health Resources Administration's mandate of developing a working partnership between local, state, and federal governments and communities affected by AIDS. The Board of Supervisors also included within the purview of the Planning Council responsibility for the planning and priorities for distributing new County tax dollars allocated toward fighting HIV.

Concurrently, Title II of the C.A.R.E. Act required a similar coalition approach for the distribution of funds to each of the 50 states to fight HIV. As this included an overlap with individual communities also eligible for Title I funds, the ARB decided to apply to the State of California to become the priority-setting and funds distributing contractor to make C.A.R.E Act Title II funds available in Los Angeles County. Now the control of C.A.R.E. Title I and Title II dollars, as well as Los Angeles County tax dollars, targeting HIV-affected residents of Los Angeles County rested in the hands of a partnership between State and County government and the community.

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[1] Gabe Kruks, Gay & Lesbian Center; Mario soliz-Marich, Coordinated Neighborhood Consortium; Gilberto Gerald, Executive Director Minority AIDS Project; Fred Wietersen, President Being Alive; Dean Goishi, Asian/Pacific Lesbian and Gays AIDS Intervention Team; Larry Harold, Watts Health Foundation.

Section Two

Original Goal as of 02/18/91

"The goal of the ARB is to provide the organizational structure, framework, and processes for a true partnership of the public and private sectors, so that constituencies affected by HIV would be equally empowered at the table where: i) strategic planning is done, ii) funding priorities are established, iii) allocation formulas are developed, iv) guidelines for contract award, contract monitoring, and program evaluation are developed, and v) program outcomes are reviewed as input for ongoing planning."[2]

The current focus of the ARB is moving towards assessment of community organizations seeking CARE funds, assessing gaps in needed services prior to funding, assessing the need for proactive advocacy positions that need to be taken, and providing technical assistance seminars for smaller CBOs' and an annual medical conference for all members. Secondly, the evaluating of CARE funded programs with a newly developed evaluation tool, evaluating Title I, II, III funds that have been distributed to ARB member agencies to determine if the amount and/or type of funding has been adequate or the services provided effective,

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[2] Community Facilitator to ARB, 02/08/91; Response to letter received from Robert Gates, Director Dept. Health Services, County of Los Angeles, dated 01/03/91."

Section Three

Functions Of The Consortium

The following excerpts is a response from the ARB Director (Steve Toth)

to a letter written by Robert Gates requesting a clear statement of the role, goals, objectives and responsibilities of the AIDS Regional Board with regard to planning, funding, and implementing HIV programs in Los Angeles County (02/08/9).

" Because the ARB is an evolving entity, as is true for many agencies that have a 10, 15 or 20 years history, we cannot with certainty say what the ARB will be five years from now. Therefore, it is important to focus on some of the ideas and ideals that under gird this organization which is under development (extracted from its Synopsis of Need and Committee Activities) are [sic]:

1) System service planning would be carried out not by government alone, but by a partnership among all of the affected constituencies, equally empowered at the table. Hence, each member agency or individual has one vote for the Board ratification process.

2) By taking advantage of the CBOs' close relationships to affected populations, **the planning process will move out of its typically reactive "crisis" mode and become long-range and pro-active**. Hence, each member agency or individual can appoint one person to each Task force. The Task Force shall do detailed planning for its [sic] specific area.

3) A coordinated, continuum, system of care would result in agencies both public and private, **working together more effectively for the client,** reducing the tendency for clients to be shifted from one program to another without accurate information or follow-up.

4) Within a coordinated, continuum, system of care, standardized data collection **becomes possible and will form a concrete and reliable data basis for on-going services planning and resource allocation decisions.**

5) The **ability to develop joint, pro-active service plans** would potentially save substantial amounts of resources which individual agencies now use to respond to numerous, diverse request for proposals (RFPs) from various public and private sources.

6) The **roles of existing constituency and region-based coalitions would become far more important** in a coordinated, continuum, system of care, becoming the foundation stones of the system and **ensuring equal access for all peoples**.

7) A working partnership among community based organizations (CBOs), individuals infected with HIV and their advocates, and governmental **entities will enable us to identify new service needs** -- rather than waiting for a level of government to recognize the gap and develop an RFP to address it.

8) Planning services within a coordinated, continuum system of care means that no one will be **"planning in the dark."** Agencies will know what other agencies plan to do, **thus reducing the risk of serious, unnecessary duplication of effort and poor utilization of funds.**

9) Through a coordinated, continuum, system of care, we will more effectively be able to develop accountability to the HIV affected communities, and to **assist, rather than punish, agencies which are struggling to provide needed services.**[2] Toth, Steven, Commmunity Facilitator to ARB, 02/08/91; "Response to letter received from Robert Gates, Director Dept. Health Services, county of Los Angeles, dated 01/03/91.[3]

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[3] Commmunity Facilitator to ARB, 02/08/91; "Response to letter received from Robert Gates, Director Dept. Health Services, county of Los Angeles, dated 01/03/91.

Section Four

ARB vs APO (02/08/91)

In response to the question from Robert Gates on the view of the role and responsibilities of the County in conjunction with the proposed structure of the ARB in 1991 the reply was:

"The ARB would utilize existing data systems and expertise rather than recreate and duplicate administrative systems. specifically, the work of the AIDS Program Office (APO) related to contract administration, proposal development, etc. would not be re-created. It is envisioned that the APO, in most instances, would continue to administer contracts and programs with guidance from all members of the partnership via the ARB. On the other hand, periodically there would be Request for Proposals (RFPs) and/or RFAs to which governmental agencies are not the appropriate agencies to respond, e.g., funding set-asides for Community Based Organizations (CBOs) and/or minority Community-Based Organizations. The ARB shall be in a unique position to access these sources of funds via cooperative agreements with provider agencies." [4]

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[4] Community Facilitator to ARB, 02/08/91; "Response to letter received from Robert Gates, Director Dept. Health Services, County of Los Angeles, dated 01/03/91."

SECTION FIVE

COMMUNITY ASSESSMENT

- ## Housing/Homeless

The Housing and Homeless Task force developed a video to highlight the plight of individuals infected with the AIDS virus who are in need of housing or shelter in the Los Angeles area.

- ## Non CARE Funded Organizations

There are community programs interested in providing AIDS services with or without the benefit of CARE dollars. The AIDS Regional Board is in dialogue with them to facilitate their pursuit of CARE dollars. The W. S. Wilkins Home of Pride Hospice Shelter is an example of such a entity where a AIDS survivor has entered the fray to make a difference.

- ## Churches

A number of churches within the inner city have been or are interested in providing services to AIDS patients. The AIDS Regional Board has been in dialogue with them and is planning to bring them together for an informational sharing session.

- ## Ethiopian Community

The Ethopian community has expressed an interest in education and prevention services. They are experiencing some problems with their young adults who are involved in risky sexual behavior. They are quoting numbers as high as 30,000 persons of Ethiopian descent in the L.A. County area and 55,000 in Southern California. Some community collaborative efforts are currently underway, which will be followed up in the near future.

- ## High Risk Youth (Hip Hop Generation)

There is a group in Philadelphia called "MEE, Inc." (attached) who are doing some good work in the area of working with inner-city youth. They are focusing on the message being sent to teens and what is the most efffective way of reaching them regarding issues of high risk sexual behavior, violence and AIDS. Their approach is unique and should be looked at from the stand point of reaching teens within the inner cities who are on a course of self destruction. We are talking with them about doing something here in the L.A. area.

- ## Incarcerated

The AIDS Regional Board has a task force comprised of County, State and Federal personnel who are actively involved in the criminal justice system. The attached documents are some of the thoughts from the group we are pursuing in the L.A. area.

Health Care Conference for Physicians

A health care conference for physicians is being planned to update physicians' knowledge of 1) current trends in diagnosing and treating HIV-infected patients 2) special diagnosis and treatment needs of women living with HIV 3) the difference between medical and social-service case management 4) community-based resources available to assist people with HIV (attachment).

MEE
MOTIVATIONAL EDUCATIONAL ENTERTAINMENT

MEE - THE COMPANY

MEE'S MISSION STATEMENT

MEE's mission is to understand, reach and positively affect urban youth. MEE is in the business of developing research-based communication strategies for reaching urban youth with pro-social messages. MEE is accomplishing its mission by:

- Conducting primary research "to provide a window into the world of urban youth."
- Applying the research to effectively reach and positively affect inner-city youth.

MEE'S CAPABILITIES

MEE is a leading authority on the dynamics of today's urban-youth culture. MEE's objective is to become the first choice for ***information, solutions and successful communication strategies*** for urban youth. What sets MEE apart is its ability to provide:

- Social, market and communications **research** on urban youth
- **Consulting** services in the areas of program development, communications, media and marketing
- **Communication Workshops** on the cultural and communication dynamics of urban youth for youth-serving organizations
- Research-based **video/media production**

WHO'S USING THE MEE REPORT and VIDEO DOCUMENTARY

Our research has had a major impact on many institutions across the country that serve youth. **The MEE Report: *"Reaching the Hip-Hop Generation"*** is referenced and used by major media, health care and research organizations around the country, including:

- New York State's Office of Alcoholism and Substance Abuse Services (OASAS)
- National Association for Drug and Alcohol Prevention, Inc. (NADAP) in New York
- Media (KCET-TV in LA), research (Tri-Data Research in Washington, D.C.), community (The Atlanta Project), public health (Department of Public Health, City of Philadelphia), hospitals and Black churches.

Additionally, **The MEE Report** has been and is being used as a foundation or reference point for many conferences and publications dealing with urban youth issues, including:

- The 1992 Congressional Black Caucus' "Youth Braintrust Panel,"
- 1992 & 1993 conferences on urban youth in Baltimore, Philadelphia and Atlanta,
- A Special Article on "HIV Prevention Education" for *FOCUS: A Guide to AIDS Research and Counseling*, a well-regarded, scholarly newsletter,
- MEE's March 1993 national communication symposium - sponsored by The Robert Wood Johnson Foundation, the U.S. Department of Health and Human Services, the Center for Substance Abuse Prevention (CSAP), and the Office of Minority Health.

MEE
MOTIVATIONAL EDUCATIONAL ENTERTAINMENT

HOLD THIS DATE

MEE's COMMUNICATIONS WORKSHOP
will be held on

MARCH 7, 1994

On Monday, March 7, 1994, in Philadelphia, Motivational Educational Entertainment (MEE) Productions, Inc. and The Urban Education Development Research and Retreat Center (UEDRARC) will host a Communications Workshop entitled, ***"Communication Strategies for Positively Influencing Urban Youth."***

The workshop is designed for professionals who work with urban youth: educators, social workers, employment trainers, community-based program directors, health and human service providers, counselors, sports and drill team instructors, clergy and juvenile justice officers.

If you work with urban youth in any capacity, you will not want to miss this one day training session presented by MEE Productions. The workshop is based on three years of primary research of urban youth who live in at-risk environments. The keynote speaker will be the well-known Dr. Therman Evans, Founder of WholeLife Associates.

MEE is a research, consulting, and video production company that develops socially responsible, research-based communication strategies targeting urban youth. Over the past year, MEE has conducted over 30 communication workshops nation-wide for schools and youth serving organizations.

The March workshop will raise your awareness and level of understanding of urban youth, their socioeconomic environment, the issues they deal with, their world view, and their specific cultural and communication dynamics. MEE's contemporary research findings will be presented within the sessions and participants will be provided with an insider's perspective into:

* The Multi-Cultural and Multi-Faceted Variables of Urban Youth Culture (Hip-Hop) including the Rap Music Phenomena
* Peer Pressure and the Dynamics of Message Assimilation within the Peer Group
* Mass Media's Disproportionate Direct and Indirect Influence on Urban Youth
* Innovative Tools and Techniques for Communicating with Urban Youth
* Recruitment and Retention Programs that Work

The workshop will introduce specific vehicles and strategies (e.g., *peer-to-peer, media, and adult-to-youth*) for effectively communicating with young people. Each participant will also receive a Resource Packet that includes MEE's research, video products and other materials.

For registration information, please call **MEE** at **(215) 748-2595**. Be sure to register early - space is limited. Mark your calendar: Philadelphia on March 7, 1994.

MEE
MOTIVATIONAL EDUCATIONAL ENTERTAINMENT

AVAILABLE NOW

MEE's Video Documentary:

"Reaching the Hip-Hop Generation"

How can we reach the Hip-Hop generation? The problem is not WHAT to say, but HOW to say it! The messages are being broadcast, but no one is listening…

A ground-breaking video documentary born out of unique, interactive research, ***"Reaching the Hip-Hop Generation"*** shatters the myths that surround inner-city problems and urban youth. ***"Reaching the Hip-Hop Generation"*** confronts our negative perceptions and asks us to consider the facts as presented by urban youth themselves.

A call for radical re-thinking, ***"Reaching the Hip-Hop Generation"*** proposes a new model for looking at urban America's most difficult social problems — violence, alcohol and drug abuse, HIV/AIDS awareness, teen pregnancy, and the despair in which they are rooted — and raises questions that lead to fresh solutions and new ways to deliver positive messaging to the Hip-Hop Generation.

"Reaching the Hip-Hop Generation" brings together hip-hop culture, rap music, and live interviews with teens—all cut to a rhythm and tempo which will educate and entertain viewers.

An original video production of MEE Productions, Inc. – Motivational Educational Entertainment – a communications company founded in 1990 by African-Americans at The Wharton School of the University of Pennsylvania. ***"Reaching the Hip-Hop Generation"*** is based upon two years of extensive primary research — which the company has published as *The MEE Report.*

Order Your Copy Today!

"Reaching the Hip-Hop Generation" brings *The MEE Report* to life by highlighting the cultural and communications dynamics of urban teens uncovered in the primary research. The documentary examines hip-hop culture, the "rap" music phenomenon, the dynamics of message assimilation, and socioeconomic issues (i.e., street culture, peer pressure, poverty, crime, drugs, violence, unsafe sex/AIDS) relevant to urban youth. Order your copy today! Fill out the order form below and enclose with your check.

ORDER FORM

NAME _____ TITLE _____

COMPANY _____

ADDRESS _____ STATE/ZIP _____ PHONE _____ FAX _____

☐ Enclosed is my cheque for ____ x copies at $40 each + $3 shipping & handling (1st copy) + $2 s&h (additional copies)
+ 7% Sales Tax for residents of Pennsylvania = TOTAL $_____

Please make checks payable to MEE Productions, Inc. and mail to:
MEE Productions, Inc., West Philadelphia Enterprise Center • 4601 Market Street – 4th Floor, Philadelphia, PA19139
For information, call 215.748.2595. Our fax number is 215.748.3223.

CURRICULUM FOR HIV/AIDS INCARCERATED HEALTH CARE PROVIDERS

First Day/March 21, 1994

PROGRAM MONITOR

Mrs.Pulkowski
Mrs. Wilton
Ms. Gasser
Mr. Souza
Mr. Feazell

I. First Componet

A. Welcome-Institution Representative

B. Ice Breaker
C. Goals
D. Objectives
E. Course Description
F. Pre Test

Art Downs to set this up/Parnell will speak for the caucus
1 hour
9am-10am

II. Second Component

A. HIV/AIDS 101/Medical Terminology
1. Prevention
2. Intervention
B. Presentation in women

2.5 hours
10am-12:30pm Parnell Marcano (Minority AIDS Project) & Pamela Houston (WATTS Health Foundation)

12:30pm-1pm LUNCH

C. Sexuality
1. safer sex
2. reinfection
3. sex roles
4. sexual negotiation

1.5 hours
1pm-2:30pm

D. Cultural Issues/Values/Diversity

30 minutes
2:30pm-3pm Keith Green (United Way)

START OF SECOND DAY
March 22, 1994

II. Second Component
E. Nutrition
1.5 hours/9am-10:30am-Glen Smith,(CDC)

F. Legal Issues/Confidentiality
30 minutes/10:30am- 11:am-George Vargus

G. Case management/Public Access/Existing Community Resources
30 minutes/11am-11:30am-George Vargus

H. Benefits/Paper Work/Jobs
I. The Real World
1. Working the system
2. Magical Thinking/Myths
3. Discrimination
1 hour/11:30am-12:30pm-George Vargus (AIDS Service Center)

12:30pm-1pm LUNCH----------

III. Third Component
A. Psychosocial Skills
1. Understanding venting & being supportive
2. Listening:active/passive
3. Your attitudes, your health
4. Communication skills
a. negotiating skills
b. role plays
5. Addictive behaviors
a. drug/alcohol
b. sex
c. compulsions
6. Stress Management
7. Family Issues
8. Dual Diagnosis/Mental Health
9. The Emotions
a. anger
b. denial
c. depression
d. grief/loss
e. death/dying
f. AIDS dementia
2.5 hours(15 minute break built in) 1pm-3:45 Adrian Matros (AIDS Service Center)

START OF THIRD DAY-March 23, 1994

IV. Fourth Component
- A. Signs and Symptoms, their manifestation, indication, and management
  1. Nausea/vomiting/diarrhea/lack of appetite
  2. Fever
  3. Dehydration
  4. Coughing
     a. tuberculosis/drug resistant strains
  5. Weight loss
  6. Headache/Paralysis/Neuropathies
  7. Womens Manifestations
     a. gynecological conditions
  8. STD's/Hepatitis B

2.5 hours(15 minute break built in) 9am-11:45-Valerie Taylor & Paul Liehr

V. Fifth Component
- A. Administration of Medicines
  1. Oral
  2. Topical
  3. Eye
  4. Inhalation
  5. Anal

1 hour/11:45-12:45-Valerie Taylor & Paul Liehr

12:45-1:15 LUNCH

VI. Sixth Component
- A. Universal Precautions
- B. Hygiene
  1. assisted bath
  2. complete bath
  3. sitz bath
  4. oral care
  5. skin care
  6. hair care

1.5 hour (15 minute break built in) 1:15pm-3pm Valerie Taylor & Paul Liehr

  10. Positive thinking
  11. Spirituality/Meditation

1.5 hours/3pm-4:30pm-Marge Mc Clenon

START OF FOURTH DAY
March 24, 1994

B. Alternative Treatments
   1. Western/Eastern
   2. Clinical Trials
   3. Treatment Programs
      a. university based
      b. community based
      c. prescription houses for low & no cost meds

1.5 hours(15 minute break built in)9am-10:45am Peter George

VII. Seventh Component
   A. Environmental Maintenance
      1. room/bathroom/kitchen
      2. eating area
      3. air circulation/sunlight
      4. pets
      5. making cleaning solutions
      6. hazardous wastes (i.e. body fluids)
   B. Occupational Therapy
      1. TV/Telephone
      2. art/music/meditation
      3. exercise
         a. active
         b. passive
   C. Appliances/Prosthetic Devices

1.5 hours/
10:45am-12:15pm Mary Ellen Ciptak Wilton/Angel Houser

12:15pm-12:45 LUNCH

VIII. A. CPR
4 hours
12:45pm-4:45pm Robert Coronado/Ciptak/Houser

START OF FIFTH DAY
March 25, 1994

VIII. Eighth Component
B. First Aid
4 hours
9am-12pm Robert Coronado

12pm-1pm LUNCH

IX. Ninth Component
A. Post testing/evaluations
B. Follow up inservice
C. Certificates presentation
2 hours
1pm-3pm Robert Coronado & Art Downs/CDC Participants

STANDARDS FOR TRAINING

Candidate Selection Criteria

1. Should be HIV positive
2. Should come from the Social Aid Program
3. Should be in good health
4. Should possess aptitude and attitude for learning
5. Should be recommended by Paula Gasser, Art Downs, Victor Jordan

GOALS

1. To help HIV affected inmates manage their disease process.

2. To bring together CDC, CBO, and inmates for the control and management of HIV disease
   as it impacts upon these three groups.

3. To seek funding for programs which bring together cooperative ventures responding to
   HIV/AIDS in incarcerated populations.

4. To identify and prioritize issues, develop responses, and evaluate solutions pertaining to
   the management of HIV/AIDS within incarcerated populations.

5. To develop an avenue for inmates to further their educational opportunities

EVALUATION
Component_____

Please write in the instructors name_____

PLEASE CIRCLE THE LETTER WHICH DESCRIBES HOW YOU FEEL ABOUT THE COMPONENT YOU JUST COMPLETED.

1 THE AMOUNT OF TIME ALLOTTED TO THE COMPONENT WAS:
A. Too much B. Sufficient C. Not enough

2. THE INSTRUCTOR WAS ABLE TO PRESENT THE MATERIAL EFFECTIVELY:
A. Strongly agree B. Agree C. Disagree D. Strongly Disagree

3. THE INSTRUCTOR WAS RESPONSIVE TO PARTICIPANTS:
A. Strongly agree B. Agree C. Disagree D. Strongly Disagree.

4. THE COURSE HELPED ME TO INCREASE MY KNOWLEDGE OF THE SUBJECT MATTER:
A. Strongly agree B. Agree C. Disagree D. Strongly Disagree

5. THE TRAINING AIDS,(e.g. handouts, films, props,) WERE:
A. Very relevant B. relevant C. Irrelevant

6. MY OVERALL EVALUATION OF THIS COMPONENT IS:
A. Excellent B. Above average C. Average D. Fair E. Poor

EVALUATION INSTRUMENT FOR PROGRAM MONITOR:_____

DATE_____

Person being evaluated_____

Component_____

1. Did presentation start on time?

2. Was material covered adequately?

3. Was material related to this group at an appropriate level?

4. How did the speaker interact with the group?

5. What changes would you recommend in this component?

NAME_____Date_____

STUDENTS PLEASE UNDERSTAND THAT THIS IS AN INSTRUMENT TO INSURE THAT INSTRUCTORS COVER CERTAIN POINTS. THIS HAS NOTHING TO DO WITH YOUR EITHER PASSING OR FAILING THE PROGRAM. ANSWER TO THE BEST OF YOUR ABILITY, DO NOT WORRY ABOUT SPELLING.

PRE TEST & POST TEST QUESTIONS WILL BE THE SAME.

1. What does HIV stand for?

2. What cell is affected by HIV?

3. Name one way to have safer sex

4. What are the four basic food groups?

5. What is one way to manage stress in your life?

6. Who is Dr. Kubler Ross?

7. A person with a high temperature should have blankets placed on him?

   true false

8. What is an enteric coated tablet?

9. What do we mean by clinical trials?

10. What are Universal Precautions

11. What is one way to reduce the risk of getting T.B.?

12. What is meant by passive listening?

AIDS REGIONAL BOARD OF LOS ANGELES COUNTY

EDUCATION IN COUNTY JAILS

APPLICATION OF EDUCATIONAL REFORM PRINCIPLES TO EDUCATION IN COUNTY JAILS

Gilbert Fernandez, Executive Director

There is an on-going debate in the country to determine if the goal of incarceration is to punish, rehabilitate, house, educate or protect the general public. The sides have been drawn between the criminal justice system, educators, politicians, victims, and the general public. Depending on who you ask, what you ask and how it is asked the responses will be varied.

With 60-70% of those upon arrest being under the influence of some intoxicating substance (drugs or alcohol), and with recidivism functioning as a revolving door, it is easy to understand why the political cry to get tougher on crime and build more prisons is becoming louder in the halls of Sacramento. This cry is reaching a deafening level as election time draws near even though the economy is struggling and the State budget is expected to yield yet another deficit. Hence the choice between spending scarce dollars on rehabilitation, punishment or education must be made. To many voters however, jail is not viewed as a school for rehabilitation but an educational system (crime school) that teaches its pupils who get caught how to do it right the next time.

A false perception of many citizens is those who made a mistake are paying their debt to society and being rehabilitated at the same time. When in fact the incarcerated are recipients of warehousing and subject to whatever system of punishment the jail system has to offer. Since they are often viewed as unredeemable, the rationale to hire more custodial staff instead of teachers is an accepted budget justification.

Given the above scenario, the question of how to adequately educate someone in need of remediation, or medically incapacitated (AIDS), while punishing and containing them for crimes they have committed becomes the paradox. A paradox that exist in an environment where ego, dignity and how one is perceived by their peers is important, if not more important than succeeding in any educational program. Especially if the fear of being exposed as HIV + or a non-reader is at stake which could mean losing dignity that has taken years to accumulate. This attitude exist in and outside of institutions structured by a pecking order from ultimate respect to ultimate disdain. Although driven by ego; the code of the street, group pressure and institutional codes of behavior are issues of life and death. If those inmates in positions of power (respect), outsiders, or leaders of various groups approve and participate, then others or all will be more than likely to participate (domino effect). Group behavior and dynamics rule inside and determine how well someone will be willing or able to participate in activities that could be for their benefit outside.

Contextual learning for incarcerated individuals in an *accepting environment* emphasizing practical applications of skillls and knowledge is a must. This has to be substantiated by certified skill assessments or certificates that also measure attitude and the potential that the individual can succeed. Since education in the County jails will be based more on practical realities, we can assume that our biggest enemy is time since many will not benefit due to their court schedules and length of stay. For recidivist, jail appears easier to tolerate the second and third time around and their motivation towards education might be entirely different. Therefore, education alone is not the solution to resolving emotional problems or internal conflicts (substance abusers), whereas self awareness and self discovery are. Self discovery and self awareness however, are treatment issues that do not qualify for the use of educational dollars.

The goal of any educational program should be to assist inmates in developing at a minimum a reading level to understand what is put before them, and a proficiency to express themselves with the written word as a basic right. Whether this is accomplished in a contextual model where the principles are applied to everyday problems and solutions, or a modulated classroom setting of rote

material is the question at hand. Some examples of educational reform models that could be considered as relevant educational models in the County jail given the time constraints and ignoring the cost, are listed below:

- *GALAXY CLASSROOM - produced by Hughes aircraft is an interactive satellite program that is fully integrated with technology and delivered by Direct Tv and connected by Internet. Although GALAXY targets elementary education the concept could be expanded to link various county jail systems together with instructors from various backgrounds (elementary, university, criminal justice, police departments, writers, former felons, etc.). GALAXY currently links schools across the U.S. and Mexico using interactive technology to meet the needs of students and teachers. It is intended to rekindle the excitement for learning in the student and increase the motivation to teach in the instructor. This would be considered an example of interactive learning.*

- *AUTOMATED systems of guided learning where computer based learning programs are used in tandem with educational based programs to teach remedial skills and workplace proficiencies. Examples are english to the monolingual, preventative health care (AIDS) to substance abusers or video tapes that explain how to access UIB and SSI benefits.*

- *DEVELOPED CURRICULUMS for training the trainers where inmates assist each other in a confined settings such as the County jails. This is an example of where the very respected individual must be involved. It appears that individuals from outside who are not affiliated with the jail are also readily accepted.*

- *DEVELOPED CURRICULUM focusing on the attitudes of personnel who are charged with the task of enforcing the principles of punishment and containment. Courses on new techniques of training might be useful for the custodial staff who supervise the inmates to assist their understanding of how this could make the job easier.*

- *WORLD OF WORK CURRICULUMS that are structured on assessing the current skill level of the individual on what is a relevant field of employment that could be pursued upon release. Working with the inmate on how to improve skills, where demand for that particular occupation can be found and how to access the support systems (UIBs, GR, etc.) needed until work can be secured is important. This curriculum must include a plan for securing employment that will not preclude them from working because of their conviction.*

Technology is expanding at an ever increasing pace and the amount of information being absorbed to utilize the technology is enormous. *These reforms outside of the jails influence the character of education in jails* because they tend to increase the information gap and create two worlds consisting of one informed and the other uninformed. The informed will have a better opportunity of surviving the technology revolution, accessing employment opportunities and feeling comfortable with the concept of change. The incarcerated are removed from systems of learning and therefore become stagnant, not able to grow intellectually or emotionally in proportion to the general population, or enhance their acquired skills if they had any.

Take the examples of primary education where computer skills are learned to tackle subjects of reading, math, language, conceptual and spatial ideas at a very early age. Over a period of two years an eight year old will absorb information and learn to read at a rate much faster than someone who is incarcerated for the same period of time. Especially when you consider that in 1990, 97.2% of public schools contained personal computers for student use. This is why educational programs in County jails must be practical and goal oriented for inmates who have a short period of time to wait before being sentenced, released or transferred.

The educational reforms for jails that should have the greatest priority are those that will directly impact the individuals self reliance, self esteem and personal motivation. If I am addicted to drugs, provide me with detox or some form of maintenance before exposing me to educational programs. Programs that allow an individual to first experience trust, self discovery, self awareness, and which test for workplace literacy or aptitudes second would help to provide direction upon release that is realistic. Remediation and how to navigate through the maze of community agencies appears to be ideally suited for County jail given the time factor and unpredictability of the court system. Although the information age has arrived, the distrust factor has remained the same for felons. Therefore, the teacher that is chosen is just as important a variable as the inmate who is selected.

Major barriers to instituting in-jail education programs are the attitudes of the general public before during and after the individual is released, the need for the individual to maintain a certain lifestyle of persona (no matter how flamboyant) in and out of jail, freedom to teach what you want and how you want, inability to classify and separate 1st time offenders from repeat offenders when they initially enter the institution, employers willing to hire ex-felons upon their release, and the short period of time persons spend in the county jail system. Many politicians are elected on their tough stance regarding crime and criminals. The news media simultaneously depicts profiles of crime by type, individual, community and degrees of safety. This creates a mind set among voters that punishment, containing criminals and the creation of additional jails are more important than building educational and training programs for inmates. When this translates into votes within the legislature, additional money is appropriated and allocated for additional institutions or custodial personnel rather than innovative programs. Upon release from jail, inmates find the same political rhetoric regarding crime and the same messages reiterated by the news media. Jobs are difficult to find and the publics perception of them is poor at best. Many repeat offenders are not as motivated to take dead end training while incarcerated because of this reality. They will take the training if at all, to build up salient factor points leading to or hoping for an earlier release.

Not having a marketable skill however, fuels the perception of their worth as having little value among the general public as they attempt to assimilate into the mainstream. Therefore, the community that accepts them is the one which they feel some kinship and belonging. However, this same logic and kinship might be the very reason so many substance abusers return. As its own sub-culture, inmates who lack appropriate academic skills and/or self esteem oftentimes compensate by their reputation, acceptance from their peer group, wit and other survival skills. It is important to also remember that inmates do not make decisions as others, or determine how they will live their lives until they are released. All systems of education teach its students how to think and make conscious choices to ensure success. Inmates do not have this luxury.

Many of these barriers can be overcome with training based on observation that focuses on how rather than why to do something, focusing on including inmates who have already gained respect and who exhibit leadership in the train the trainer programs, having employers in place so training is geared for a specific job, classifying (age/crime) 1st time offenders in a special area before they receive their indoctrination from recidivist in the general population, selectively choosing who qualifies for educational benefits based on a merit system and having substance abusers in treatment programs follow it to completion upon their release. The bare reality is that drugs are still entering the country in epedemic proprortions fanning the fires of the problem.

In summary, as a programmatic and political issue, the question is still whether or not educational dollars should be expended on teaching those with little or no chance of early release, or recidivist who are substance abusers (treatment) before they have successfully completed a rehabilitation program.

THE CAMPUS FOR WOMEN

A Project of Community Partners

Prospectus

FEBRUARY 3, 1994

Submitted By:
Joyce Canham
Kathleen Crouch
Lori Huerta
D.J. Roseli
Amy S. Rule
Diane Tracy

PURPOSE & DESCRIPTION

In February of 1993 five women came together to discuss the need for more extensive, creative and cost-efficient approaches to successfully address the extensive variety of needs and services women require to assume more and meaningful and effective roles for themselves, their families and society. In light of dwindling resources and duplication of services, these women believed that by molding new and innovative relationships ***between*** organizations serving ***all*** women would generate more proficient and expanded service provision. These five women formed The Campus for Women and selected Joyce Canham as it's project coordinator.

The mission of the Campus for Women is to build both the skills and confidence necessary for women to succeed in their lives which we believe can be best accomplished through a comprehensive, one-stop multiple service campus. We felt that services must range beyond womens' basic human needs in proactive ways which increase their sense of personal and interpersonal power by adopting innovative community problem solving approaches while maintaining cultural integrity. Services which will be explored include: Medical Care, Mental Health Services, Education, Transportation, Child Care, Meal Service, Social Activities, Housing, Public Benefits Assistance and Basic Public Services. Our ultimate goal is to offer most of the services directly on site by organizations already providing that service in the City, or where more appropriate and cost-efficient, by administrators of the Campus for Women. Other needed services would be readily accessible through referrals. The synergy created within the Campus will encourage women to open themselves up to different and more challenging endeavors because women will not be judged by what they cannot do, but rewarded by and for their own efforts of self-determination.

Studies have shown that women make most health care decisions for their families, so comprehensive women's centers may ultimately draw other family members to seek better health care and supportive services. These same studies show that women resent promises without substance. By bringing together groups that already have the expertise in the many areas women have identified, there is a much greater chance on delivering on our promises to meet women's needs. It is our hope and belief that women, their partners and their families will be afforded an opportunity to develop together and individually, a more creative traditional and non-traditional family support system that will serve them beyond their Campus experience.

In 1991 the Los Angeles City Commission on the Status of Women published the third edition of the Los Angeles Directory of Women's Organizations and Services which contains over 500 listings of organizations serving women in L.A. County. Over 80% of these organizations were devoted to singles issue services, i.e. business & professional, children and youth, employment, health, religion, reproductive rights and violence against women, just to name a few. Only 15% of these organizations took a more comprehensive and coordinated approach to providing services to women, and most of these were for certain target populations of women based upon ethnicity, age, religion, sexual orientation, profession, or education. The remaining 5% were services exclusively for children. Many of these services are not available for women who are constrained by familial, economic, cultural and social factors. In other cases access for women is severely limited due to stringent eligibility requirements, issues of personal safety and/or geographic barriers.

Although research is currently being conducted on this "one-stop" model at both the University of Southern California and the University of California at Los Angeles, to date no effort of this kind has been utilized in Los Angeles County.

Women need the experience of feeling they are worthy of happiness and capable of meeting life's challenges. A growing body of research shows that many more women than men are feeling bad about themselves. According to a 1990 survey by the American Association of University Women (AAUW), from grade school to graduate school, women do as well as or better then men academically, but their self-esteem plummets over the years. When they start school, a healthy majority of boys and girls say they are "happy as I am." By high school, it has dropped to 46 percent for boys and only 29% for girls.

We are looking for seed money to investigate the feasibility of offering an integrated package of programs designed to enhance the full spectrum of personal and professional needs for women of all ages, sexual orientation, health concerns, and cultural and socioeconomic background on an elementary school campus. The Campus for Women found an innovative interagency collaborative effort for children located on the campus of Hamilton Academic Enrichment Academy in San Diego, ***New Beginnings***, which has proven to be very successful.

A campus or campus-like setting is being explored as a potential site for this project for several reasons: 1) Schools are a recognized hub of the community; 2) Women are familiar and therefore more likely to be comfortable and feel safe in a school like setting; 3) The structure of a campus with its classrooms, playgrounds, cafeteria and

Objective I B: Create and sustain a formal model of institutional collaboration

- Description and adoption of governance structure.
- Reach complete initial agreement on the meaning of collaboration.
- Development and implementation of needs assessment in target area as identified by the advisory board.
- Convene focus groups of participants and staff working in participating organizations.
- Design and development of interagency collaboration based on data gleaned from the above activities.
- Re-allocation of participating agency's existing staff/funding resources to support the planning process and implementation of The Campus for Women.
- Seek problem resolution to difficulties identified by the advisory board committee.
- Investigation as to appropriate and available inner-city location.
- Investigation of special requirements, i.e.:

  -City and county permits required for a multiple service community-based organization;
  -Appropriate licensure for all health and safety standards;
  -State and federal OSHA regulations;
  -Liability insurance for all on-site activities.
  - Properly credentialed staff for programs: R.N., M.S.W, etc.

- Develop first year operations budget based upon site location, feasibility study, etc.
- Development of an Evaluation and Monitoring System
- Application of non-profit status.

Objective I C: ***Test whether an integrated system can provide services in a more efficient manner.***

·More effective allocation of resources as compared to previous system.
·Reduction in costs due to sharing of information and common eligibility.

ORGANIZING COMMITTEE:

JOYCE CANHAM/ Project Coordinator

Joyce Canham is the former Deputy Director of Public Policy at AIDS Project Los Angeles (APLA). She started with APLA three years ago as a public policy specialist, advocating for the needs of people affected by HIV/AIDS. **She is the founder and first chair of the Women's Caucus of the L.A. County AIDS Regional Board (ARB) and the HIV Health Services Planning Council.** Ms. Canham was a member of the Clinton/Gore Womens Advisory Committee. Before joining the APLA staff, Ms. Canham worked as a paralegal advocating within the public benefits system for the needs of low-income individuals and their families. She studied psychology at the University of Southern California.

KATHLEEN CROUCH/Supervisor, DHL Worldwide Express

Kat Crouch has produced the newsletter *CATALYST*, the publication of the public policy division of APLA, for one year. She has volunteered for APLA's Communications Department for two years as a contributing photographer and writer. Ms. Crouch has five years experience with DHL Worldwide Express, in the areas of supervision, basic management, and as area trainer for local DHL operations staff. She holds an Associate of Arts degree in Journalism from Los Angeles Valley College, and is working towards her Bachelor's degree in Political Science at California State University, Northridge.

LORI HUERTA/Mental Health Assistant, AIDS Project Los Angeles

Lori Huerta has worked as a production artist at Keith Bright & Associates Design Firm. After receiving her Bachelor of Arts degree in History at the University of California, Los Angeles, she spent two years in residential child care services as a line worker and later as a manager at Hathaway Children's Services. Ms. Huerta currently works as a mental health assistant coordinating support groups at APLA. Two years previous she served as a case manager for AIDS Project Los Angeles.

Needs Assessment. The Women's Caucus undertook the design and implementation of a countywide needs assessment directly to women affected and infected by HIV disease. This needs assessment was conducted in both english and spanish. Women in poverty, of all sexual orientations, the homeless and the illiterate, with children and without were all represented in this needs assessment. The data from this survey is still in the process of being compiled.

COMMUNITY PARTNERS

For over two years, a growing group of committed civic leaders had met monthly to find the best ways to provide a supportive environment for innovation and emerging ideas in Los Angeles charitable sector. This group became known as Community Partners.

Community Partners found that in reviewing organizations for potential funding, grant makers often focus on applicants' fiscal and administrative capabilities. Deficiencies in this area, especially among small, newer non-profits, often creates understandable trepidation for funders and can result in grant rejection. Community Partners then undertook a careful study of actual experience by other incubators, and found that the incubator experience allows projects to develop systems for quantifying their effectiveness and supply that evidence to funders and other supporters. The incubator, the Board decided, would best serve the community by operating "without walls" at the outset, allowing projects to be in the communities served rather than in a central facility.

Community Partners believes community life is enhanced by a vital charitable community service sector and improves when emerging charitable efforts have firm support as well as stable financial and administrative systems. Guided by a diverse board of directors made up of men and women who are attorneys, grant makers, business people and other professionals with wide experience in community settings, the Board decided to furnish support and systems within a broad mission: to improve the quality of life and future prospects for all citizens of Los Angeles and the surrounding region, concentrating heavily, though not exclusively on traditionally underserved communities.

Grants from the James Irvine Foundation, the Joseph Drown Foundation and the California Community Foundation have helped Community Partners confirm the utility and feasibility of establishing a true nonprofit sector "incubator" in Los Angeles. In May, 1992, Community Partners accepted its first projects and began fulfilling its mission to improve the quality of life in Los Angeles by becoming an engine for community service leadership, innovation and excellence. As of July, 1993, Community Partners has worked and/or completed 15 projects.

Criteria for Selecting Projects

The Board considers projects of a philanthropic nature that demonstrate:

- Promise for providing tangible benefits likely to improve the quality of life for Los Angeles citizens

-Support from a leadership group of three or more individuals with proven commitment to the project's success

-A basic business plan (which incubator staff may help develop) that includes broad project goals, anticipated results to the people served, and a projected 6-18 month budget

-Reasonable prospects for obtaining initial funding

-Agreement to operate within Community Partners' policies and procedures.

After this decision making process, the Board of Directors agreed to take on The Campus for Women as a project of Community Partners on July 13, 1993. A Memorandum of Understanding was entered into between the Project Partner, Joyce Canham, and Community Partners on July 26, 1993. This agreement assured that the program, personnel and finances of The Campus for Women would be managed, supervised and controlled by the Board of Directors through its Executive Director, including the process of spinning off into a non-profit entity.

ARB

AIDS Regional Board of Los Angeles County, Inc.

The ARB Healthcare Task Force,
The Physicians' Association for AIDS Care, and
The USC School of Medicine AIDS Education & Training Center

are pleased to announce

"Managing HIV in the '90s"

An educational conference for physicians who are treating people with HIV in their practices

Saturday, April 16, 1994
8:00 a.m.-3:30 p.m.
USC School of Medicine
2025 Zonal Avenue
Los Angeles 90033

A CEU/CME-accredited course to update physicians' knowledge of:

- ☑ **Current trends in diagnosing and treating HIV-infected patients**
- ☑ **Special diagnosis and treatment needs of women living with HIV**
- ☑ **The difference between medical and social-service case management**
- ☑ **Community-based resources available to assist people with HIV**

Featuring:

- Staffed information tables and resource directories by all 8 Task Forces of the ARB.
- Corporate support acknowledgement (and exhibit booths) available for $500 donation towards offsetting conference costs.

FOR MORE INFORMATION, CALL: Greg Kuhl, (213) 467-3790

600 South Commonwealth Avenue, 6th Floor
Los Angeles, California 90005-4001

Voice: (213) 351-8011
FAX: (213) 738-0825

SECTION SIX

Community Consortium Approach to Conflict of Interest Issues and CARE Funding

ASSESSMENT AND EVALUATION

A constant issue discussed among many consortiums across the country has been the development of a consortium or council that was free from conflict of interest problems. The AIDS Regional Board (ARB) acting as a community consortium is currently working on a model to address this issue in the Los Angeles County area.

The ARB of Los Angeles ceded its authority for Title II funding to the HIV/Planning Council in 1993. Although the thought in mind was to resolve other internal problems at the time, it is urrently turning its focus towards the dual issues of assessment and evaluation..

Assesment

Assessing new agencies seeking CARE funding to ensure that their presentation to the Planning Council during the funding process is adequate.

Assessing gaps in services that can be addressed by community based organizations.

Assessing the need for advocacy among community based organizations.

Evaluation

- **Evaluating community based organizations that receive CARE funding and/or are providing services to the HIV/AIDS community using an ARB developed evaluation tool**

- **Evaluating the distribution and efectiveness of CARE funds to community based organizations.**

Logan Heights
Family Health Center

FEB - 9 1994

February 2, 1994

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, DC 20500

Dear Ms. Gebbie:

It was an honor and a pleasure to have you include Logan Heights Family Health Center on your itinerary in San Diego. Our staff who are committed to providing HIV care and services, have been buoyed by your personal attention and interest in their work. As San Diego's largest provider of outpatient HIV services, the work can be at times frustrating and difficult. However, your personal attention, obvious interest and quiet manner certainly communicated to our organization that you are interested in our work, our needs and our suggestions.

Thank you again for your time, and should you need additional information, or if I may assist you in any way, please do not hesitate to contact me directly at 619-233-2630.

Sincerely,

Fran Butler-Cohen
Executive Director

FBC/dlm

1809 National Avenue San Diego, California 92113 (619) 234-8171

Crenfile

FEB 22 1994

February 8, 1994

Mrs. Kristine Gebbie
National AIDS Policy Coordinator
Office of National AIDS Policy
750 17th North West, Suite 1060
Washington, D.C. 20503

Dear Mrs. Gebbie:

It was a pleasure to meet with you this past Thursday, February 3 in Los Angeles. On behalf of those of us working on the PAAC Los Angeles Tour on Thursday, we want to extend our thanks for choosing to visit and listen and discuss with the Doctors, staff, and patients on the various issues and concerns of those with AIDS or HIV+.

Courtesy of Midway Hospital Medical Center, video or transcripts will be forwarded to you of your breakfast and lunch meetings, Michael Jackson talk show and Midway tour. We will also forward to you a copy of the CNN interview when we receive it.

We thank you for your diligence in researching and coordinating the National AIDS Policy and should you require anything further at any time please feel free to contact us.

Thank you.

Harry Webber
President
Smart Communications, Inc.

Cron file

SCHEDULE FOR

KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR
(FEBRUARY 1 - 6, 1994)

Tuesday, February 1, 1994

1:20 PM	Depart Washington Dulles for San Diego
5:36 PM	Arrive San Diego. Hotel accommodations at the U.S. Grant Hotel (619) 232-3121 - John will meet KG at airport
7:00 PM - 8:30 PM	Dinner with Mayor Susan Golding, Councilwoman Christine Keho, City AIDS Coordinator - Mary Adams, and John Gurrola at the U.S. Grant Grill Restaurant in KG's hotel.
	Remain Over Night (RON) in San Diego

Wednesday, February 2, 1994

7:15 AM	Depart Hotel to Mayor's office (2 blk walk)
7:30 AM - 9:00 AM	**Mayor Golding's Office** Breakfast with: Mayor Susan Golding, Dr. David Scutchfield, AIDS Community leaders, select business leaders and representation from the San Diego Chamber of Commerce.
8:45 - 9:00 AM	Press conference in Mayor Golding's Office
9:00 AM - 9:30 AM	Depart Mayor's office in route to Logan Heights Family Health Center 1809 National Ave., San Diego, CA. Contact: Fran Butler, Administrator (619) 233-2630.
9:30 AM - 10:00 AM	**Logan Heights Family Health Center** Tour
10:00 AM - 10:30 AM	Depart LHFHC enroute to County Health Services Facility/Office of AIDS Coordination, 1700 Pacific Highway, San Diego, CA Contact: Binnie Callender, Chief, Office of AIDS Coordination (619) 236-2254
10:30 AM - 11:30 AM	**County Health Services Facility/Office of AIDS Coor.** Tour

11:30 AM - 12:00 PM	Depart HSF/OAC enroute to University of San Diego (USD) 5998 Alcala Park, San Diego, CA
12:00 PM - 12:30 PM	Lunch at **University of San Diego** (USD)
12:30 PM - 1:30 PM	**University of San Diego** San Diego Town Hall Meeting at USD - Denise Yamada, news anchor for NBC will moderate the event. Invited are; USD students, USD school of Nursing, members of the AIDS and Gay Communities. The topic is HIV/AIDS and Health Care Reform with a spin toward youth issues.
1:30 PM - 1:45 PM	Depart USD enroute to San Diego Union Tribune - 350 Camino De La Reina, San Diego, CA. Contact: Bob Kittle (619) 299-3131
1:45 PM - 2:30 PM	**San Diego Union Tribune** Editorial Board Q & A.
2:30 PM - 2:45 PM	Depart SD Union Tribune enroute to AIDS Foundation San Diego Facility 4080 Centre Street, San Diego, CA Contact: Carol Nottley, Executive Director (619) 686-5050
2:45 PM - 3:15 PM	**AIDS Foundation San Diego Facility** Tour
3:15 PM - 3:30 PM	Depart AIDS Foundation enroute to Being Alive Women & Children's Drop-in Center 3265 5th Ave., San Diego, CA, Contact: Irene Milton, Program Dir. (619) 298-5099.
3:30 PM - 3:50 PM	**Being Alive Women & Children's Drop-in Center** Tour
3:50 PM - 4:00 PM	Depart Being Alive enroute to Participate in meal delivery (Special Delivery San Diego) Huddle Restaurant 4023 Goldfinch St., San Diego, CA Contact: Ruth Hendricks, Exec. Dir. (619) 297-7373.
4:00 PM - 5:00 PM	**Special Delivery San Diego** Participate in meal delivery to inbound PWA's. (Live broadcast NBC News)

5:00 PM - 6:00 PM	Depart for San Diego Airport and down time.
6:00 PM	Depart San Diego enroute LAX American Airlines #5271. Sharon Gebbie will meet KG and JG at arrival gate.
6:45 PM	Arrive LAX, car reservations with Budget rent-a-car
7:00 PM	Depart LAX enroute Occidental College
8:00 PM - 9:00 PM	Speak at Occidental College
9;00 PM - ???	Down time & arrive/check-in to Bel Age Hotel 1020 North San Vicente Blvd., West Hollywood, CA
	RON in Los Angeles

Thursday, February 3, 1994

6:30 AM	Depart hotel enroute to Fox Studios 5746 Sunset Blvd. LA, CA
7:00 AM	Arrive at Fox studios for appearance on "Good Day LA"
7:15 AM to 7:30 AM	Fox Studios- Appear on "Good Day LA" Antonio Mora, Amedyar
7:30 AM to 8:00 AM	Depart Fox studios enroute to the Bel Age Hotel 1020 San Vincente Blvd. West Hollywood, CA
8:00 AM to 9:00 AM	**Bel Age Hotel-** Breakfast meeting to discuss activity schedule for the day with PAAC trustee Victor Beer, MD; the L.A. AIDS IPA co-chair, Jayson Hymes, MD; Gordon Nary, Harry Webber, media consultant; and other members of coordinating staff to be determined
9:00 AM to 9:30 AM	Depart Bel Age Hotel enroute to Kraus-Beer Medical Group, 5901 W. Olympic Blvd., #420 Los Angeles, CA

9:30 AM to 10:15	**Kraus-Beer Medical Group-** A review of a typical Los Angeles group practice model that contracted directly with pharmaceutical manufacturers to conduct clinical trials
10:15 AM to 10:30 AM	Depart Kraus-Beer Medical Group enroute to Midway Hospital, 5925 Olympic Blvd. Los Angeles, CA
10:30 AM to 11:30 AM	**Midway Hospital-** Meet with John Fenton, Midway's CEO, and others, to review their AIDS unit, a prototype facility that has significantly reduced the cost of inpatient care
11:30 AM to 12:00 PM	Depart Midway Hospital enroute to Bel Age Hotel 1020 San Vincente Blvd. West Hollywood, CA
12:00 PM to 1:45 PM	**Bel Age Hotel-** Luncheon meeting with a proposed address by KG to third party payers, hospital administrator, pharmaceutical manufacturers, community leaders and union representatives. This luncheon will also be used as a fund-raiser for L.A./PAAC's IPA project and community standards for care project
1:45 PM to 2:00 PM	Depart Bel Age Hotel enroute to Pacific Oaks Medical Group - 150 North Robertson Blvd. Suite 300, Beverly Hills, CA
2:00 PM to 3:00 PM	**Tour Pacific Oaks Medical Group** - focus and discussion will be on nutritional issues for PWA's.
3:00 PM to 3:30 PM	Depart Pacific Oaks Medical Group enroute to Country Villa South, 3515 Overland Ave. Los Angeles, CA
3:30 PM to 4:30 PM	**Country Villa South-** Meet with Steve Reissman, CEO, Country Villa Service Corporation, to examine a facility that will reduce the need for and cost of certain types of hospitalization care by 50-70%

4:30 PM to 5:00 PM	Depart Country Villa South enroute to Century City Hospital, 2070 Century Park East, Los Angeles, CA
5:00 PM to 6:00 PM	**Century City Hospital-** Dinner meeting with L.A./PAAC physicians who will be developing a working draft of community standards for anti-retroviral treatment. There will be an address by KG before the meeting
6:15 PM	Depart Century City Hospital enroute LAX
6:45 PM	Arrive LAX
7:25 PM	Depart LAX enroute Sacramento - United Airlines #1672
8:45 PM	Arrive Sacramento (hotel accommodations are arranged at the Hyatt Hotel - KG will taxi to hotel)
	RON Sacramento

Friday, February 4, 1994

7:15 - 8:15 AM	Breakfast with California Health Secretary Kim Bellsea, California AIDS Coordinator Wayne Saucedo, and California State Assemblyman John Vasconcellos **[Invited].**
8:30 AM to 9:25 AM	Address the California School Nurses Association at the Hyatt Hotel. Topic is HIV/AIDS school children education (K - 12) and the potential of a national HIV/AIDS school policy. KG is expected to speak for 40 minutes and then take questions for about 20 minutes.
9:35 AM	Depart hotel for Sacramento airport - host will provide airport transportation
10:00 AM	Depart Sacramento for LAX - Delta #5286
11:35 AM	Arrive LAX - JG will meet KG at gate and proceed with her to next site.

Caswell Evans, LA Cathy

12:00 Noon - 2:00 PM	Los Angeles Town Hall Meeting - site TBD. Topic is HIV/AIDS and Health Care Reform with a youth spin. Invited are Seniors from two diverse high schools, members of the Gay/AIDS Community, USC school of nursing and medical school. NBC anchor, Kelly Lange has been invited to moderate the event.
2:30 PM - 3:30 PM	Meeting with L.A. Times Editorial Board (Tom Plate)
3:30 PM	Depart L.A. Times enroute Martin Luther King Hospital 1730 East 118th St. Los Angeles, CA
4:00 PM - 4:45 PM	**Arrive and tour MLK Hospital and Drew Medical Center.** Hosted by Dr. Wilbert Jordan, Dr. Reed Tuscan, Dr. Steven Taylor, Cynthia Davis and Mary Ashley.
5:00 PM	Depart MLK Hospital enroute Bel Age Hotel
5:30 PM	**Arrive Bel Age Hotel**
6:15 PM	Depart Bel Age Hotel enroute L.A. Gay and Lesbian Community Center (Roberta ?)
6:30 PM - 8:15 PM	Reception for KG sponsored by ANGLE at **L.A. Gay and Lesbian Community Center** 1625 N. Hudson Ave., Los Angeles, CA (213)993-7400.
8:15 PM	Depart for David Shulman's residence for dinner
8:30 PM - ???	**Dinner at David Shulman's house** (WWE) 437 1/2 N. Ogden Dr., Los Angeles, CA

RON Los Angeles

Saturday, February 5, 1994

8:00 AM	Depart Bel Age Hotel enroute County USC 5P21
8:30 AM - 10:00 AM	**Breakfast and tour of County USC's 5P21 AIDS facilities**
10:10 AM	Depart County USC enroute Miramar Sheraton Hotel, Santa Monica, CA
10:45 AM	**Arrive Miramar Sheraton Hotel** - participate in National Episcopal AIDS Coalition Conference
3:00 PM	Give address to conference
5:00 PM	Attend healing Mass at **St. Augustine's by the Sea Church**
9:55 PM	Depart LAX enroute Washington, DC United Airlines # 855

Sunday, February 6, 1994

5:31 AM	Arrive Washington, D.C.

Ferd Eggan L A Cty Cgar

John Shurwoff L A Co. Cgar

California School Nurses Organization

Deanna Bowers, President
P. O. Box 292788
Sacramento, CA 95829

Work: (909) 980-3930
Home: (909) 982-7940
CSNO Office: (916) 688-7809
Office FAX: (916) 688-7548

CALIFORNIA SCHOOL NURSES ORGANIZATION

February 7, 1994

Dear Kristine,

Thank you for your clear and inspiring message to the school nurses in California. We accept your challenge to model behavior that will lead to prevention and appropriate intervention! We wish you success with your important mission.

Sincerely, Dianne Bauer, President

THE WHITE HOUSE

WASHINGTON

January 25, 1994

MEMORANDUM FOR MAGGIE WILLIAMS
EVELYN LIEBERMAN
KIM TILLEY

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

SUBJECT Phony AIDS Project Los Angeles (APLA) letter

Someone has got a hold of some APLA letterhead and mass faxed a fake letter to hundreds of folks (including us) around the country stating that the awards portion of the "Commitment to Life" Gala is cancelled. This is false. The event is still on and the First Lady is still being honored.

I have attached a copy of the letter for your review.

Let me know if I can be of further assistance. I can be reached at 202/632-1090.

AIDS
PROJECT
LOS ANGELES

1313 N. Vine Street
Los Angeles
California 90028
213.962.1600
Fax 213.993.1598

January 24, 1994

Dear APLA Supporter:

For those of you who may not have heard of me, I am the new Executive Director of AIDS Project Los Angeles. Over the last decade, APLA has been instrumental in raising funds to fight the spread of AIDS, and assist those who are affected by the disease. I am very excited to have the opportunity to serve the Los Angeles community through this organization.

On January 27, APLA is scheduled to present its first major event of 1994, the "Commitment to Life" ceremony, to be held at the Universal Amphitheater. Honorees were to include Disney Executive Jeffrey Katzenberg and First Lady Hillary Rodham Clinton. It is with regret, however, that I am writing to inform APLA's many contributors and supporters that the awards portion of the event has been cancelled. The Executve Committee of APLA and I have decided that 1994 will be a year in which action, not words, will be our focal point.

A year has passed since the Clintons' inauguration, and 30,000 more Americans have died of AIDS. Bill Clinton has given no sign that his campaign promise of a Manhattan Project-style AIDS research commitment will ever be a reality. Hillary Rodham Clinton has drafted her proposal for "Universal" Health Care, but has yet to explain how it will handle the spiraling costs of AIDS care; costs that are increasing as a direct result of governmental inaction. APLA's focus in 1994 will be to promote the comprehensive plan for AIDS cure research entitled "The Barbara McClintock Project to Cure AIDS". This bill (HR 3310) has recently been introduced to the House of Representatives.

1994 will be a year in which our efforts will be directed towards finding a cure and until our nation's so-called "leaders" take concrete strides towards a viable cure APLA will no longer waste fundraising monies on awards for non-existent achievements.

Money and talk are simply not enough to stop the genocide of AIDS, and to my knowledge money and talk, respectively, are all that Jeffrey Katzenberg and Hillary Clinton have seen fit to give.

The balance of the event promises to be entertaining and rewarding and we look forward to your participation.

Sincerely,

James Loyde
Executive Director

Khristine –

Sorry I did not get to see you in San Diego. I heard you did a lovely presentation.

Janet Rodgers

Maybe possibly – return for fun
New Mexico.

FEB 24 1994

what is good plane schedule?
Right now I have you Sunday @ 1:30p → 9:00 arrival.
You want the first flight out? NO –

regrets covered
SL 3/9

The Board of Directors of the American Association of Colleges of Nursing cordially invites you to a reception during the AACN Spring Annual Meeting

Sunday, March 27, 1994
6:30 - 8:00 p.m.

The ANA (Westin) Hotel
24th and M Streets, NW
Washington, DC 20037

Please RSVP by March 15
(202) 463-6930

University of San Diego

Maria Martinez-Cosio
Assistant Director of Public Relations
Director of Community Relations

Alcalá Park, San Diego, CA 92110-2492 619/260-4659

Feb 3, 1994

Dear Ms. Gebbie -

Thank you for visiting our campus and for effectively delivering an important message to our students. Their questions proved to me that the message hit home and their lives may be positively affected. Thanks.

Maria Martinez
COSW

THE WHITE HOUSE

WASHINGTON

January 20, 1994

REQUEST FOR MEETING
WITH THE L.A. TIMES EDITORIAL BOARD

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

WHEN: Wednesday, February 2, 1994 or
Friday, February 4, 1994

TIME: To be determined

PURPOSE: It would provide an excellent opportunity for the Editorial Board and Ms. Gebbie to get to know eachother on a personal basis. To discuss the National AIDS Agenda and the policies and strategies of the Office of National AIDS Policy. This would also be a time when the Editorial Board could talk with Ms. Gebbie about recent developments and news stories that are AIDS related.

CONTACT: John Paul Gurrola
Communications Director
Office of National AIDS Policy
(202)632-1090

@PJL ENTER LANGUAGE = PCL

PROPOSED ITINERARY FOR

KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR
(February 1 - 5, 1994)

Tuesday, February 1, 1994

After COB depart Washington for San Diego
Remain over night (RON) in San Diego

Wednesday, February 2, 1994

Appear on a San Diego morning news and/or radio show
Meet with San Diego Ryan White CARE Act Planning Council
Meet with Mayor/AIDS Commisioner
Tour San Diego HIV/AIDS facilities
Depart San Diego for Los Angeles
RON in Los Angeles

Thursday, February 3, 1994

Appear on Los Angeles morning news and/or radio show
Meet with Physicians Associated for AIDS Care (PAAC)
Meet with Los Angeles Times Editorial Board
Meet with Mayor/AIDS Commisioner
Depart Los Angeles for Sacramento
RON in Sacramento

Friday, February 4, 1994

Address the California School Nurses Association Conference
Meet with California AIDS Commisioner/Secretary of Health
Depart Sacramento for Los Angeles
Meet with Los Angeles Ryan White CARE Act Planning Council
Tour Los Angeles HIV/AIDS facilities
RON in Los Angeles

Saturday, February 5, 1994

Host a Town Hall Meeting on HIV/AIDS in East or South Central Los Angeles
Address conference of Lutheran Ministers
Depart Los Angeles International Airport For Washington, D.C.

From: Warren Buckingham 1/26/94 5:35PM
To: Retina Holmes, Tanya Dean
Subject: Whereabouts in CA

---------- Message Contents ----------

Thursday nite - Sunday am I'll be at
Page Street B&B
415-431-2418

Monday-Wednesday: I'll have to call you with the numbers

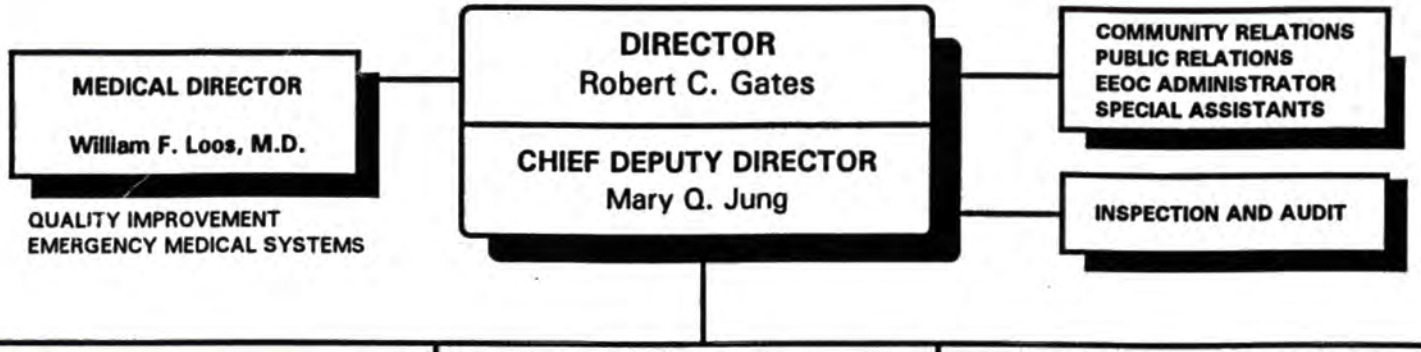
Wednesday nite - Sunday
Miramar Sheraton
310-576-7777 / FAX 310-458-7912

Sunday - Thursday -- ON LEAVE; Will call with the number if it looks like you all need it.

John -
FYI
Buck

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES



ASSISTANT DIRECTOR PERSONAL HEALTH SERVICES

Walter L. Gray

NORTH/EAST NETWORK

NORTHEAST CLUSTER
- *LAC+USC MEDICAL CENTER*
- *CLUSTER AMBULATORY CARE*

ANTELOPE VALLEY CLUSTER
- *HIGH DESERT HOSPITAL*
- *ANTELOPE VALLEY REHABILITATION CENTERS*

SAN FERNANDO VALLEY CLUSTER
- *OLIVE VIEW/UCLA MEDICAL CENTER*
- *MID-VALLEY C.H.C.*

SOUTH/WEST NETWORK

SOUTHWEST CLUSTER
- *KING/DREW MEDICAL CENTER*
- *HUBERT H. HUMPHREY C.H.C.*

COASTAL CLUSTER
- *HARBOR/UCLA MEDICAL CENTER*
- *LONG BEACH C.H.C.*

RANCHO LOS AMIGOS MEDICAL CENTER

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- ALCOHOL/DRUG PROGRAM ADMINISTRATION
- PROGRAM MANAGEMENT
- PUBLIC HEALTH PROGRAMS
- ENVIRONMENTAL HEALTH
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- COMMUNITY HEALTH SERVICES

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  - *UNIFIED HEALTH SYSTEM PROJECT*
- HEALTH PLAN ADMINISTRATION
- INFORMATION SYSTEMS
- MANAGEMENT INFORMATION CENTER
- FACILITIES IMPLEMENTATION TEAM
- EVALUATION AND IMPROVEMENT

Robert C. Gates

APPROVED: Robert C. Gates
EFFECTIVE DATE: December 6, 1993

TENTATIVE SCHEDULE FOR

KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR
(FEBRUARY 1 - 5, 1994)

Tuesday, February 1, 1994

After COB depart Washington for San Diego
Remain over night (RON) in San Diego

Wednesday, February 2, 1994

Breakfast with Mayor Golding of San Diego

12:00 PM — Speak at lunch at University of San Diego

Tour San Diego AIDS facilities

7:00 PM — Dinner at David Shulman's house
437 1/2 N. Ogden Dr., Los Angeles, CA

8:00 PM — Speak at Occidental College

RON in Los Angeles

Thursday, February 3, 1994

6:30 AM — Depart hotel enroute to Fox Studios 5746 Sunset Blvd. LA, CA

7:00 AM — Arrive at Fox studios for appearance on "Good Day LA"

7:15 AM to 7:30 AM — **Fox Studios-**
Appear on "Good Day LA"

7:30 AM to 8:00 AM — Depart Fox studios enroute to the Bel Age Hotel
1020 San Vincente Blvd. West Hollywood, CA

8:00 AM to 9:00 AM — **Bel Age Hotel-**
Breakfast meeting to discuss activity schedule for the day with PAAC trustee Victor Beer, MD; the L.A. AIDS IPA co-chair, Jayson Hymes, MD; Gordon Nary, Harry Webber, media consultant; and other members of coordinating staff to be determined

9:00 AM to 9:30 AM	Depart Bel Age Hotel enroute to Kraus-Beer Medical Group, 5901 W. Olympic Blvd., #420 Los Angeles, CA
9:30 AM to 10:15	**Kraus-Beer Medical Group-** A review of a typical Los Angeles group practice model that contracted directly with pharmaceutical manufacturers to conduct clinical trials
10:15 AM to 10:30 AM	Depart Kraus-Beer Medical Group enroute to Midway Hospital, 5925 Olympic Blvd. Los Angeles, CA
10:30 AM to 11:30 AM	**Midway Hospital-** Meet with John Fenton, Midway's CEO, and others, to review their AIDS unit, a prototype facility that has significantly reduced the cost of inpatient care
11:30 AM to 12:00 PM	Depart Midway Hospital enroute to Bel Age Hotel 1020 San Vincente Blvd. West Hollywood, CA
12:00 PM to 1:45 PM	**Bel Age Hotel-** Luncheon meeting with a proposed address by KG to third party payers, hospital administrator, pharmaceutical manufacturers, community leaders and union representatives. This luncheon will also be used as a fund-raiser for L.A./PAAC's IPA project and community standards for care project
1:45 PM to 2:00 PM	Depart Bel Age Hotel enroute to ???
2:00 PM to 3:00 PM	~~Martin Luther King Hospital iwth Dr. Wilbert Jordan~~
3:00 PM to 3:30 PM	Depart Martin Luther King Hospital enroute to Country Villa South, 3515 Overland Ave. Los Angeles, CA
3:30 PM to 4:30 PM	**Country Villa South-** Meet with Steve Reissman, CEO, Country Villa Service Corporation, to examine a facility that will reduce the need for and cost of certain types of hospitalization care by 50-70%
4:30 PM to 5:00 PM	Depart Country Villa South enroute to Century City Hospital, 2070 Century Park East, Los Angeles, CA
5:00 PM to 6:00 PM	**Century City Hospital-** Dinner meeting with L.A./PAAC physicians who will be

developing a working draft of community standards for anti-retroviral treatment. There will be an address by KG before the meeting

RON Sacramento

Friday, February 4, 1994

8:30 AM to 9:00 AM	Depart hotel enroute to the Hyatt Hotel in Sacramento
9:00 AM to 10:00 AM	**Hyatt Hotel, California School Nurses Organization-**
12:00 PM	Lunch with Editorial Board - LA Times
1:30 PM	Tour University of Southern California County Hospital
	Tour Los Angeles AIDS facilities

RON Los Angeles Angela — GdL County Center

Saturday, February 5, 1994

Host a Town Hall Meeting on HIV/AIDS in East or South Los Angeles

Address conference of Lutheran Ministers

Depart Los Angeles International Airport for Washington, D.C.

[187] From: Timothy Fox 1/26/94 5:26PM (3012 bytes: 48 ln)
To: Kristine Gebbie
cc: John Gurrola, Steve Lee, Bob Jackson, Warren Buckingham
Subject: HIV and Earthquakes
---------- Message Contents ----------

I spoke with Ferd Egan, LA AIDS Commissioner about problems for HIV community as a result of the earthquake. Problems identified were:

Long waits for persons with HIV at Diaster Assistance Centers (DACs) -- Dave Greer, FEMA (Deputy to James Witt) recommended that persons with HIV call an 800 emerg. number for FEMA indicate they have serious illness and their applications would be approved over the phone. Two problems -- 1) persons on phones were not aware of the arrangement (Ferd feels this is a system problem and that it will be resolved); 2) by using the phones persons with HIV were not getting access to other services e.g., Section 8 vouchers for housing assistance. At this point they are recommending to clients that they do both -- call and also go to DACs. They hope to resolve this by gathering clients in one place where all assistance entities will be available; FEMA is trying to facilitate this process.

Assistance is tied to a physical inspection of a residence, therefore emergency dollars are held up by the inspection process. They are working on a plan enabling persons with HIV to specify on application forms they have a serious illness and therefore give them high priority for the inspections.

Medications -- MediCal won't refill prescriptions for AZT; this policy uneven as other meds. (non-HIV) are exempt. They are sending clients to Community Health Centers for refills. At this point they don't have a strong indication of need for meds. They are aware of only a few cases. FEMA is working with the State to resolve this problem and Ferd is waiting for a response.

LA's Title I planning council will be meeting tomorrow so many of these issues and others will be discussed. Ferd will be attending the meeting and indicated that he will see you tomorrow evening and provide you with an update if possible. He will call me on Friday to let me know how things are progressing.

On another matter, I spoke with Amy Liu, Office of the Sec., HUD, and she explained that in no way would waiting lists for Section 8 vouchers be affected by the quake efforts (this sounds too easy). She states that 10,000 Sect. 8 vouchers will be disrtibuted (they have already distributed 4,500) and paid for by the additional funds the President requested this a.m. ($150 million for vouchers I believe).

LOS ANGELES PEDIATRIC AIDS NETWORK
c/o Childrens Hospital Los Angeles, Box #30
4650 Sunset Boulevard, Los Angeles, California 90027 • (213) 669-5616 • FAX (213) 664-6814

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

To John Gurolla	From M.E. Kaplan
Co.	Co. LAPAN
Dept.	Phone # (213) 669-5616
Fax # (213) 931-5978	Fax # (213) 664-6814

MEMO

TO: JOHN GUROLLA

FROM: MARCY KAPLAN, DIRECTOR
LOS ANGELES PEDIATRIC AIDS NETWORK

CO-CHAIR, HIV HEALTH SERVICES PLANNING COUNCIL
LOS ANGELES

RE: NEXT WEEKS VISIT TO LOS ANGELES BY KRISTINE GEBBIE

DATE: JANUARY 28, 1994

****

As per our discussion earlier this afternoon, I am very interested in setting up some time to meet with Ms. Gebbie next week. As someone who has been involved in the pediatric AIDS community both as a service provider and as a program director over the last eight years, I believe that I could be helpful in terms of both Pediatric AIDS and the Planning Council perspective.

Since I will be out of town on Friday afternoon (for a Care Coalition meeting in Washington D.C.), I don't know how beneficial it would be to "tour" an agency or program. However, I am available on Wednesday the 2nd in the afternoon after 4:30, the afternoon of Thursday, Fabruary 3 after 12:30, or very first thing the morning of the 4th.

Perhaps since Ms. Gebbie has already visited the pediatric program at UCLA in October, it would be interesting for her to visit either the pediatric and adolescent program at Childrens Hospital (by far the largest of the pediatric programs) or one of community agencies targeted at the maternal/child population; Caring for Babies with AIDS would probably be my first choice. I can give you the specifics when we talk further. If this is not possible, I would still like the opportunity to talk with her.

My home telephone number is (310) 207-6705. I look forward to hearing from you.

Thank you very much for your assistance.

THE WHITE HOUSE

WASHINGTON

November 22, 1993

Michael S. Pozar, Coordinator
Lutheran AIDS Network
1165 Seville Drive
Pacifica, CA 94044

415.738 1400

Dear Reverend Pozar:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the 1994 Lutheran AIDS Conference in Santa Monica, CA on February 3-5, 1994. Your request is under consideration and I will contact you approximately sixty (60) days before your event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

2/3 1-2:30 - Santa Monica - Episcopal

Mr. Warren "Buck" Buckingham
5219 Nebraska Avenue, NW
Washington, DC 20015

1254 West Sixth Street
Suite 305
Los Angeles, California
90017-1807

A Conference in the City of Angeles

Hope & Healing:
The Church in the 2nd decade of AIDS

1994 National Episcopal AIDS Coalition Conference

3-6 February
Miramar Sheraton Hotel, Santa Monica, California

As the HIV/AIDS pandemic continues into its second decade, what will be the Church's response? What will we offer people who not only live with the physical pain and suffering of HIV/AIDS but who often feel sentenced to death before death? Fear, anger, shame, and abandonment often accompany those living with HIV/AIDS. As the Body of Christ we do have something to offer—Hope & Healing.

Hope & Healing:

The Church in the 2nd decade of AIDS

A Conference in the City of Angeles

The mission of the fourth National Episcopal AIDS Conference is to provide an opportunity for hope and healing for God's people living, working and ministering in the HIV/AIDS Community through sharing, comfort, recreation, worship, reflection, encouragement, workshops and plenary sessions; that through this experience all may be refreshed and renewed to be God's advocates for meeting the challenges of the second decade of HIV/AIDS.

The National Episcopal AIDS Coalition

NEAC is an international coalition of Episcopal-sponsored HIV/AIDS ministries, and programs and individuals working and ministering within the HIV/AIDS community.

The Format

One of the greatest opportunities that a conference of this size and focus provides is the chance to meet new people, renew friendships, build connections, strengthen ties and know that we are not alone in the ministry before us. For this to happen the conference will provide affinity groups, daily AA meetings, and scheduled fellowship opportunities, without agenda, for sharing, for comfort and for recreation.

Conference participants come from many different and diverse places with a variety of needs and expectations. While all needs and all expectations cannot possibly be met, the conference will provide participants with opportunities for worship, reflection and encouragement. A chapel and chaplains will be available to allow participants to be ministered to, to be nurtured and to be fed.

Through workshops and plenary sessions the Hope & Healing conference will provide participants with concrete, participatory, faith-related programs and events to begin to answer these questions: How is the Church called to respond in this second decade of HIV/AIDS? What will we do? How will we do it?

Workshops

Track 1: HOW DO WE BEGIN?

1a The Basics - AIDS 101

Thursday, 2:45 pm; Friday, 9:30 am

Even in the second decade of HIV/AIDS we need to educate the people of the Church. What and how do you cover the basics of transmission, prevention, disease progression, care, etc., in a church setting?

1b Discerning HIV/AIDS Ministry for My Parish

Friday, 1:00 pm; 3:00 pm

As the crisis expands so does the need for ministry. How do you assess a congregation's gifts and resources, know what you can and cannot do, and understand some of the power dynamics in the process?

1c [redacted]

Saturday, 9:30 am; 2:00 pm

What happens when people have the information, but refuse even to consider HIV/AIDS ministry? How do you get going? How do you get around and through the resistance? How do you tap support?

Track 2: HOW DO WE FACE HIV/AIDS?

2a Fear, Anger, Abandonment, Shame and Hope

Thursday, 2:45 pm; Friday, 9:30 am

The emotional impact of having HIV/AIDS and/or of caring for those with HIV/AIDS is profound and often overwhelming. How does the Church offer support as well as learn from people who have experienced these emotions already? Which spiritual resources have been most helpful?

2b Grief: Death and Dying
Friday, 1:00; 3:00 pm
The cumulative grief of thousands of deaths or the death of one person can cast a shadow over one's soul. How have we dealt and not dealt with grief? How do we grieve together? What spiritual resources are helpful?

2c Healing
Saturday, 9:30 am; 2:00 pm
Even though many people are ill with HIV, some speak about the healing of the body, mind and spirit. How has this occurred, what do we mean by healing and what does the HIV/AIDS experience have to teach the Church about healing?

Track 3: STRENGTH FOR THE JOURNEY

3a Biblical and Theological Literacy on HIV/AIDS
Thursday, 2:45 pm; Friday, 9:30 am
There is a lot of "Bible bashing" used in responding to the HIV/AIDS crisis. How can we use scripture, tradition and reason to deal with the accusations of "victim," "fault," "divine punishment," etc.

3b Spiritual Direction
Friday, 1:00; 3:00 pm
People with HIV/AIDS and their caregivers often use spiritual support to maintain their well-being and to help them resolve profound questions about life and death. How have people accomplished this and what models - new and old - are there for spiritual direction in the age of HIV/AIDS?

3c Care and Nurture
Saturday, 9:30 am; 2:00 pm
The Church's business is the care and nurture of the human spirit. How are church-run support groups - for people with HIV/AIDS, for caregivers and for those who are HIV-negative - different and special? What do these groups have to teach the broader Church about the care and nurture of the human spirit?

Track 4: CONFRONTING THE MYTHS

4a Breaking Through Denial and Cultural Myths
Thursday, 2:45 pm; Friday, 9:30 am
"It's a gay White disease." HIV is spreading rapidly through the culturally diverse population of the United States, but denial continues. What are some practical ways the church can break through denial in communities of color and learn from these communities in the fight against HIV/AIDS?

4b Women and HIV/AIDS
Friday, 1:00; 3:00 pm
"Only men get AIDS." Women are more and more at risk of HIV infection in the United States. How can the Church minister to, hear and address the concerns of women infected with HIV?

4c HIV/AIDS and Evangelism
Saturday, 9:30 am; 2:00 pm
"PWAs don't want to hear about God." What can evangelism look like in the second decade of HIV/AIDS? This workshop will explore how HIV/AIDS ministry can be an opportunity to witness to God's love in Jesus Christ. Topics will include issues like real vs. false guilt; God as Love, not judge; overcoming the phenomenon of "church damage", etc.

Track 5: PARENTS AND CHILDREN

5a Parents and Adult Children with HIV/AIDS
Thursday, 2:45 pm; Friday, 9:30 am
How can the Christian community support parents who find out their adult sons and daughters have HIV/AIDS? If parish churches will listen, what do they have to learn about pastoral care from these parents?

Hope & Healing:
The Church in the 2nd decade of AIDS
A Conference in the City of Angeles

CONFERENCE SCHEDULE

Thursday, 3 February

9:00 – 12:00	Registration
11:30 – 12:30	Lunch
1:00 – 2:30	Opening Liturgy Opening Plenary
2:45 – 4:15	"A" Workshops
4:30 – 5:15	Affinity Groups
5:30 – 6:30	Reception
6:30	Table Liturgy Dinner Evening Entertainment

Friday, 4 February

7:30 – 8:30	Breakfast
8:30 – 9:00	Morning Prayer
9:30 – 11:00	Repeat "A" Workshop
11:30 – 12:30	Lunch
1:00 – 2:30	"B" Workshops
2:30 – 3:00	Break
3:00 – 4:30	Repeat "B" Workshop
4:45 – 5:30	Affinity Groups
5:30 – 6:30	Reception
6:30	Table Liturgy Dinner Evening Entertainment

Saturday, 5 February

7:30 – 8:30	Breakfast
8:30 – 9:00	Morning Prayer
9:30 – 11:00	"C" Workshops
11:30 – 1:30	Awards Luncheon Luncheon Plenary
2:00 – 3:30	Repeat "C" Workshops
3:45 – 4:30	Affinity Groups
5:00	AIDS Mass and Healing *St. Augustine's-by-the-Sea* EVENING FREE

Sunday, 6 February

8:30 – 9:30	Breakfast
10:30 – 11:30	Closing Service with the Blessing of the Symbols of Ministry

Hope & Healing:

The Church in the 2nd decade of AIDS

A Conference in the City of Angeles

PLENARY SESSIONS

"AIDS as an Icon of Christian Ministry" will be the thread that is sewn throughout the fabric of this conference, beginning with the Opening Plenary. At that time, Malcolm Boyd, priest, author and civil-gay-AIDS rights activist will be joined by Olga Morales Aguirie, founder of the Mujeres (Women with AIDS) Project in San Antonio, Texas, and by Buck Buckingham, Special Assistant to the newly appointed National AIDS Policy Coordinator.

The luncheon plenary on Saturday will focus on AIDS and Justice.

5b Kids with AIDS
Friday, 1:00; 3:00 pm
What ministry does the Church have to offer parents/families/caregivers who are taking care of young children with HIV/AIDS? Can they come to Church School?

5c Youth and HIV/AIDS Prevention
Saturday, 9:30 am; 2:00 pm
What role can padshes play in making sure youth do not become HIV infected? How can we mobilize church youth to become peer educators for HIV prevention? What is the role for parents?

Track 6: STRIVE FOR JUSTICE

6a The Church as Advocate
Thursday, 2:45 pm; Friday, 9:30 am
"We have an advocate...Jesus Christ the righteous." How can the Church be an advocate for HIV/AIDS ministry and work? What is our role locally, nationally, and globally as advocates?

6b HIV/AIDS in the Workplace
Friday, 1:00; 3:00 pm
The 1991 General Convention (and your diocese?) passed the "10 Principles of the Workplace" as the standard for working with people infected with HIV. How can we use these principles in our ministries and where we work?

6c Ethics of Prevention: Needle Exchange and Condom Distribution
Saturday, 9:30 am; 2:00 pm
The Church should be in the conversation about these important prevention issues. What do we have to say, what is the best way to say it, and how do we say it so that the Church can be heard on these issues?

Track 7: ODDS AND ENDS...OR BEGINNINGS

7a Meeting with the Joint Commission on AIDS/HIV
Thursday, 2:45 pm; Friday, 9:30 am
The Joint Commission on AIDS/HIV will recommend the policy and program initiative for the General Convention of the Episcopal Church in September, 1994. Come to discuss those policies, program initiatives and how you can help move the Church forward in HIV/AIDS ministry.

7b1 Liturgies and Vocation
Session One HIV/AIDS LITURGIES **Friday, 1:00 pm**
The worship of the People of God can be a powerful and healing experience. This workshop will discuss what works and what does not, offer models of liturgy, and allow time for sharing information and models that have worked.

7b2 Session Two AIDS WORK AS VOCATION **Friday, 3:00 pm**
Many church folk involved in secular HIV/AIDS work understand their work as "vocation," i.e. work that God is calling them to do. How is their faith wrapped up in this work? How can the Church learn from their experience and support them and others in their vocation?

7c1 Chaplaincies and HIV/AIDS and Church Sponsored Non-profits
Session One CHAPLAINCIES & HIV/AIDS **Saturday, 9:30 am**
Chaplains encounter the cutting edge of life and death in HIV/AIDS ministry and that edge can reveal both the glory of God and a depth of pain. This workshop will be a facilitated discussion to explore this ministry, burnout and the role of being a "team member."

7c2 **Session Two** NON-PROFITS **Saturday, 9:30 am**
Church sponsored nonprofit organizations build housing, provide care and get some wonderful work done. This workshop will discuss what it means to "sponsor" a nonprofit and why to do it.

Conference Site

The Miramar is located at 101 Wilshire Boulevard (at Ocean Avenue) in the heart of Santa Monica, California, overlooking the Pacific Ocean and Santa Monica Beach, only minutes from Los Angeles International Airport.

Registration

Use the enclosed registration form to register for the conference. Each participant must complete a separate form (photocopies permitted). The completed registration form and full payment should be mailed to:

NEAC Hope & Healing Conference
1254 West Sixth Street, Suite 305
Los Angeles, California 90017-1807
(213) 975-1274

PLEASE NOTE: There will be NO on-site registration. Please register by 15 January 1994.

Registration Fees

NEAC Members		Non Members
$100		$150
After 15 November	$150	$200
After 15 December	$200	$250
After 15 January	$250	$300

Commuter Fees

Add $150 to the above for eight common meals at the hotel. All commuter participants are considered part of the conference community, and meals are considered integral to community life.

Hotel Fees

Hotel prices are for three nights and include eight meals and all state and city taxes. (Prices per person)

Double occupancy	$395
Single occupancy	$625
Suite double occupancy	$485
Suite single occupancy	$735

Daily parking rate: $8; guest overnight parking rate: $10

Travel Arrangements

Travel Arrangements may be made through Keystone Travel, the official Hope & Healing Conference agent. 5% off lowest TWA fares. TWA is the official Hope & Healing Conference Airline. Call 800 642-0682.

Method of Payment

Conference registrants may pay by check, money order, MasterCard or VISA. Checks and money orders should be made payable to the NEAC Hope & Healing Conference. Registrations will not be accepted without payment.

Hope & Healing:

The Church in the 2nd decade of AIDS

A Conference in the City of Angeles

PARTICIPANTS (partial listing)

The Rev. Carol Anderson
Beverly Hills, California

Ms. Allison Arngrim
West Hollywood, California

Ms. Abbey Arnold
Santa Monica, California

Dr. Robert Ball
Columbia, South Carolina

Ms. Brook Busbing
Brooklyn, New York

Ms. Patricia Castillo
San Antonio, Texas

The Rev. William Countryman
Berkeley, California

The Rev. Betty Drake
Jacksonville, Florida

The Rev. Rand Frew
New York, New York

Mr. Bruce Garner
Atlanta, Georgia

The Rev. Sr. Carmen Guerrero, CSM
Los Angeles, California

Dr. Deborah Harmon Hines
Worchester, Massachusetts

(Mrs. & Mr.) Jo-Ann & Charles Howe
Corona del Mar, California

Ms. Christine Janis
Babylon, New York

The Rev. Ted Karpf
Washington, D.C.

The Most Rev. Yona Okoth
Kampala, Uganda

The Rev. Steve Peters, UFMCC
Los Angeles, California

The Rev. Altagracia Perez
Chicago, Illinois

The Rev. Nicholas Radelmiller, OHC
Santa Barbara, California

The Rev. Maggie Reinfeld
New York, New York

The Rev. Veronica Ritson
Phoenix, Arizona

Ms. M. R. Ritley
Berkeley, California

The Rev. Br. M. Thomas Shaw, SSJE
Cambridge, Massachusetts

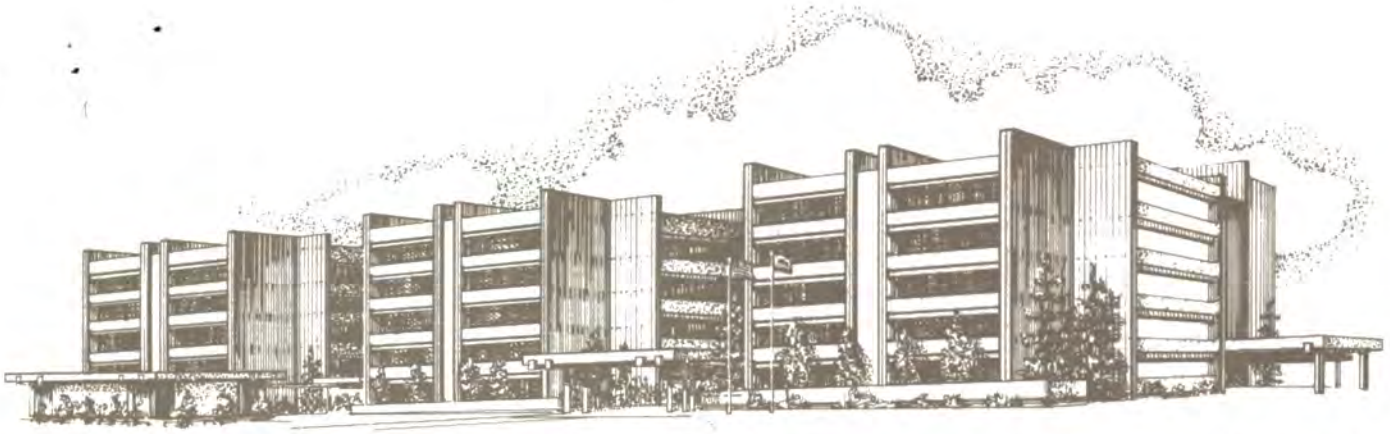
Mr. Benneville Strohecker
Marblehead, Maine

The Rt. Rev. Douglas E. Theuner
Concord, New Hampshire

(Mrs. & Mr.) Jody & Buddy Thomas
Wichita, Kansas

JOHN GURROLA'S TRAVEL ITINERARY FOR LOS ANGLES TRIP
JANUARY 27-FEBRUARY 6, 1994

1/27/94	9:00 AM Depart Andrews Air Force Base for Los Angeles **[JG and KG will be traveling with the First Lady and need no arrangements but it should still be noted in travel order]**
	12:00 PM JG and KG arrive at LAX, need a rental car, use Budget and get a Lincoln Town Car at LAX
	JG will need no housing accommodations for the night
1/28/94	JG will retain car
	NO Housing accommodations needed
1/29/94	JG will retain car and need no housing arrangements
1/30/94	JG will drive car to San Diego and need housing arrangements in San Diego at U.S. Grant Hotel 619-232-3121 through 2/2/94
1/31/94	JG will retain car and needs housing arrangements in San Diego
2/1/94	JG will retain car and needs housing arrangements in San Diego
2/2/94	Flight arrangements for JG from San Diego to LAX to travel with KG departing San Diego at 6:00 PM, JG will return car in San Diego
	JG will need to pick up **New** Lincoln Town Car from Budget at LAX
	Hotel accommodations needed with KG at the Hotel Inter Continental 213-617-3300
2/3/94	JG will retain car but have no other needs
2/4/94	JG will retain car
	Hotel accommodations with KG at the Hotel Inter Continental
2/5/94	JG will retain car but have no other needs
2/6/94	Travel to DCA from LAX on the last flight out JG will return car at LAX - red-eye flight is fine



MARTIN LUTHER KING, JR./CHARLES R. DREW MEDICAL CENTER 12021 South Wilmington Avenue Los Angeles, CA 90059 310/668-4321

EDWARD J. RENFORD, Hospital Administrator EDWARD W. SAVAGE, M.D., Acting Medical Director BETTYE J. MOSELEY, R.N., Director of Nursing

November 15, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Hubert H. Humphrey Bldg, Room 729-H
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

It was indeed a pleasure to meet with you last week. We know your schedule is demanding and we appreciated the time you spent in Los Angeles. This letter is a follow-up on several issues raised. Please know that we are very excited about working with you and feel we can offer direct input on many issues.

1. **National Summit** - Leadership does begin at the top. Nothing would make a greater impact than if the President called a national summit and addressed African-American leaders and asked those organizations to take on the issue of education, and allowing us to show how they could help us with early intervention and earlier treatments. This does not have to be exhaustive but with the right 100 we could get a lot done. We will be happy to work with you on this.

2. **Self-Esteem** - The data I gave you also included a self-esteem curriculum. Unless we incorporate self-esteem into our education programs, we will not see a significant behavior change. I think the constantly high rate of gonorrhea in the African-American community sustains that.

3. **The need for an ACTU Institute at King/Drew** - It seems strange that the minority initiative to allow ACTU in minority institutions are structured to exclude good competent Black institutions. Meharry was awarded a site only because it combined with Vanderbilt. We do not feel King/Drew should be a satellite of UCLA or USC. We should have our own programs. We feel we can demonstrate that capability easily.

4. **The NIH Womens Study** - We are a part of the consortium for the USC funded WIHS. I find it interesting that as we can keep talking about the changing faces of AIDS, no one wants to change the power source. I am concerned that the newly created community advisory group is not well-balanced ethnically. I admit I am going on hearsay, but if this true I think it does not reflect well on NIH.

Thank you for your time. I do hope to talk with you soon and I look forward to working with you.

Sincerely,

Wilbert C. Jordan, M.D., M.P.H.
Director, OASIS Clinic and AIDS Program
Chair, Los Angeles Commission on HIV/AIDs
Chair, Black Los Angeles AIDS Commission

WCJ:map

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES DHS
AIDS PROGRAMS
600 SOUTH COMMONWEALTH AVENUE, SIXTH FLOOR - LOS ANGELES, CALIFORNIA 90005
(213) 351-8000

ADMINISTRATIVE SERVICES
FACSIMILE TRANSMITTAL SHEET

Fax Number: (213)

DATE 9/30

TO

NAME: Warren "Buck" Buckingham

FACILITY: National AIDS Coordinator's Office

UNIT:

PHONE: 202-632-1090

FAX #: 202-632-1096

FROM

NAME: John Schunhoff

FACILITY: Los Angeles County AIDS Program

UNIT:

PHONE: 351-8001

TOTAL NUMBER OF PAGES 38 INCLUDING COVER SHEET

COMMENTS:

As Requested

If you have any problems or have not received the numbers of the pages sent, please contact the sender as soon as possible at (213) 351-8001.

LOS ANGELES COUNTY • DEPARTMENT OF HEALTH SERVICES

MONTHLY AIDS REPORT

AUGUST 1993

As of August 31, 1993, a cumulative total of 21,912 cases of AIDS were reported and confirmed in Los Angeles County. Of this total, 21,767 were adult cases and 145 were pediatric. The number of confirmed cases for the month of August was 423, which included 423 adult cases and no pediatric cases. The mortality percentage was 64%, accounting for 14,237 deaths through the end of August 1993. There are 317 cases pending investigation.

This is the first monthly report in the new abbreviated format. A full report will be issued in October for the quarter July through September 1993.

The new CDC revised classification system was used beginning in January 1993. Because of the change in AIDS reporting, the new cases reported for the first eight months of 1993 are significantly larger than the first eight months of 1992.

The principal changes in the AIDS definition are to add three additional clinical conditions (pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer) and to add all HIV-infected persons with less than 200 CD4+ T-cells.

Caution should be used in interpreting the monthly statistics, because they can vary month to month due to a variety of factors. Therefore, it is necessary to look at the long-term trends for a complete analysis of the AIDS data.

The following are attached for information: Adult/Adolescents and Pediatric Advanced HIV Disease Cases by Exposure Category and Gender (Table 1), Adult/Adolescent and Pediatric Advanced HIV Disease Cases by Race/Ethnicity and Gender (Table 2), and Deaths during July 1993.

Attachments
REV. 9/21/93

ATTACHMENT

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HIV EPIDEMIOLOGY PROGRAM

ADVANCED HIV DISEASE (AIDS)
CASES REPORTED THIS MONTH AND YEAR-TO-DATE
AUGUST 1993

TABLE 1: ADULT/ADOLESCENT AND PEDIATRIC ADVANCED HIV DISEASE (AIDS) CASES BY EXPOSURE CATEGORY AND GENDER

	Male		Female		Total	
	Reported		Reported		Reported	
Exposure Category	August 1993	Year to Date	August 1993	Year to Date	August 1993	Year to Date
ADULT/ADOLESCENT						
Male-male sexual contact	292	3264	0	0	292	3264
Injection drug user (IDU)	28	350	5	110	33	460
Male-male sexual contact/IDU	19	300	0	0	19	300
Hemophilia/coag disorder	2	18	0	0	2	18
Heterosexual contact	5	52	15	134	20	186
Transfusion recipient	5	31	1	24	6	55
Undetermined	41	530	10	96	51	626
Subtotal	392	4545	31	364	423	4909
PEDIATRIC (<13 YEARS)						
Hemophilia/coag disorder	0	0	0	0	0	0
Mother with/at risk for HIV	0	3	0	5	0	8
Transfusion recipient	0	1	0	1	0	2
Undetermined	0	0	0	0	0	0
Subtotal	0	4	0	6	0	10
TOTAL	392	4549	31	370	423	4919

Cumulative cases: 21912
Cumulative deaths: 14237

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HIV EPIDEMIOLOGY PROGRAM

ADVANCED HIV DISEASE (AIDS)
CASES REPORTED THIS MONTH AND YEAR-TO-DATE
AUGUST 1993

TABLE 2: ADULT/ADOLESCENT AND PEDIATRIC ADVANCED HIV DISEASE (AIDS) CASES BY RACE/ETHNICITY AND GENDER

	Male		Female		Total	
	Reported		Reported		Reported	
Race/Ethnicity	August 1993	Year to Date	August 1993	Year to Date	August 1993	Year to Date
ADULT/ADOLESCENT						
White	168	2152	15	116	183	2268
Black	96	978	13	123	109	1101
Hispanic	115	1296	3	118	118	1414
Asian	11	93	0	5	11	98
AI/AN (1)	1	12	0	0	1	12
Unknown	1	14	0	2	1	16
Subtotal	392	4545	31	364	423	4909
PEDIATRIC (<13 YEARS)						
White	0	0	0	1	0	1
Black	0	3	0	0	0	3
Hispanic	0	1	0	4	0	5
Asian	0	0	0	1	0	1
AI/AN (1)	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Subtotal	0	4	0	6	0	10
TOTAL	392	4549	31	370	423	4919

1. AI/AN=American Indian/Alaska Native.

AIDS - LOS ANGELES COUNTY
SURVEILLANCE SUMMARY
DEATHS DURING JULY 1993*
AS OF AUGUST 31, 1993

PLACE OF DEATH	NUMBER OF DEATHS	PERCENT
County Facility	10	6.5
Private Facility	55	35.7
Home	39	25.3
Nursing Home/Hospice	35	22.7
Outside Los Angeles/Unk	15	9.7
Total	154	100.0

* These data are provisional due to delays in mortality reporting.

John F. Schunhoff
Program Director
AIDS Programs

ROBERT C. GATES, Director
COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

RECEIVED
'93 SEP -9 P2:57

September 7, 1993

TO: Carol F. Salva
Kenneth M. Tiratira
C. James Moreno
Sara Hirsch
Kathryn A. Barger

FROM: Robert C. Gates
Director of Health Services

Caswell G. Evans Jr

SUBJECT: **AIDS MONTHLY REPORT FOR JULY 1993**

The purpose of this memo is to transmit the AIDS monthly report for July 1993.

If you have any questions or need additional information, please let me know.

RCG:njs

Attachments

cc: Virginia A. Collins, Chief Administrative Office

LOS ANGELES COUNTY • DEPARTMENT OF HEALTH SERVICES

MONTHLY AIDS REPORT

JULY 1993

As of July 31, 1993, a cumulative total of 21,522 cases of AIDS were reported and confirmed in Los Angeles County. Of this total, 21,377 were adult cases and 145 were pediatric. The number of confirmed cases for the month of July was 400, which included 398 adult cases and two pediatric cases. The mortality percentage was 65%, accounting for 14,014 deaths through the end of July 1993. There are 345 cases pending investigation.

The new CDC revised classification system was used beginning in January 1993. Because of the change in AIDS reporting, the new cases reported for the first six months of 1993 are significantly larger than the first six months of 1992.

The principal changes in the AIDS definition are to add three additional clinical conditions (pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer) and to add all HIV-infected persons with less than 200 CD4+ T-cells.

Caution should be used in interpreting the monthly statistics, because they can vary month to month due to a variety of factors. Therefore, it is necessary to look at the long-term trends for a complete analysis of the AIDS data.

The following are attached for information: specific statistical charts relating to Advanced HIV Disease (AIDS) cases in Los Angeles County for July 1993 (Attachment I), and the Surveillance Report (Second Quarter) issued by the federal Centers for Disease Control and Prevention (Attachment II).

Attachments

ATTACHMENT I

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HIV EPIDEMIOLOGY PROGRAM
(213) 351-8196

ADVANCED HIV DISEASE (AIDS) SURVEILLANCE SUMMARY

LAC Cases Reported as of July 31, 1993 — Issued August 15, 1993

NOTICE TO HEALTH CARE PROVIDERS AND OTHERS RESPONSIBLE FOR DISEASE REPORTING:

California Code of Regulations, Title 17, Section 2500 requires that all diagnosed or suspected cases of AIDS as defined by CDC must be reported within seven (7) days to the Health Officer. To obtain information on the CDC AIDS case definition, to obtain case report forms or to report a case contact the HIV Epidemiology Program, 600 South Commonwealth Avenue, Room 805, Los Angeles, CA 90005. Phone (213) 351-8196; Fax (213) 487-9386.

The *Advanced HIV Disease (AIDS) Surveillance Summary* is published monthly by the HIV Epidemiology Program, Acute Communicable Disease, Disease Control Programs, Los Angeles County Department of Health Services. Copies of this report are available free of charge. Individuals or organizations may be added to the mailing list by contacting the HIV Epidemiology Program at the phone number or address listed above.

Suggested Citation: HIV Epidemiology Program, Los Angeles County Department of Health Services. Advanced HIV Disease (AIDS) Surveillance Summary, August 15, 1993:1-18.

Advanced HIV Disease (AIDS)
Monthly Surveillance Summary

Los Angeles County[1]

New cases reported in July 1993	400
New cases reported year-to-date	4,402
Cumulative cases	21,522
Cumulative deaths	14,014
Cumulative case-fatality rate	65%

California[2]

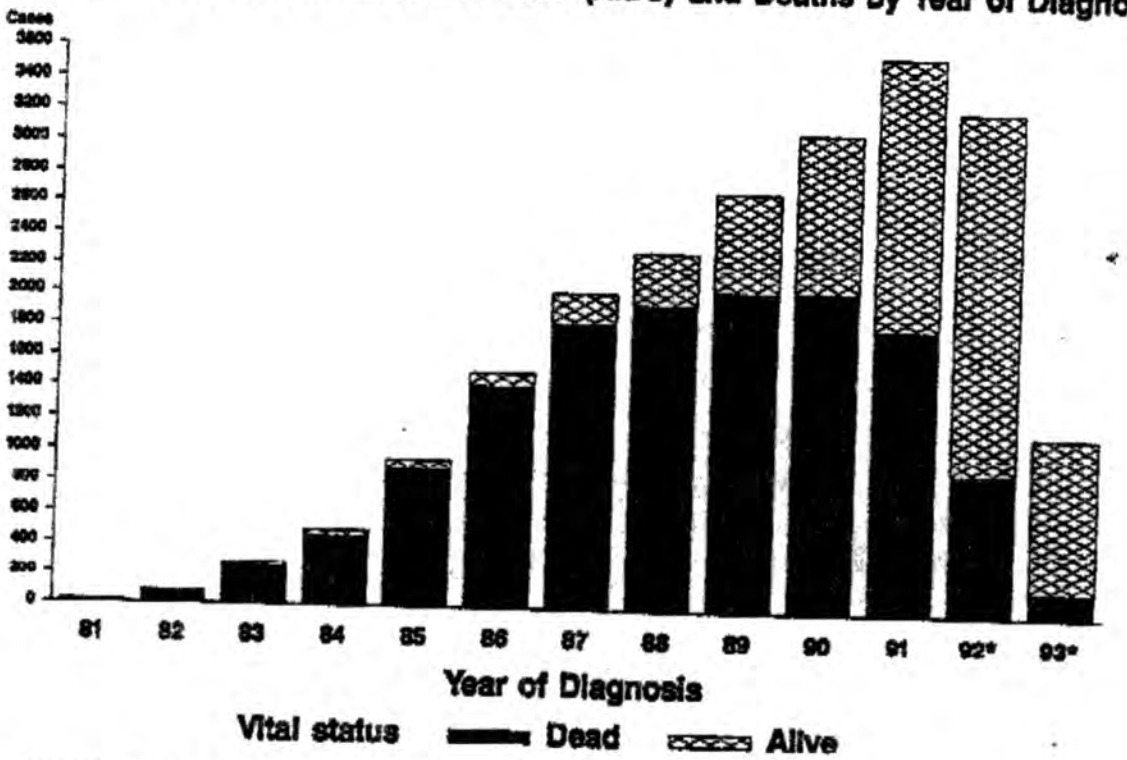
Cumulative cases	61,382
Cumulative deaths	38,397
Cumulative case-fatality rate	63%

United States[3]

Cumulative cases	315,390
Cumulative deaths	194,334
Cumulative case-fatality rate	62%

[1] Includes all cases reported to the HIV Epidemiology Program as of July 31, 1993.
[2] California Office of AIDS. Preliminary California AIDS Update, July 31, 1993.
[3] Centers for Disease Control and Prevention. HIV/AIDS Surveillance Quarterly Report, July 1993:1-18. As of April 1992, the HIV/AIDS Surveillance Report is published quarterly. The next update will be available in October 1993.

Figure 1. Cases of Advanced HIV Disease (AIDS) and Deaths by Year of Diagnosis



*Data provisional for 1992 and 1993; see Table 1.
Alive includes vital status unknown.

TABLE 1. CASES, DEATHS AND CASE-FATALITY RATE OF ADVANCED HIV DISEASE (AIDS) BY YEAR OF DIAGNOSIS REPORTED BY JULY 31, 1993, LOS ANGELES COUNTY

Year of diagnosis	Cases	Deaths	Case-fatality rate
1980	3	3	100 %
1981	20	19	95 %
1982	81	73	90 %
1983	272	256	94 %
1984	496	462	93 %
1985	958	900	94 %
1986	1506	1427	95 %
1987	2031	1839	91 %
1988	2315	1969	85 %
1989	2708	2063	76 %
1990	3107	2069	67 %
1991	3600	1839	51 %
1992 (1)	3253	927	28 %
1993 (2)	1171	168	14 %
Total(3)	21522	14014	65 %

1. Data are provisional due to reporting delay.
2. Cases diagnosed this year and reported to date.
3. Total includes cases diagnosed before 1980 and 14 cases known to have died but whose date of death is unknown.

TABLE 2. CUMULATIVE CASES OF ADVANCED HIV DISEASE (AIDS) BY GENDER, AGE GROUP AND RACE/ETHNICITY
REPORTED BY JULY 31, 1993
LOS ANGELES COUNTY

Age at Diagnosis (years)	Race/Ethnicity: White No. (%)	Black No. (%)	Hispanic No. (%)	Asian (1) No. (%)	AI/AN (2) No. (%)	Total (3) No. (%)
MALE						
Less than 13	23 (0)	27 (1)	34 (1)	2 (1)	0 (0)	86 (0)
13 - 19	14 (0)	14 (0)	22 (0)	0 (0)	0 (0)	50 (0)
20 - 29	1665 (14)	679 (19)	1075 (23)	46 (14)	12 (34)	3497 (17)
30 - 39	5281 (44)	1611 (46)	2060 (45)	129 (39)	14 (40)	9141 (45)
40 - 49	3302 (28)	804 (23)	977 (21)	123 (37)	5 (14)	5237 (26)
50 - 59	1217 (10)	275 (8)	327 (7)	26 (8)	4 (11)	1858 (9)
Greater than 60	440 (4)	94 (3)	89 (2)	7 (2)	0 (0)	631 (3)
Male subtotal	11942	3504	4584	333	35	20500
[% of subtotal]	[58]	[17]	[22]	[2]	[0]	[100]
FEMALE						
Less than 13	11 (3)	17 (5)	27 (8)	3 (12)	0 (0)	59 (6)
13 - 19	3 (1)	3 (1)	4 (1)	0 (0)	0 (0)	10 (1)
20 - 29	60 (19)	84 (25)	98 (30)	3 (12)	1 (33)	246 (24)
30 - 39	115 (35)	121 (36)	100 (30)	5 (19)	2 (67)	344 (34)
40 - 49	57 (18)	75 (22)	48 (15)	7 (27)	0 (0)	188 (18)
50 - 59	26 (8)	28 (8)	37 (11)	5 (19)	0 (0)	96 (9)
Greater than 60	52 (16)	10 (3)	14 (4)	3 (12)	0 (0)	79 (8)
Female subtotal	324	338	328	26	3	1022
[% of subtotal]	[32]	[33]	[32]	[3]	[0]	[100]
Total	12266	3842	4912	359	38	21522
[% of total]	[57]	[18]	[23]	[2]	[0]	[100]

1. Includes 1 Burmese, 3 Cambodian, 30 Chinese, 103 Filipino, 4 Indonesian, 52 Japanese, 12 Korean, 5 Malayan, 14 Pacific Islanders, 1 Sri Lankan, 4 Taiwanese, 20 Thai, and 21 Vietnamese; 89 are of unknown ethnicity.
2. AI/AN=American Indian/Alaska Native.
3. Includes 102 males and 3 females whose race/ethnicity is unknown.

TABLE 3. CUMULATIVE ADULT/ADOLESCENT CASES OF ADVANCED HIV DISEASE (AIDS) BY GENDER, EXPOSURE CATEGORY AND RACE/ETHNICITY
REPORTED BY JULY 31, 1993
LOS ANGELES COUNTY

Adult/Adolescent Exposure Category (1)	Race/Ethnicity: White No. (%)	Black No. (%)	Hispanic No. (%)	Asian No. (%)	AI/AN (2) No. (%)	Total (3) No. (%)
MALE						
Male-male sexual contact	10184 (85)	2324 (67)	3370 (74)	277 (84)	23 (66)	16260 (80)
Injection drug user (IDU)	334 (3)	397 (11)	278 (6)	3 (1)	1 (3)	1017 (5)
Male-male sexual contact/IDU	846 (7)	327 (9)	271 (6)	10 (3)	5 (14)	1461 (7)
Hemophilia or coagulation disorder	46 (0)	14 (0)	18 (0)	4 (1)	0 (0)	87 (0)
Heterosexual contact (4)	48 (0)	80 (2)	41 (1)	0 (0)	0 (0)	170 (1)
Transfusion recipient	110 (1)	29 (1)	51 (1)	13 (4)	0 (0)	204 (1)
Undetermined	351 (3)	306 (9)	521 (11)	24 (7)	6 (17)	1215 (6)
Male subtotal	11919	3477	4550	331	35	20414
[% of subtotal]	[58]	[17]	[22]	[2]	[0]	[100]
FEMALE						
Injection drug user (IDU)	97 (31)	126 (39)	58 (19)	1 (4)	3 (100)	287 (30)
Hemophilia or coagulation disorder	5 (2)	1 (0)	1 (0)	0 (0)	0 (0)	7 (1)
Heterosexual contact (4)	106 (34)	104 (32)	107 (36)	10 (43)	0 (0)	327 (34)
Transfusion recipient	60 (19)	22 (7)	56 (19)	10 (43)	0 (0)	148 (15)
Undetermined	45 (14)	68 (21)	79 (26)	2 (9)	0 (0)	194 (20)
Female subtotal	313	321	301	23	3	963
[% of subtotal]	[33]	[33]	[31]	[2]	[0]	[100]
Total	12232	3798	4851	354	38	21377
[% of total]	[57]	[18]	[23]	[2]	[0]	[100]

1. Exposure categories are ordered hierarchically. Except for the combination listed, cases with multiple exposure categories are included in the category listed first.
2. AI/AN=American Indian/Alaska Native.
3. Includes 102 males and 2 females whose race/ethnicity is unknown.
4. Heterosexual contact with a person who is HIV-infected or at increased risk for HIV, or persons born in countries where heterosexual transmission predominates.

TABLE 4. ANNUAL ADULT/ADOLESCENT CASES OF ADVANCED HIV DISEASE (AIDS) AND RATES (1) PER 100,000 BY GENDER, YEAR OF DIAGNOSIS AND RACE/ETHNICITY
REPORTED BY JULY 31, 1993
LOS ANGELES COUNTY

	Race/Ethnicity				
Year of Diagnosis	White No. (Rate)	Black No. (Rate)	Hispanic No. (Rate)	Other No. (Rate)	Total (2) No. (Rate)
MALE					
1985	648 (42)	123 (59)	132 (16)	14 (4)	917 (30)
1986	997 (64)	207 (65)	228 (27)	18 (5)	1454 (48)
1987	1326 (87)	281 (88)	305 (35)	22 (6)	1949 (63)
1988	1349 (89)	399 (125)	430 (47)	31 (8)	2218 (71)
1989	1552 (103)	406 (127)	567 (60)	61 (15)	2596 (81)
1990	1670 (111)	526 (152)	680 (57)	62 (16)	2955 (87)
1991	1840 (122)	578 (167)	891 (75)	57 (15)	3394 (99)
1992 (3)	1446 (96)	619 (179)	874 (74)	72 (19)	3025 (89)
1993 (4)	464 (.)	218 (.)	343 (.)	27 (.)	1055 (.)
Male subtotal(5)	11919	3477	4550	366	20414
FEMALE					
1985	19 (1)	5 (1)	4 (0)	0 (0)	28 (1)
1986	14 (1)	16 (4)	11 (1)	1 (0)	42 (1)
1987	31 (2)	20 (5)	17 (2)	2 (1)	70 (2)
1988	36 (2)	25 (7)	19 (2)	2 (0)	82 (2)
1989	32 (2)	29 (8)	24 (2)	3 (1)	89 (3)
1990	39 (2)	49 (12)	45 (4)	6 (1)	139 (4)
1991	49 (3)	61 (15)	64 (6)	8 (2)	182 (5)
1992 (3)	58 (4)	71 (18)	72 (7)	4 (1)	205 (6)
1993 (4)	30 (.)	39 (.)	43 (.)	0 (.)	113 (.)
Female subtotal(5)	313	321	301	26	963
Total (5)	12232	3798	4851	392	21377

1. Rates are not calculated where data are incomplete.
2. Total includes cases whose race/ethnicity is unknown.
3. Data are provisional due to reporting delay.
4. Cases diagnosed this year and reported to date.
5. Includes cases diagnosed prior to 1985.

TABLE 5. ADULT/ADOLESCENT CASES OF ADVANCED HIV DISEASE (AIDS) BY GENDER, EXPOSURE CATEGORY AND YEAR OF DIAGNOSIS, REPORTED BY JULY 31, 1993, LA COUNTY

Adult/Adolescent Exposure Category (1)	Year of Diagnosis 1985 No. (%)	1986 No. (%)	1987 No. (%)	1988 No. (%)	1989 No. (%)	1990 No. (%)	1991 No. (%)	1992 (2) No. (%)	1993 (3) No. (%)	Cumulative Total (4) No. (%)
MALE										
Male-male sexual contact	791 (86)	1262 (87)	1629 (84)	1823 (82)	2103 (81)	2373 (80)	2673 (79)	2199 (73)	714 (68)	16260 (80)
Injection drug user (IDU)	23 (3)	29 (2)	64 (3)	106 (5)	114 (4)	151 (5)	194 (6)	213 (7)	105 (10)	1017 (5)
Male-male sexual contact/IDU	65 (7)	95 (7)	161 (8)	178 (8)	197 (8)	200 (7)	202 (6)	174 (6)	78 (7)	1461 (7)
Hemophilia or coagulation disorder	5 (1)	10 (1)	4 (0)	14 (1)	3 (0)	12 (0)	17 (1)	13 (0)	4 (0)	87 (0)
Heterosexual contact (5)	3 (0)	7 (0)	9 (0)	13 (1)	18 (1)	33 (1)	38 (1)	37 (1)	11 (1)	170 (1)
Transfusion recipient	15 (2)	19 (1)	26 (1)	23 (1)	26 (1)	25 (1)	35 (1)	22 (1)	4 (0)	204 (1)
Undetermined	15 (2)	32 (2)	56 (3)	61 (3)	135 (5)	161 (5)	235 (7)	367 (12)	139 (13)	1215 (6)
Male subtotal	917	1454	1949	2218	2596	2955	3394	3025	1055	20414
[% of subtotal]	[4]	[7]	[10]	[11]	[13]	[14]	[17]	[15]	[5]	[100]
FEMALE										
Injection drug user (IDU)	7 (25)	9 (21)	14 (20)	22 (27)	31 (35)	43 (31)	65 (36)	61 (30)	34 (30)	287 (30)
Hemophilia or coagulation disorder	3 (11)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	0 (0)	7 (1)
Heterosexual contact (5)	6 (21)	15 (36)	28 (40)	28 (34)	32 (36)	45 (33)	60 (33)	74 (36)	35 (31)	327 (34)
Transfusion recipient	9 (32)	11 (26)	23 (33)	21 (26)	15 (17)	22 (16)	19 (10)	15 (7)	8 (7)	148 (15)
Undetermined	3 (11)	6 (14)	5 (7)	11 (13)	11 (12)	28 (20)	36 (20)	55 (27)	36 (32)	194 (20)
Female subtotal	28	42	70	82	89	139	182	205	113	963
[% of subtotal]	[3]	[4]	[7]	[9]	[9]	[14]	[19]	[21]	[12]	[100]
Total	945	1496	2019	2300	2685	3094	3576	3230	1168	21377
[% of total]	[4]	[7]	[9]	[11]	[13]	[14]	[17]	[15]	[5]	[100]

1. Exposure categories are ordered hierarchically. Cases with multiple exposure categories are included in the category listed first.
2. Data are provisional due to reporting delay.
3. Cases diagnosed this year and reported to date.
4. Includes cases diagnosed prior to 1985.
5. Heterosexual contact with a person who is HIV-infected or at increased risk for HIV, or persons born in countries where heterosexual transmission predominates.

TABLE 6. WHITE ADULT/ADOLESCENT CASES OF ADVANCED HIV DISEASE (AIDS) BY GENDER, EXPOSURE CATEGORY AND YEAR OF DIAGNOSIS, REPORTED BY JULY 31, 1993, LA COUNTY

Adult/Adolescent Exposure Category (1)	Year of Diagnosis 1985 No. (%)	1986 No. (%)	1987 No. (%)	1988 No. (%)	1989 No. (%)	1990 No. (%)	1991 No. (%)	1992 (2) No. (%)	1993 (3) No. (%)	Cumulative Total (4) No. (%)
MALE										
Male-male sexual contact	578 (89)	898 (90)	1167 (88)	1161 (86)	1339 (86)	1444 (86)	1569 (85)	1171 (81)	329 (71)	10184 (85)
Injection drug user (IDU)	9 (1)	6 (1)	15 (1)	35 (3)	40 (3)	52 (3)	64 (3)	68 (5)	40 (9)	334 (3)
Male-male sexual contact/IDU	40 (6)	62 (6)	101 (8)	105 (8)	114 (7)	100 (6)	108 (6)	92 (6)	43 (9)	846 (7)
Hemophilia or coagulation disorder	2 (0)	7 (1)	2 (0)	8 (1)	3 (0)	6 (0)	8 (0)	6 (0)	1 (0)	46 (0)
Heterosexual contact (5)	0 (0)	2 (0)	7 (1)	4 (0)	6 (0)	9 (1)	8 (0)	8 (1)	4 (1)	48 (0)
Transfusion recipient	12 (2)	10 (1)	15 (1)	18 (1)	15 (1)	10 (1)	16 (1)	7 (0)	1 (0)	110 (1)
Undetermined	7 (1)	12 (1)	18 (1)	18 (1)	35 (2)	49 (3)	67 (4)	94 (7)	46 (10)	351 (3)
Male subtotal	648	997	1326	1349	1552	1670	1840	1446	464	11919
[% of subtotal]	[5]	[8]	[11]	[11]	[13]	[14]	[15]	[12]	[4]	[100]
FEMALE										
Injection drug user (IDU)	4 (21)	2 (14)	5 (16)	9 (25)	13 (41)	8 (21)	18 (37)	24 (41)	13 (43)	97 (31)
Hemophilia or coagulation disorder	3 (16)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	5 (2)
Heterosexual contact (5)	4 (21)	4 (29)	11 (35)	11 (31)	11 (34)	13 (33)	18 (37)	24 (41)	10 (33)	106 (34)
Transfusion recipient	6 (32)	5 (36)	14 (45)	10 (28)	6 (19)	8 (21)	5 (10)	2 (3)	2 (7)	60 (19)
Undetermined	2 (11)	3 (21)	1 (3)	6 (17)	2 (6)	10 (26)	7 (14)	8 (14)	5 (17)	45 (14)
Female subtotal	19	14	31	36	32	39	49	58	30	313
[% of subtotal]	[6]	[4]	[10]	[12]	[10]	[12]	[16]	[19]	[10]	[100]
Total	667	1011	1357	1385	1584	1709	1889	1504	494	12232
[% of total]	[5]	[8]	[11]	[11]	[13]	[14]	[15]	[12]	[4]	[100]

1. Exposure categories are ordered hierarchically. Cases with multiple exposure categories are included in the category listed first.
2. Data are provisional due to reporting delay.
3. Cases diagnosed this year and reported to date.
4. Includes cases diagnosed prior to 1985.
5. Heterosexual contact with a person who is HIV-infected or at increased risk for HIV, or persons born in countries where heterosexual transmission predominates.

TABLE 7. BLACK ADULT/ADOLESCENT CASES OF ADVANCED HIV DISEASE (AIDS) BY GENDER, EXPOSURE CATEGORY AND YEAR OF DIAGNOSIS, REPORTED BY JULY 31, 1993, LA COUNTY

Adult/Adolescent Exposure Category (1)	Year of Diagnosis 1985 No. (%)	1986 No. (%)	1987 No. (%)	1988 No. (%)	1989 No. (%)	1990 No. (%)	1991 No. (%)	1992 (2) No. (%)	1993 (3) No. (%)	Cumulative Total (4) No. (%)
MALE										
Male-male sexual contact	92 (75)	156 (75)	197 (70)	288 (72)	281 (69)	348 (66)	372 (64)	375 (61)	127 (58)	2324 (67)
Injection drug user (IDU)	7 (6)	11 (5)	27 (10)	41 (10)	43 (11)	68 (13)	81 (14)	74 (12)	38 (17)	397 (11)
Male-male sexual contact/IDU	15 (12)	21 (10)	38 (14)	43 (11)	43 (11)	52 (10)	43 (7)	44 (7)	13 (6)	327 (9)
Hemophilia or coagulation disorder	0 (0)	2 (1)	0 (0)	3 (1)	0 (0)	3 (1)	2 (0)	3 (0)	0 (0)	14 (0)
Heterosexual contact (5)	3 (2)	5 (2)	0 (0)	8 (2)	4 (1)	15 (3)	19 (3)	22 (4)	3 (1)	80 (2)
Transfusion recipient	0 (0)	4 (2)	2 (1)	2 (1)	4 (1)	4 (1)	7 (1)	3 (0)	1 (0)	29 (1)
Undetermined	6 (5)	8 (4)	17 (6)	14 (4)	31 (8)	36 (7)	54 (9)	98 (16)	36 (17)	306 (9)
Male subtotal	123	207	281	399	406	526	578	619	218	3477
[% of subtotal]	[4]	[6]	[8]	[11]	[12]	[15]	[17]	[18]	[6]	[100]
FEMALE										
Injection drug user (IDU)	2 (40)	5 (31)	7 (35)	12 (48)	11 (38)	25 (51)	29 (48)	25 (35)	10 (26)	126 (39)
Hemophilia or coagulation disorder	0 (0)	1 (6)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (.0)
Heterosexual contact (5)	2 (40)	8 (50)	8 (40)	8 (32)	11 (38)	14 (29)	16 (26)	24 (34)	11 (28)	104 (32)
Transfusion recipient	1 (20)	1 (6)	3 (15)	2 (8)	5 (17)	2 (4)	0 (0)	3 (4)	3 (8)	22 (7)
Undetermined	0 (0)	1 (6)	2 (10)	3 (12)	2 (7)	8 (16)	16 (26)	19 (27)	15 (38)	68 (21)
Female subtotal	5	16	20	25	29	49	61	71	39	321
[% of subtotal]	[2]	[5]	[6]	[8]	[9]	[15]	[19]	[22]	[12]	[100]
Total	128	223	301	424	435	575	639	690	257	3798
[% of total]	[3]	[6]	[8]	[11]	[11]	[15]	[17]	[18]	[7]	[100]

1. Exposure categories are ordered hierarchically. Cases with multiple exposure categories are included in the category listed first.
2. Data are provisional due to reporting delay.
3. Cases diagnosed this year and reported to date.
4. Includes cases diagnosed prior to 1985.
5. Heterosexual contact with a person who is HIV-infected or at increased risk for HIV, or persons born in countries where heterosexual transmission predominates.

TABLE 8. HISPANIC ADULT/ADOLESCENT CASES OF ADVANCED HIV DISEASE (AIDS) BY GENDER, EXPOSURE CATEGORY AND YEAR OF DIAGNOSIS, REPORTED BY JULY 31, 1993, LA COUNTY

Adult/Adolescent Exposure Category (1)	Year of Diagnosis 1985 No. (%)	1986 No. (%)	1987 No. (%)	1988 No. (%)	1989 No. (%)	1990 No. (%)	1991 No. (%)	1992 (2) No. (%)	1993 (3) No. (%)	Cumulative Total (4) No. (%)
MALE										
Male-male sexual contact	111 (84)	193 (85)	235 (77)	337 (78)	423 (75)	514 (76)	664 (75)	585 (67)	234 (68)	3370 (74)
Injection drug user (IDU)	7 (5)	12 (5)	19 (6)	29 (7)	31 (5)	31 (5)	48 (5)	68 (8)	27 (8)	278 (6)
Male-male sexual contact/IDU	9 (7)	10 (4)	21 (7)	29 (7)	38 (7)	45 (7)	47 (5)	36 (4)	21 (6)	271 (6)
Hemophilia or coagulation disorder	2 (2)	1 (0)	1 (0)	3 (1)	0 (0)	1 (0)	5 (1)	3 (0)	2 (1)	18 (0)
Heterosexual contact (5)	0 (0)	0 (0)	2 (1)	1 (0)	8 (1)	9 (1)	10 (1)	7 (1)	4 (1)	41 (1)
Transfusion recipient	1 (1)	2 (1)	8 (3)	3 (1)	6 (1)	8 (1)	10 (1)	10 (1)	2 (1)	51 (1)
Undetermined	2 (2)	10 (4)	20 (7)	28 (7)	61 (11)	72 (11)	107 (12)	165 (19)	53 (15)	521 (11)
Male subtotal	132	228	305	430	567	680	891	874	343	4550
[% of subtotal]	[3]	[5]	[7]	[9]	[12]	[15]	[20]	[19]	[8]	[100]
FEMALE										
Injection drug user (IDU)	1 (25)	2 (18)	2 (12)	1 (5)	5 (21)	8 (18)	17 (27)	12 (17)	10 (23)	58 (19)
Hemophilia or coagulation disorder	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	1 (0)
Heterosexual contact (5)	0 (0)	3 (27)	9 (53)	9 (47)	8 (33)	18 (40)	22 (34)	23 (32)	14 (33)	107 (36)
Transfusion recipient	2 (50)	4 (36)	5 (29)	7 (37)	4 (17)	10 (22)	11 (17)	9 (13)	3 (7)	56 (19)
Undetermined	1 (25)	2 (18)	1 (6)	2 (11)	7 (29)	9 (20)	13 (20)	28 (39)	16 (37)	79 (26)
Female subtotal	4	11	17	19	24	45	64	72	43	301
[% of subtotal]	[1]	[4]	[6]	[6]	[8]	[15]	[21]	[24]	[14]	[100]
Total	136	239	322	449	591	725	955	946	386	4851
[% of total]	[3]	[5]	[7]	[9]	[12]	[15]	[20]	[20]	[8]	[100]

1. Exposure categories are ordered hierarchically. Cases with multiple exposure categories are included in the category listed first.
2. Data are provisional due to reporting delay.
3. Cases diagnosed this year and reported to date.
4. Includes cases diagnosed prior to 1985.
5. Heterosexual contact with a person who is HIV-infected or at increased risk for HIV, or persons born in countries where heterosexual transmission predominates.

TABLE 9. CUMULATIVE PEDIATRIC CASES OF ADVANCED HIV DISEASE (AIDS) BY EXPOSURE CATEGORY AND RACE/ETHNICITY
REPORTED BY JULY 31, 1993
LOS ANGELES COUNTY

Pediatric (<13 years) Exposure Category (1)	Race/Ethnicity White No. (%)	Black No. (%)	Hispanic No. (%)	Other No. (%)	Total (2) No. (%)
Hemophilia or coagulation disorder	3 (9)	0 (0)	3 (5)	1 (20)	7 (5)
Mother with/at risk for HIV	15 (44)	31 (70)	40 (66)	0 (0)	87 (60)
Transfusion recipient	16 (47)	12 (27)	18 (30)	4 (80)	50 (34)
Undetermined	0 (0)	1 (2)	0 (0)	0 (0)	1 (1)
Total	34	44	61	5	145
[% of total]	[23]	[30]	[42]	[3]	[100]

1. Exposure categories are ordered hierarchically. Except for the combination listed, cases with multiple exposure categories are included in the category listed first.
2. Includes 1 whose race/ethnicity is unknown.

TABLE 10. PEDIATRIC CASES OF ADVANCED HIV DISEASE (AIDS) BY EXPOSURE CATEGORY AND YEAR OF DIAGNOSIS
REPORTED BY JULY 31, 1993
LOS ANGELES COUNTY

Pediatric (<13 years) Exposure Category (1)	Year of Diagnosis Before 1989 No. (%)	1989 No. (%)	1990 No. (%)	1991 No. (%)	1992 No. (%)	1993 (2) No. (%)
Hemophilia or coagulation disorder	4 (7)	0 (0)	0 (0)	3 (13)	0 (0)	0 (0)
Mother with/at risk for HIV	23 (39)	18 (78)	8 (62)	17 (71)	18 (78)	3 (100)
Transfusion recipient	32 (54)	4 (17)	5 (38)	4 (17)	5 (22)	0 (0)
Undetermined	0 (0)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)
Total	59	23	13	24	23	3
[% of total]	[41]	[16]	[9]	[17]	[16]	[2]

1. Exposure categories are ordered hierarchically. Except for the combination listed, cases with multiple exposure categories are included in the category listed first.
2. Cases diagnosed this year and reported to date.

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500
800/SKYPAGE PIN#2379161
Phone: ~~(202)632-1090~~
Fax: ~~(202)632-1096~~

Deliver To: MARK Merritt

Sent From:

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

_X_ John P. Gurrola

Number of Pages: 6 +Cover Fax Number: 818/405-7475 Date: 1/31/94

Message:

Thanks for everything

SCHEDULE FOR
(as of 01/31/94)

KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR
(FEBRUARY 1 - 6, 1994)

Tuesday, February 1, 1994

1:20 PM	Depart Washington Dulles for San Diego
5:36 PM	Arrive San Diego (hotel accommodations at the U.S. Grant Hotel (619)232-3121 - John will meet KG at airport
7:00 PM - 8:30 PM	Dinner with Mayor Susan Golding, Councilwoman Christine Keho, City AIDS Coordinator - Mary Adams, and John Gurrola at the U.S. Grant Grill Restaurant in KG's hotel.
	Remain Over Night (RON) in San Diego

Wednesday, February 2, 1994

7:30 AM - 9:00 AM	Breakfast with Mayor Golding, AIDS Community leaders, select business leaders and representation from the San Diego Chamber of Commerce.
12:00 PM - 12:30 PM	Lunch at University of San Diego (USD)
12:30 PM - 1:30 PM	San Diego Town Hall Meeting at USD - Denise Yamada, news anchor for NBC will moderate the event. Invited are; USD students, USD school of Nursing, members of the AIDS and Gay Communities. The topic is HIV/AIDS and Health Care Reform with a spin toward youth issues.
1:45 PM - 2:15 PM	

6:00 PM	Depart San Diego enroute LAX American Airlines #5271. Sharon Gebbie will meet KG and JG at arrival gate.
6:45 PM	Arrive LAX, car reservations with Budget rent-a-car
7:15 PM	Arrive/check-in to Bel Age Hotel 1020 North San Vicente Blvd., West Hollywood, CA
7:30 PM	Depart Bel Age Hotel enroute Occidental College
8:00 PM - 9:00 PM	Speak at Occidental College
9;00 PM - ???	Down time

RON in Los Angeles

Thursday, February 3, 1994

6:30 AM	Depart hotel enroute to Fox Studios 5746 Sunset Blvd. LA, CA
7:00 AM	Arrive at Fox studios for appearance on "Good Day LA"
7:15 AM to 7:30 AM	Fox Studios- Appear on "Good Day LA"
7:30 AM to 8:00 AM	Depart Fox studios enroute to the Bel Age Hotel 1020 San Vincente Blvd. West Hollywood, CA
8:00 AM to 9:00 AM	**Bel Age Hotel-** Breakfast meeting to discuss activity schedule for the day with PAAC trustee Victor Beer, MD; the L.A. AIDS IPA co-chair, Jayson Hymes, MD; Gordon Nary, Harry Webber, media consultant; and other members of coordinating staff to be determined

9:00 AM to 9:30 AM	Depart Bel Age Hotel enroute to Kraus-Beer Medical Group, 5901 W. Olympic Blvd., #420 Los Angeles, CA
9:30 AM to 10:15	**Kraus-Beer Medical Group-** A review of a typical Los Angeles group practice model that contracted directly with pharmaceutical manufacturers to conduct clinical trials
10:15 AM to 10:30 AM	Depart Kraus-Beer Medical Group enroute to Midway Hospital, 5925 Olympic Blvd. Los Angeles, CA
10:30 AM to 11:30 AM	**Midway Hospital-** Meet with John Fenton, Midway's CEO, and others, to review their AIDS unit, a prototype facility that has significantly reduced the cost of inpatient care
11:30 AM to 12:00 PM	Depart Midway Hospital enroute to Bel Age Hotel 1020 San Vincente Blvd. West Hollywood, CA
12:00 PM to 1:45 PM	**Bel Age Hotel-** Luncheon meeting with a proposed address by KG to third party payers, hospital administrator, pharmaceutical manufacturers, community leaders and union representatives. This luncheon will also be used as a fund-raiser for L.A./PAAC's IPA project and community standards for care project
1:45 PM to 2:00 PM	Depart Bel Age Hotel enroute to Pacific Oaks Medical Group - 150 North Robertson Blvd. Suite 300, Beverly Hills, CA
2:00 PM to 3:00 PM	Tour Pacific Oaks Medical Group - focus and discussion will be on nutritional issues for PWA's.
3:00 PM to 3:30 PM	Depart Pacific Oaks Medical Group enroute to Country Villa South, 3515 Overland Ave. Los Angeles, CA

3:30 PM to 4:30 PM	Country Villa South- Meet with Steve Reissman, CEO, Country Villa Service Corporation, to examine a facility that will reduce the need for and cost of certain types of hospitalization care by 50-70%
4:30 PM to 5:00 PM	Depart Country Villa South enroute to Century City Hospital, 2070 Century Park East, Los Angeles, CA
5:00 PM to 6:00 PM	**Century City Hospital-** Dinner meeting with L.A./PAAC physicians who will be developing a working draft of community standards for anti-retroviral treatment. There will be an address by KG before the meeting
6:15 PM	Depart Century City Hospital enroute LAX
6:45 PM	Arrive LAX
7:25 PM	Depart LAX enroute Sacramento - United Airlines #1672
8:45 PM	Arrive Sacramento (hotel accommodations are arranged at the Hyatt Hotel - KG will taxi to hotel)
	RON Sacramento

Friday, February 4, 1994

8:30 AM to 9:25 AM	Address the California School Nurses Association at the Hyatt Hotel. Topic is HIV/AIDS school children education (K - 12) and the potential of a national HIV/AIDS school policy. KG is expected to speak for 40 minutes and then take questions for about 20 minutes.
9:35 AM	Depart hotel for Sacramento airport - host will provide airport transportation
10:00 AM	Depart Sacramento for LAX - Delta #5286

11:35 AM	Arrive LAX - JG will meet KG at gate and proceed with her to next site.
12:00 Noon - 2:00 PM	Los Angeles Town Hall Meeting - site TBD. Topic is HIV/AIDS and Health Care Reform with a youth spin. Invited are Seniors from two diverse high schools, members of the Gay/AIDS Community, USC school of nursing and medical school. NBC anchor, Kelly Lange has been invited to moderate the event.
2:30 PM - 3:30 PM	Meeting with L.A. Times Editorial Board
3:30 PM	Depart L.A. Times enroute Martin Luther King Hospital
4:00 PM - 4:45 PM	Arrive and tour MLK Hospital. Hosted by Dr. Wilbert Jordan and Dr. Reed Tuscan
5:00 PM	Depart MLK Hospital enroute Bel Age Hotel
5:30 PM	Arrive Bel Age Hotel
6:15 PM	Depart Bel Age Hotel enroute L.A. Gay and Lesbian Community Center
6:30 PM - 8:15 PM	Reception at L.A. Gay and Lesbian Community Center for KG sponsored by ANGLE.
8:15 PM	Depart for David Shulman's residence for dinner
8:30 PM - ???	Dinner at David Shulman's house 437 1/2 N. Ogden Dr., Los Angeles, CA

RON Los Angeles

Saturday, February 5, 1994

8:00 AM	Depart Bel Age Hotel enroute County USC 5P21
8:30 AM - 10:00 AM	Breakfast and tour of County USC's 5P21 AIDS facilities
10:10 AM	Depart County USC enroute Miramar Sheraton Hotel, Santa Monica, CA
10:45 AM	Arrive Miramar Sheraton Hotel - participate in National Episcopal AIDS Coalition Conference
3:00 PM	Give address to conference
5:00 PM	Attend healing Mass at St. Augustine's by the Sea Church
9:55 PM	Depart LAX enroute Washington, DC United Airlines # 855

11:00 Recovery Chamber

Sunday, February 6, 1994

5:31 AM	Arrive Washington, D.C.

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DEPARTMENT OF HEALTH SERVICES
SCHOOL OF PUBLIC HEALTH
10833 LE CONTE AVENUE
LOS ANGELES, CALIFORNIA 90024-1772

FAX TRANSMITTAL SHEET

DATE: 7 January 1994 FAX NO. (202) 632-1096

TO: Kristine Gebbie
National AIDS Policy Coordinator

FROM: Ruth Roemer, J.D.
Department of Health Services
UCLA School of Public Health
(310) 825-6958

FAX NO: (310) 825-8440

TOTAL NUMBER OF PAGES (INCLUDING THIS PAGE): 3

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL: (310) 825-5147

MESSAGE: Dear Kristine – This letter is in follow-up of my conversation with Steve Lee in your office. Hope you can accept. All the best, as always –
Ruth

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DEPARTMENT OF HEALTH SERVICES
SCHOOL OF PUBLIC HEALTH
10833 LE CONTE AVENUE
LOS ANGELES, CALIFORNIA 90024-1772

7 January 1994

Kristine Gebbie
National AIDS Policy Coordinator
executive Office of the President
750 17th Street, NW, Suite 1060
Washington, DC 20503

FAX: (202) 632-1096

Dear Kristine:

On behalf of Dean Afifi and the UCLA School of Public Health, I am writing to invite you to serve as the 1994 Sanville-Delta Omega Lecturer at UCLA on May 17, 1994 or May 19th. Either date is available.

The Sanville Memorial Lecture, endowed by Dr. Jean Sanville, honors the late Richard Sanville and is devoted to the theme of public health and social justice. After a long career in radio and television, Richard Sanville graduated from the UCLA School of Public Health in 1967 and worked with underserved populations in family planning and mental health services.

Delta Omega, as you know, is the national scholastic honor society in public health, founded in 1927 to promote research and scholastic attainment in the field of public health.

The Sanville-Delta Omega event is a gala affair. The lecture is preceded by a reception and a dinner for the 1994 graduates being inducted into Delta Omega.

We should be delighted if you can include this event in your schedule. Ever since I first heard you speak in Anchorage, Alaska in 1986, I have been one of your impressarios, and your lecture would provide important information and inspiration for the University community, particularly for the many faculty and students deeply concerned with combatting the AIDS epidemic.

Moreover, your presence and presentation would add lustre to the School of Public Health at a critical time when the fight to save the School will be over. The decision has already been made that the School of Public Health will continue "as a free standing autonomous unit inclusive of its five core areas of research and instruction," in the words of the Executive Vice-Chancellor. What remains to be negotiated is the contribution of the School of Public Health to the new School of Public Policy. By the time of the Sanville lecture, that will have been worked out.

If another trip to California in May is not possible for you, then would you be able to give a talk at the School of Public Health at noon on one of the days when you are in Los Angeles from February 1 through February 4? The talk would be from 12 to 1, and then we would like to take you to lunch at the Faculty Center.

In theevent that you can accept our invitation to be the Sanville-Delta Omega Lecturer (and we very much hope that you can), we shall be able to provide some modest contribution towards your travel expenses ($500-600) and put you up at the Faculty Guest House. Unfortunately, the funding for the Sanville Lectureship is almost exhausted.

If you can accept our invitation, please send me an up to date biographical sketch.

Warmest good wishes.

As ever,

Ruth

Ruth Roemer, JD
Adjunct Professor
Chair, Committee on Community
and Alumni Affairs

FAX TRANSMISSION COVER SHEET

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90036
(213)
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1214

DATE: 1/31/94 TIME: 1:40 pm

FAX TO

NAME: John Hassold

COMPANY: National AIDS Policy / Room 11

FAX Nº: [redacted] (619) 236-7228

Nº PAGES (INCLUDES COVER): 5

FROM

NAME: Monica Esa

MESSAGE: A letter will go out to Congressmember John Heilman to invite him to the Breakfast & Lunch. We'll be calling you later to go over further details on the event. Thanks!

Food Security

CNN

213/993 5000

Linda Takahashi (wed.)

C-SPAN -

OUR FAX Nº IS : 213.931.5978

Howard Bragman - 310/274 7800

moderator

Good Day

Woman Hope

SCHEDULE
As of Monday 1/31/94

KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR
FEB. 1-5, 1994

Tuesday, February 1, 1994

After COB depart Washington for San Diego
Remain over night (RON) in San Diego

Wednesday, February 2, 1994

Breakfast with Mayor Golding of San Diego

12:00 PM — Speak at lunch at University of San Diego

Tour San Diego AIDS facilities

7:00 PM — Dinner at David Shulman's house
437 1/2 N. Ogden Dr., Los Angeles, CA

8:00 PM — Speak at Occidental College

RON in Los Angeles

Thursday, February 3, 1994
Traveling with Ms. Gebbe: Dr. Victor Beer, Howard Bragman (SCI), John Gurrola (NAPO), Gordon Nary (PAAC), and LA City AIDS Coordinator

6:30 AM — Depart hotel enroute to Fox Studios 5746 Sunset Blvd., LA, CA

7:00 AM — Arrive at Fox Studios for appearance on "Good Day L.A."

7:15 AM to 7:30 AM — **Fox Studios**
Appear on "Good Day L.A."

7:30 AM to 8:00 AM — Depart Fox Studios enroute to the BelAge Hotel 1020 N. San Vicente Blvd., West Hollywood, CA

8:00 AM to 9:00 AM — **BelAge Hotel**
(Breakfast for 20)
Breakfast meeting to discuss longevity and nutrition with Kristine Gebbie; Gordon Nary, PAAC trustee Victor Beer, MD; Dr. Gary Cohan; the L.A. AIDS IPA co-chair, Jayson Hymes, MD; Councilmember John Heilman; and other members of the coordinating staff. Gay Press: Advocate, Frontiers, Edge, Genre, Lesbian News, Alternatives, APLA newsletter and others are to be invited.

9:00 AM to 9:30 AM	**Depart BelAge Hotel enroute to Kraus-Beer Medical Group, 5901 W. Olympic Blvd., #420, Los Angeles, CA**
9:30 AM to 10:15 AM	**Kraus-Beer Medical Group** **A review of a typical Los Angeles group practice model that contracted directly with pharmaceutical manufacturers to conduct clinical trials. Focus: women with HIV/AIDS. Dr. Lysett Cardona will be giving the presentation. Press: A woman's magazine to be there for a 1:1 interview.**
10:15 AM to 10:30 AM	**Depart Kraus-Beer Medical Group enroute to Midway Hospital Medical Center, 5925 Olympic Boulevard, Los Angeles, CA**
10:30 AM to 11: 45 AM	**Midway Hospital** **Meet and tour the ISU with Dr. Moret; Byran Burlkow, V.P. Summitt; John Fenton, CEO; Dr. Weisman; Dr. Beer; an AIDS patient; and Ruth Pinter. Focus: The ISU is the largest in the country and is a prototype facility that has significantly reduced the cost of inpatient care. Press will be general: L.A. Times, local press and electronic media.**
11:45 AM to 12:00 PM	**At Midway, Kristine Gebbie will be interviewed by remote on the Michael Jackson Talk show. An ISU patient may be on as well.**
12:00 PM to 12:15 PM	**Depart Midway Hospital enroute to BelAge Hotel 1020 N. San Vicente Blvd., West Hollywood, CA**
12:15 PM to 1:45 PM	**BelAge Hotel** **Approximately 200 people.** **Luncheon meeting with a proposed address by KG to third party payers, hospital administrators, pharmaceutical manufacturers, community leaders and union representatives. This luncheon will also be used as a fund-raiser for L.A./PAAC's IPA project and community standards for care project. Question & Answer Period. Press: Trade, medical, insurance and pharmaceutical.**
1:45 PM to 2:00 PM	**Depart BelAge Hotel enroute to Pacific Oaks Medical Group** **150 N. Robertson Blvd., Suite 300, Beverly Hills, CA**
2:00 PM to 3:00 PM	**Pacific Oaks Medical Group** **Meet with the Doctors of Pacific Oaks. Focus: The**
3:00 PM to 3:30 PM	**Depart Pacific Oaks Medical Group enroute to Country Villa South, 3515 Overland Avenue,**

	Country Villa South, 3515 Overland Avenue, Los Angeles, CA
3:30 PM to 4:30 PM	**Country Villa South** Meet with Steve Reisman, CEO, Country Villa Service Corporation, to examine a facility that will reduce the need for and costs of certain types of hospitalization care by 50-70%. Focus: The transitional support if hospital to home care and its relation to health care reform.
4:30 PM to 5:00 PM	Depart Country Villa South enroute to Century City Hospital, 2070 Century Park East, Los Angeles, CA
5:00 PM to 6:00 PM	**Century City Hospital** Dinner meeting with L.A./PAAC physicians who will be developing a working draft of community of standards for anti-retroviral treatment. There will be an address by KG before the meeting.
	RON in Sacramento
Friday, February 4, 1994	
8:30 AM to 9:00 AM	Depart hotel enroute to Hyatt Hotel in Sacramento
9:00 AM to 10:00 AM	**California School Nurses Organization** **Hyatt Hotel**
10:00 AM to 12:00 PM	Depart Hyatt Hotel in Sacramento to Los Angeles
12:00 PM to 1:00 PM	Lunch with Editorial Board- L.A. Times (Location DBA)
1:00 PM to 1:30 PM	Depart Lunch with L.A. Times enroute Town Hall Meeting (Location: DBA)
1:30 PM to 3:00 PM	**Town Hall Meeting** Kristine Gebbie to host a Town Hall Meeting on HIV/AIDS in East or South Los Angeles. News: CNN coverage.
3:00 PM to 3:30 PM	Depart Town Meeting enroute to tour Los Angeles AIDS facilities
3:30 PM to 4:30 PM	Tour Los Angeles AIDS facilities.
6:00 PM to 6:30 PM	Depart enroute to Angel Reception at Gay and Lesbian Community Center
6:30 PM to 8:30 PM	**Angel Reception** At Gay and Lesbian Community Center

RON in Los Angeles

Saturday, February 5, 1994

Tour University of Southern California County Hospital

Address Conference of Lutheran Ministers in Santa Monica, keynote source

Depart Los Angeles International Airport for Washington, D.C.

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FAX TRANSMISSION COVER SHEET

DATE: 1/25/93 TIME: 9:00 am

FAX TO

NAME: Mr. John Hinsdale

COMPANY: National Aids Policy

FAX Nº: (202) 632-1096

Nº PAGES (INCLUDES COVER): 2

FROM

NAME: Hassey Webber

MESSAGE: Will be calling later

OUR FAX Nº IS : 213.931.5978

#05 to 12 Robertson
80 Work (left) to Wisconsin
(rt) to fair fax (left) to 62 (rt) to
Carson (left)

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FAX TRANSMISSION COVER SHEET

DATE: 1/21/94 TIME: 1:00 pm

FAX TO

NAME: Mr. John Gunda

COMPANY: National AIDS Policy Office

FAX Nº: (202) 632-1096

Nº PAGES (INCLUDES COVER): 3

FROM

NAME: Monica Ewa

MESSAGE: Status report

OUR FAX Nº IS : 213.931.5978

Howard Bragman 310/274-7800

Mary Hawk-
6(9/88 7537

SMART COMMUNICATIONS, INC.

Conference Report

To: **Midway Hospital Medical Center,**
John V. Fenton, Michael Moret, M.D.
Physicians Association For AIDS Care
Gordan Nary, Paul J. Matylonek
Office of National AIDS Policy
John Gurrola, Steve Lee
Bragman, Nyman, Cafarelli
Howard Bragman

From: **Smart Communications, Inc.**
Harry Webber, Joel Raznick, Monica Erne

Date: Friday, January 21, 1994

In a conference call on 1/20/94 with Harry Webber (SMART), Gordon Nary (PAAC) and John Gurrola, the Office of National AIDS Policy (ONAP), it was determined that:

a.) ONAP and PAAC agreed that Midway Hospital Medical Center, BelAge Luncheon, and Century City Hospital were the three itinerary locations that were confirmed.

b.) SCHEDULE ADJUSTMENTS: the 9:30 a.m. tour of Kraus /Beer Medical Group is cancelled and Ms. Gebbie intends to meet with Mayor Riordan at the Los Angeles City Hall at 9:30 a.m. This is not confirmed yet.

c.) The visit to the Minority Aids Project has been cancelled. Gordon Nary is to secure Martin Luther King, Jr. Memorial Hospital for a yet to be scheduled visit.

d.) Smart will be the contact point for all communications with the ONAP regarding the Gebbie Los Angeles visit. In turn, on a regular basis, Smart will update all parties involved as to developments.

e.) Smart and the ONAP will develop a joint media plan for the event. That plan will include general media outlets as well as trade journals serving the medical, insurance and principal provider industries.

f.) Smart will develop the media outlet list for Ms. Gebbie's San Diego visit. The list will be forwarded to ONAP.

g.) Smart was asked to facilitate morning talk radio interview opportunities for Ms. Gebbie. It may be possible that the interviews will be held via telephone during the drive between tour locations.

h.) Questions to be asked of Ms. Gebbie during the "question and answer period" at the Bel Age Hotel and bullet point local information briefs for each location will be submitted to ONAP for approval as soon as available.

i.) Post event transcript exerts and press release and video will be approved in Los Angeles by John Gurrola prior to 7p.m. PST.

j.) Smart was asked to and is therefore determining if the Los Angeles Times Editorial Board will consider convening off site.

Howard Bragman of Bragman, Nyman, Cafarelli (310) 274. 7800/FAX (310) 274. 7838 has been retained by Smart as Press Liaison for the tour. In a meeting at his offices on January 20, Howard Bragman recommended that:

a.) To minimize press blow off of the other locations on the tour, the visit with Mayor Riordan will not be billed as a "Press Conference" but be posted as a "Photo Opportunity".

b.) Michael Jackson/KABC morning talk radio show, the most influential in the market, was booked for an 11am 02/3/94 interview. This needs to be confirmed by ONAP that she will attend.

c.) Howard suggested that the Times Editorial Board meeting be scheduled for the period between the visit with Mayor Riordan and the Michael Jackson Show.

d.) Bragman, Nyman, Cafarelli will assemble and distribute the press kits.

e.) To minimize reference to non relevant issues, it was suggested that Press attendance at the Bel Age Hotel be limited to Medical, Business, Insurance and Health Care Provider Trade Press.

f.) Howard will pitch the Los Angeles Times View Section for a feature story to his Times contacts.

g.) Howard and Smart will work with ONAP to develop a finalized Press and Media Plan place by the week of 01/24/94.

Smart has retained Luanne Sanders, formerly of CNN, to coordinate all video production for the tour. Ms. Sanders will arrive on Tuesday 01/25/94 for pre production discussions and walk throughs.

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FAX TRANSMISSION COVER SHEET

DATE: 1/24/94 TIME: 3:45 pm

FAX TO

NAME: Mr. John Gurrola

COMPANY: National Aids Policy

FAX Nº: (202) 632-1096

Nº PAGES (INCLUDES COVER): 4

FROM

NAME: Monica Erne

MESSAGE: Schedule of work leading to Kristine Gebbie's visit as relates to public relations. Will be in touch. Thanks)

OUR FAX Nº IS : 213.931.5978

SMART COMMUNICATIONS, INC.

MIDWAY HOSPITAL MEDICAL CENTER
Kristine Gebbie Visit Contact List

SMART COMMUNICATIONS, INC. Harry Webber/Joel Raznick/Monica Erne 585 South Orange Grove, LA, CA 90036 (contact for Forrest Wright/Luanne Sanders/Gregory Zabilski)	phone fax	213.934.1314 213.931.5978
OFFICE OF NATIONAL AIDS POLICY (ONAP) John Gurrola, Director of Communications 750 17th North West, Suite 1060 Washington D.C, 20503	phone fax	202.632.1090 202.632.1096
PHYSICIANS ASSOCIATION FOR AIDS CARE **(PAAC)** Gordon Nary, Executive Director 10940 Wilshire Blvd., Suite 1600 LA, CA 90024	phone fax	310.443.4231 310.443.4238
BRAGMAN/NYMAN/CAFARELLI Howard Bragman 9171 Wilshire Blvd., Penthouse Beverly Hills, CA 90210-5530	phone fax	310.274.7800 310.274.7838

PUBLIC RELATIONS/PRESS KITS

- ☐ **Jan. 19 (Wednesday)**
  - Contact Howard Bragman to set meeting.
- ☐ **Jan 20 (Thursday)**
  - Meet with Howard Bragman to arrange agreement to handle public relations/press kits.
- ☐ **Jan. 21 (Friday)**
  - Write contract for Bragman/Nyman/Cafarelli.
  - Prepare materials to be submitted to Bragman for Monday.
  - Fax Bragman a status report of the project.
- ☐ **Jan. 24 (Monday)**
  - Meet with Bragman to turn over contract, materials pertaining to the Gebbie visit and a rough itinerary.
  - Discuss a public relations calendar.
  - Smart to develop cover design for press kit folder/look.
  - Smart to start bidding on print job and time factor.
  - Smart to work on media plan with John Gurrola (ONAP) & Bragman.
- ☐ **Jan 25 (Tuesday)**
  - Smart to submit for signature approval the folder/press kit design to Midway.
  - Production Budget to be reviewed with Bragman based on his other estimated needs of photo duplications, xeroxing and other materials.
  - Midway to supply Smart and Bragman with their wish list of VIP's for photo opportunity.
  - (150) ISU brochures delivered by Nancy Wright to Smart.
  - Smart to deliver artwork for Press Kit Folders to printers.
  - Bragman to tour Midway Hospital Medical Center.
- ☐ **Jan 26 (Wednesday)**
  - Smart to finalize media plans with Bragman.
  - Smart to write first draft of questions and answers for Gebbie Luncheon at BelAge and review them with Midway, PAAC and Bragman.
  - Submit questions to National Aids Policy John Gurrola.
  - Smart to contact other confirmed visits to pull together their press information into one package for ONAP.
- ☐ **Jan 27 (Thursday)**
  - Smart together with ONAP, and Bragman to put together a minute by minute schedule for the Gebbie visit for the day (Feb. 3).
- ☐ **Jan 28 (Friday)**
  - Smart to prep Midway staff with instructions on press relations and the days events.
  - Smart to review with Bragman the current public relations status, interviews and media exclusives established.
- ☐ **Jan 31 (Monday)**
  - Need confirmation from ONAP on Gebbie's final itinerary.
  - Review with Bragman the White Paper as it pertains to the press.
  - Review of the press release and support materials.
  - Folders to be delivered from printers.

SMART COMMUNICATIONS, INC.

- ❑ **Feb 1 (Tuesday)**
  - Dr. Moret to select possible patients to appear in photos.
  - Obtain photo releases for press needs on patients.
  - Confirmation of all exclusive interviews and radio talk shows and press contacts.
  - Midway Press Kit assembled in final stage at Bragman with white pages, biographies, photos, press releases, ISU brochure.
  - Smart to final assemble press information into one package for ONAP of all confirmed visits.
- ❑ **Feb. 2 (Wednesday)**
  - Smart to confirm minute by minute calendar of events.
  - Smart, Bragman, Midway, PAAC meet on final arrangements for the entire tour.
  - Briefing with Kristine Gebbie or her office that night.
  - Meet with patient(s) before next day interview/meeting with Gebbie.
- ❑ **Feb. 3 (Thursday)**
  - Smart and Bragman to coordinate day's events for ONAP and Gebbie.
- ❑ **Feb. 4 (Friday)**
  - Review press clippings of event and electronic media.
  - Review follow-up media exposure.
  - Review visit day's materials for possible follow up ads for Midway.

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PHOTOGRAPHY

- ❑ **Jan. 19 (Wednesday)**
  - Contact Greg Zabilski on Gebbie visit.
- ❑ **Jan 24 (Monday)**
  - Create contract for daily rate to book for P.R. (possible usage for ads) shots for day of Feb. 3.
  - Arrange that black & white photos will be able to make press deadlines.
  - Book Greg Zabilski for Feb. 3.
- ❑ **Feb 1 (Tuesday)**
  - Meet with Greg Zabilski to tour facilities and site locations for P.R. shoots.
- ❑ **Feb. 3 (Thursday)**
  - Shoot Day.
  - Proof sheets before press deadlines.
  - Smart photo selections to Bragman for press distribution.
- ❑ **Feb. 4 (Friday)**
  - Smart to select prints with Midway and PAAC for its VIPs to be ordered through Greg.

VIDEOS

- ❑ **Jan. 19 (Wednesday)**
  - Contact Luanne Sanders on video.
- ❑ **Jan 21 (Friday)**
  - Confirm with Luanne her flight booked for Tuesday meeting.
- ❑ **Jan. 24 (Monday)**
  - Rough outline of 3 videos/plans.
  - Write contract for Luanne.
  - Smart to place holding times with Dr. Moret, Dr. Weisman and Mr. Fenton for first video shoot on Friday.
- ❑ **Jan 25 (Tuesday)**
  - Meet with Luanne on video budget, project scope, resources, calendar.
  - Tour Midway facility.
  - Review rough video outlines (3).
  - Luanne to provide written estimates for video package.
  - Sign contract/estimates with Luanne.
  - Reimburse airline ticket.
- ❑ **Jan. 26 (Wednesday)**
  - Luanne to draft first rough script with Smart's outlines, script ideas.
  - Luanne to book equipment/facilities needed for pre-shoot and post-shoot.
  - Luanne to book video dubbing time on Feb. 3. to tag on Gebbie Midway ISU tour and pre-tape. (Need after 12:00 lunch time).
  - Smart to schedule pre-shoot for Friday at ISU.
- ❑ **Jan 27 (Thursday)**
  - Luanne to finalize script with Smart.
  - Review by Midway of script. Signature approvals needed.
  - Dr. Moret, Dr. Weisman and Mr. Fenton to review script and video plan.
- ❑ **Jan. 28 (Friday)**
  - Shoot interviews with Dr. Moret, Dr. Weisman and Mr. Fenton.
  - Shoot ISU tour without Gebbie.
- ❑ **Jan 29-Jan 30. (Saturday-Sunday)**
  - Smart to review tapes.
- ❑ **Jan 31 (Monday)**
  - Luanne to edit 2 tapes (interviews & ISU) with Smart.
- ❑ **Feb. 1 (Tuesday)**
  - Midway to review two final edited tapes for signature approval.
- ❑ **Feb. 2 (Wednesday)**
  - Luanne to meet with selected patients for the next day very briefly.
  - Video Releases signed by selected patients.
  - Full walk through with Smart, Midway, Bragman, PAAC on Gebbie video tour.
- ❑ **Feb. 3 (Thursday)**
  - Luanne SHOOT DAY. Follow minute to minute schedule calendar.
  - Dub final videos for release to press.
  - Distribute tapes to press.
- ❑ **Feb. 4 (Friday)**
  - Smart with Luanne to do final video edit for ISU/Midway.

EVENT PLANNING

- **Jan. 24 (Monday)**
  - Fax Letter to ONAP to request all press information on Gebbie (biographies press releases, photos).
- **Jan 25 (Tuesday)**
  - Drive the proposed route and obtain a time table.
  - Determine entrances and exits of her visit sites.
  - Midway to book and to prep press room at hospital.
  - Midway to book and prep welcome/VIP room upstairs for Gebbie visit.
- **Jan 26 (Wednesday)**
  - Finalize the tour route based on time table.
- **Jan 27 (Thursday)**
  - Determine Gebbie logistics from transportation to housing in discussion with ONAP.
- **Jan 31 (Monday)**
  - Arrange Flowers/Welcome from site tours for Gebbie's suite at hotel.

SMART COMMUNICATIONS, INC.

January 25, 1994

Mr. John Gurrola
NATIONAL AIDS POLICY
750 17th North West, Suite 1060
Washington D.C. 20503

Dear Mr. Gurrola:

We are currently working on the overall Press Kit for the Kristine Gebbie visit and are requesting the following from your office:

50	Photo Prints of Krisitine Gebbie
1	Master copy of her Press Release or
50	Copies of her Press Release on your stationery
1	Master copy of her Biography or
50	Copies of her Biography on your stationery

If you have other additional materials which you would like included in the press kit, plese feel free to forward them to:

Smart Communications, Inc.
585 South Orange Grove,
Los Angeles, CA 90036.

We would also appreciate if your office could fax us a copy of her press release and biography in advance of Federal Expressing them, so we may distribute this information to the sites she will be visiting. Our fax number is 213.931.5978.

Also we will be calling later today to discuss some of the details regarding her visit in order to coordinate the event itself.

Thank you.

Sincerely,

Harry Webber

cc: Howard Bragman
John Fenton
Dr. Moret
Gordon Nary

SCCIS

Southern California Center For Immune Suppression

Midway Hospital Medical Center

W E L C O M E S

NATIONAL AIDS POLICY COORDINATOR

KRISTINE GEBBIE

PAAC L.A. TOUR

TOMORROW'S STANDARD OF HIV AIDS CARE, TODAY.

This document was prepared by
Southern California Center for Immune Suppression
For TheWhite House Office Of National Aids Policy
Washington, D.C. February 3, 1994

THE LOS ANGELES MODEL FOR THE TREATMENT OF HIV DISEASE AND AIDS, AND THE IMMUNE SUPPRESSION UNIT AS A SUBSYSTEM OF TREATMENT

Since first documented in 1981, Acquired Immune Deficiency Syndrome (AIDS) has invited a host of challenges to medical, political and social institutions; to beliefs, attitudes and values; and to human behavior itself. Much attention focuses on the search for either a cure or a vaccine, but attempts to develop an optimum system for diagnosing and treating the afflicted are no less important. An inherently unique and complex disease, AIDS requires a scope of treatments that exceed traditional hospital practice and challenge the structure of our medical system. This unique disease dictates the measures best suited for coping with its unpredictable manifestations. The pattern of care emerging in Los Angeles exemplifies what many believe to be an optimum system for treating the HIV and AIDS infected person: individual case management by physicians of medical practices specializing in HIV and AIDS, and the formation of comprehensive care units within hospitals to treat the patient in a complete manner. The Immune Suppression Unit (ISU) at Midway Hospital Medical Center provides the most fully realized example of a comprehensive care unit. The anecdotal and observational evidence which support it as a superior resource for patient care warrants the examination of this system as a possible model of treatment elsewhere.

THE HISTORY OF AIDS AS PRELUDE TO A SOLUTION

In 1980, as the United States optimistically ushered in a new decade and a new administration, four Los Angeles physicians inadvertently ushered in a new era of medical bewilderment and social terror. In the December of that year, Dr. Michael Gottlieb, Dr. Eugene Rogolsky, Dr. Michael Roth and Dr. Joel Weisman, brought together a handful of gay, male patients who were exhibiting unusual opportunistic infections and symptoms.

They were amongst the first to recognize the disease as an entity. By April, the first reports of a new disease were recorded in the Morbidity and Mortality Weekly Review . The following December, a paper published in The New England Journal of Medicine described the immune suppression of five patients, and a link was made to similar cases in New York and San Francisco.

Awareness of the disease spread, bringing with it fear and discrimination. The infected were rendered victims of society as well as to AIDS, a disease which debilitates a person's immune system, leaving them defenseless against an array of opportunistic fungal, bacterial and viral infections. In some hospitals, patient treatment at the time was sub-standard\. "The conditions were that nurses and doctors wouldn't even go in an [HIV] patient's room unless they were all gowned up--hands, mask, shoes--like they were going to the moon," recalled Ruth Pinter, a nurse (and nurse manager) who began treating AIDS patients early in the epidemic. "They isolated the patients, quarantined them, and they were pretty much ignored until they absolutely had to be dealt with." And so it began: AIDS had a running start in those infected and the human immuno-deficiency virus (HIV), the retrovirus discovered in 1983 as the cause of AIDS, was spreading throughout the population. Since then, man has tried to catch up with the disease, in what will most definitely be a long distance race to date and the ultimate test of medical and human endurance.

DEVELOPING A SYSTEM OF TREATMENT

The AIDS epidemic has blossomed since its nascence--ballooning from a handful of patients in the gay, transfusion and IV drug using communities to a pandemic crossing over all ethnic, racial, religious, gender and sexual boundaries. The World Health Organization (WHO) estimates that as of mid-1993, over thirteen million adolescents and adults and one million children worldwide have become infected with the HIV virus

(Omni). Over one million of those cases have occurred in North America . The Centers for Disease Control reported 339,250 AIDS cases in the United States cumulative to the end of September 1993, 194,334 of them resulting in death. According to the Los Angeles County AIDS Statistics garnered by the office of County Supervisor Ed Edelman, as of December 16, 1993, 23,156 persons with AIDS reside (or resided) in Los Angeles County.

Although adequate health care was unavailable to many in the first generation of this population, San Francisco General Hospital opened the first specialized AIDS unit by 1984. A second unit opened a month later in Southern California at the Sherman Oaks Medical Center, a private hospital. Both units served mainly members of the large gay communities where rates of seroconversion and illness were highest. Doctor Weisman recalled that he and colleague Dr. Eugene Rogolsky focused patient admissions to Sherman Oaks because "Only certain nurses would take care of our patients, and there were nurses there sympathetic to our patients and able to handle the high acuity levels required of the patients." The two doctors pooled their patients together, a phenomenon Dr. Weisman refers to as "unitization." Patients were segregated not from an infectious disease standpoint, but as a preferred method of specialized care. The focused medical attention the patients received produced advantageous results. "Even in the most neophyte stages of patient unitization the length of patient stays were still half of what they were at other hospitals," Dr.Weisman explained. This marked the development of two important tenets of caring for the AIDS patient in Los Angeles: the clustering of patients for specialized care, and the development of a nursing staff trained and devoted to serving those patients' needs.

There was nothing unique to this approach, considering that hospital units devoted to cancer, organ transplant and cardiovascular surgery patients had long been considered beneficial to patient care and recovery.

But in the case of AIDS, there were political and social ramifications attached to the stigma, and it was the rare hospital that would provide specialized AIDS care in spite of the consequences.

Progress in the battle against AIDS was also marred by the labeling of AIDS as a "gay disease." "If you leave California and go into some of the other community hospitals as an AIDS patient, you're still a pariah of sorts," noted Dr. Weisman. Some people perceive AIDS as a punishment for the "immoral behavior" with which HIV infection is associated, while those infected often blame an unresponsive government. But, as an HIV positive journalist wrote in The New York Times Magazine, "At its core, the problem isn't a government; it's a virus."

Unfortunately, the human immuno-deficiency virus is as mysterious as it is resilient. "The more we learn, the less certain we are," reported Science magazine in its 1993 special report on AIDS. "Despite the high-powered arsenal of contemporary biology there is nothing on the horizon resembling a cure for AIDS. Nor is there anything like a workable vaccine." Progress in the development of antiretroviral therapies like AZT have shown some benefit, but are far from providing a cure. Gene therapy is also promising, but scientific research has only recently begun. The more we understand about the complexities of the HIV virus it seems, the dimmer the chances of discovering a cure or a vaccine in the near future. Therefore, treatment of those already infected (along with education to prevent future infection) is the best approach to battling HIV disease and AIDS at this time.

The pathogenesis of the HIV virus and AIDS is different in each person infected, making treatment of the disease an arduous task. Though traditional standards of hospital practice may be conducive to healing a broken leg, it is not as advantageous for the person with multiple opportunistic infections, a weakened immune system, psychological trauma, and little hope. "HIV presents a unique challenge to the [health care system] because...HIV disease develops over many years and utilizes the entire health delivery

system from testing to hospice." (PAACNOTES) Because AIDS can result in any number of opportunistic infections, and therefore any variety of symptoms, it has no definitive pattern of incubation or emergence. Each AIDS patient requires a personalized regimen of care. Intensive, specialized treatment within the framework of individual case management provides this in an effective and efficient manner.

This approach, developed within the Los Angeles medical community, provides a comprehensive and aggressive approach to treating the ever-growing HIV and AIDS infected population. "The model of care is dictated by the disease. If they want to treat this disease appropriately, they have to create a vertically and horizontally integrated, fully functional model, much like we've created here," insisted Dr. Michael Moret, Director of the Southern California Center for Immune Suppression, a medical facility specializing in the treatment of HIV-positive and AIDS patients. "Otherwise, care will suffer." With one of the largest HIV and AIDS patient populations in the country, major university research centers, world class medical facilities, and a knowledge base dating back to the discovery of the disease, it is not surprising that doctors in Los Angeles have developed a most sophisticated level of treatment.

The core group of doctors specializing in AIDS and the large local HIV and AIDS population of Los Angeles reflect a pattern of the dedicated few caring for the masses. The Los Angeles chapter of the Physicians Association for AIDS Care (PAAC) estimates that over 40,000 of the estimated 50,000-60,000 locally diagnosed cases of HIV infection are treated by their 110 member physicians. This patient-heavy ratio illustrates the wealth of experience accumulated by Los Angeles physicians.

In Los Angeles, doctors specializing in HIV and AIDS generally admit their patients to hospitals with more extensive experience in dealing with the disease, knowing that they will receive more competent and specialized care. This defies a national trend reported in the Journal of the American Medical Association (JAMA) wherein "...care for patients hospitalized with AIDS is increasingly provided for by local hospitals [with less

HIV and AIDS experience] rather than a few highly specialized institutions." This has raised concerns about the quality of care that AIDS patients may receive, pointing to the need for physicians to develop standards of care commensurate with the most current information. This would provide guidance where experience is limited.

ESTABLISHING STANDARDS OF CARE

The Los Angeles medical community struggles to keep up with HIV disease and AIDS while leading in the development of their management. The unique properties of HIV as a retrovirus with the capacity to mutate, makes a definitive understanding of it difficult. Any number of opportunistic infections can arise as the immune system is debilitated, each infection requiring a different treatment. This impedes the researcher, doctor or patient looking to develop standards of care with which to treat the disease.

Advances in research, treatments and diagnostic methods outpace the medical community's ability to formulate those standards. For Los Angeles doctors who are often at the forefront of discovery, what they know to be a more effective standard of care is often at odds with officially recognized standards of care. This presents two problems: first, information on unrecognized methods of treatment is not easily disseminated or adapted; second, when said treatments are applied, they are often not recognized for reimbursement by third party payers, restricting the availability of that drug. Current standards of care are usually based on either recognition by specialists in a field and endorsements by medical organizations, or published studies from university researchers. Either approach requires a considerable amount of time. By impeding the flow of knowledge we are doing a disservice to the person that stands to gain the most--the patient.

This dilemma is common with concern to the availability of new drugs that may directly affect a patient's chance for survival.

Historically, the development of new drugs has surpassed the research community's ability to test them and the government's ability to approve them. Laboratory, animal and human trials, statistical gathering, publication of reports, and the approval by the Federal Drug Administration all require time. And time is something that is a dubious commodity of the AIDS patient. This is a dilemma for the Los Angeles physician dedicated to treating their patient in the most aggressive and helpful way possible. If an unapproved treatment that is potentially effective for their patient is available, do they risk using it now or wait for what could be years before it' is designated as an officially viable treatment? This is not an uncommon situation, especially when physicians are considering the use of an off-label drug for the treatment of HIV disease and AIDS. Off-label refers to the use of drugs usually prescriped for different ailments, and not officially endorsed by federal regulatory agencies as treatments for the disease. When chlarithromyacin presented itself as a possible treatment for microbacterium avium infection, it was only available as an investigational drug due to the efforts of PAAC. Their aggressive campaign for the use of chlarithromyacin paid off, as future research proved; but, access to the drug was limited. And, since reimbursement for the drug was at the discretion of the third party payers, financial access was also a barrier until its approval as a standard of care.

These limitations can be avoided by allowing local physicians to develop coordinated standards of care, thereby placing the use of experimental treatments at their discretion until they can be validated by research. "What we're hoping to do in Los Angeles is to formulate a consortium of physicians to develop standards of care to present on a national forum," explained Dr. Victor Beer, a Los Angeles physician specializing in the treatment of AIDS. "We hope to then go to the third party providers with these algorithms and protocols." In this way, standards of care could provide a legal basis for reimbursement. If third party payers are required to provide compensation for the drug, financial barriers to experimental treatments are lowered.

This does not necessarily mean that third party payers will end up with overall higher costs, however. "Providing a high quality of care with cost containment is the goal," reminded Dr. Beer, "but we need cooperation between third party payers and physicians with the ability to provide that care. Standards of care would have an effect on both outpatient and inpatient savings by improving the health of the patient [thereby reducing their need for acute medical attention], leading to overall cost controls for the third party providers." By developing standards of care, the Los Angeles medical community will again prove itself adaptive in treating this disease, and enable itself as an advocate for superior patient care.

MEETING A NEED

Just as Los Angeles is likely to spawn the first regional, physician-determined standards of care, the actualizing of that care may resemble the model of treatment developing in Los Angeles. "HIV care in Los Angeles will tend to move toward one or two or three larger medical group-type practices, all devoted to the development of managed care for the HIV population," surmised Dr. Beer. "We hope to integrate all areas crucial to the provision of care within the patient population." The evolution of these large, specialized practices raises the question of how to provide acute treatment for so many people with such a complex illness. The Journal of the American Medical Association recognized that "Medical care for AIDS has evolved rapidly, with development of antiretroviral therapy, possible new gene therapies and refinements in treatment strategies for opportunistic infections....It is difficult for hospitals and clinicians who provide this care infrequently to stay current with changing medical regimens." This implies that in areas with a less dense HIV and AIDS population than Los Angeles, patient care may be inadequate.

As the patient population continues to grow, though, serious consideration must be given as to how we can improve the quality of treatment. Several hospitals in Los Angeles have met this challenge by creating Immune Suppression Units (ISUs) that emphasize comprehensive case management of patients in conjunction with the admitting physician's practice. The ISU has evolved from the archetype models of care at San Francisco General and Sherman Oaks Hospital. Studies conducted in New York, Los Angeles and Massachusetts support these models of care by proving the benefit of placing patients in facilities with greater HIV and AIDS experience. As reported in JAMA, the Massachusetts study by Dr. Valerie Stone, et. al., demonstrated that "...the relative risk of death was more than twice as high at hospitals with lower AIDS familiarity than at hospitals more experienced with AIDS care," and that "...hospitals less familiar with AIDS care have much higher rates of inpatient and 30-day mortality." A follow-up study by Dr. Martin Shapiro in the same issue of JAMA hypothesized several reasons for these increased rates of mortality: "...Failure of early recognition of complications... [in]appropriate dosing of medications such as [with] combination [therapies]...[and] less experienced providers [that] might not have been aware of newer modalities of treatment." The medical practice of Kraus and Beer, one of the largest AIDS practices in Los Angeles, corroborated this when they conducted a review of their own patients placed in an ISU facility and discovered that, as compared with county data listing an average AIDS patient hospital stay at 14 days, their patients' average stays were seven days. Specialized care is preventive care. Physicians working within a system of controlled, patient management, such as in an ISU, are also quick to point out the added benefits of cost savings. "Though with specialization 'cheaper' may not be reflected in the day rate," said Dr. Weisman, "overall costs are diminished because of fewer stays and shorter lengths of stays in the hospital."

That patients given care in a more specialized environment have shorter overall stays, spend less time in the ICU, and accrue lower costs (all of which were proved by the Massachusetts study) underscores the desirability of treating AIDS patients in facilities providing specialized care in the future.

THE IMMUNE SUPPRESSION UNIT--REALIZING A CONCEPT OF CARE

The Southern California Center for Immune Suppression (SCCIS) at Midway Hospital in West Los Angeles is a provider of specialized AIDS care, with one of the greatest inpatient capacities of any private ISU in the country. A forty bed acute care unit, with a five room/ten bed fully-functioning outpatient unit, services an average of ninety to one hundred acute care admissions and two hundred outpatient visits per month. Patient occupancy runs anywhere between 60% to a waiting list. The duration of most inpatient stays, seven days, is half that of the county average. Developed in consideration of the patient's many needs, the SCCIS draws on a coordinated concept of treatment: the ISU as a nexus of medical, psychological, recuperative, social and informational resources. This has put Midway Hospital at the forefront of successfully treating people with AIDS.

As the second Los Angeles area hospital to create an AIDS unit, Midway Hospital Medical Center was early in meeting the needs of West Los Angeles' HIV and AIDS communities. The unit started with twelve beds, accommodating an average of eight to nine patients daily. By 1991, a decade after AIDS' discovery, the spread of the disease and our increased understanding of it demanded a more extensive and specialized center for treatment. Midway Hospital Medical Center committed itself to providing such a facility.

Midway had always adapted to the needs of the western Los Angeles community it served, having opened as a small 19 bed hospital in 1947, and grown into a 230 bed acute care facility with over 1000 physicians in all medical specialties and a support staff of some 900 employees. For the administration, the addition of a full-service immune suppression unit seemed a logical next step in its commitment to the growing HIV/AIDS community and the physicians who served them.

Midway worked in conjunction with a nationally recognized group of Los Angeles physicians in the specialized field of HIV/AIDS treatment and care, and developed what would become a prime example of ISU care in Los Angeles.

The SCCIS provides for the diagnosis, treatment and rehabilitation of the AIDS patient, while meeting other patient needs that might be overlooked elsewhere--whether they be social, psychological, rehabilitative, nutritional or financial. Keeping in mind that the goal of the hospital is to get the patient back into their home where they are most comfortable and able to resume a more normal life, the ISU incorporates the best aspects of hospital care and the comforts of home--a vast medical resource tailored to the needs and wants of each patient.

THE FUNCTIONING OF THE MODEL

Evaluating the Los Angeles model of treating the HIV and AIDS infected patient demands an understanding of the immune suppression unit and its function as an integral part of that system. The SCCIS at Midway Hospital Medical Center, the largest and most comprehensive ISU in Los Angeles, provides the best such example. The SCCIS, covering the entire fourth floor of Midway Hospital Medical Center, functions under the direction of Dr. Michael Moret. It is the only ISU that has its own Director, which is advantageous to the management of the unit. In addition to acting as the liaison between hospital administration and the ISU, Dr. Moret insures that the departments of the SCCIS run in unison. Like a miniature hospital, the ISU is divided into departments, including: admissions, nursing, outpatient services, dietary, physical therapy and social services. Their consolidation into a working system represents a fusion of resources and experience that benefit the patient, the doctor, the nurse, and the community at large. Its value is measured by the benefits provided for those involved in its functioning.

On a day-to-day basis, the ISU is run in much the same manner as any other acute care facility. Patients are referred by physicians with admitting privileges to the hospital. These physicians represent one of the most experienced bodies of knowledge in the areas of HIV and AIDS care. This is enhanced by the fact that three of the four physicians who monitored the first known AIDS patients, Dr. Rogolsky, Dr. Roth and Dr. Weisman, are among those who admit patients to Midway. Oftentimes, doctors with little or no experience in the care of the HIV and AIDS infected person refer their patient to the SCCIS member doctors, who have gained a reputation for expertise in the field. "When the patient's management becomes a bit more complex, in the middle stages, is where I fit in mostly in the referral process," admitted Dr. Beer. "Often, I'll get calls from physicians asking what I would recommend they do with a patient who's got 450 to 500 T-cells, and I'll advise them."

Once admitted to the ISU, patient management is coordinated between the ISU staff and the admitting doctors. Diagnosis, treatment and rehabilitation of the patient is the physician's responsibility who, either directly or through the direction of a nurse or physician's assistant, directs the method of care. Doctors and nurses customarily make rounds to the patient each day, with the nursing staff providing continuous care around the clock. The nursing staff is coordinated by Ruth Pinter, the Nurse Manager, who deals exclusively with the ISU unit. She brings with her a wealth of experience that includes twenty years of nursing, eight of which have been spent helping persons with AIDS in both hospital and home care environments. Nurse Pinter directs a 45-member nursing staff with the help of a full-time nurse educator. Nurses are selected based on their willingness to deal with an HIV and AIDS-infected patient population, and their level of experience. Most are med-surg nurses with backgrounds in ICU care. Taking into account that no one person can stay current with all of the developments in the field of HIV and AIDS research and care, continuous education is offered and strongly emphasized.

This allows the nurses to not only keep up with the physicians, but in many cases the patients as well. "That the patients know so much about this disease is a challenge to the medical community to keep up with them, " explained Nurse Pinter. The nurses are split into two twelve hour shifts, at an exceptional ratio of one nurse for every three to four patients (depending on patient acuity). This gives the nurses a lot of contact and familiarity with the patients.

Here is one of the most striking differences in care between the ISU and a standard hospital. The higher nurse-to-patient ratio is a deliberate mechanism to foster higher nurse and patient contact. Though not necessarily a priority to nursing staffs elsewhere, SCCIS nurses are expected to develop the interpersonal skills that are necessary to foster a more complete treatment and recovery. "At the onset of AIDS, a lot of patients died with their basic needs being taken care of, but their emotional needs ignored," recalled Nurse Pinter. In the spirit of the ISU, she has instituted measures to insure that the emotional needs of the patients are met. "That's half the battle in fighting this disease," she said. Therefore, the nurses use a Daily Acuity System to rate and monitor the needs of each patient. In addition to detailing the level of medical attention needed, the dosages of medication, and upcoming procedures, patients are also rated on a scale of their emotional needs. This detailed and deliberate attention to the patient has not gone unnoticed. "Over the past few years, I've visited too many hospitals too often to see too many friends suffer with AIDS," a friend of a patient wrote to the hospital. "Nowhere have I witnessed the consistent level of concern and care provided by all of the personnel I met at Midway." Patients are made aware that the ISU exists for their benefit and is at their disposal. "A patient with HIV looks upon the unit as the umbilical cord," suggested Dr. Beer. "When he becomes sick, that's his life line. And although the stigma associated with an AIDS unit may mean death to some, for those who have been to the unit and have seen the unit, it becomes their life line."

Each patient's experience with AIDS is unique; and, at the SCCIS, so too is their program of care--whether it be in the interest of their nutritional, psychological or social needs. Each patient is evaluated in all areas, with a total approach to recovery. The nutritional planning provided each patient epitomizes the ISU as a patient-focused institution. Nutrition is of key importance to AIDS patients, especially in meeting the metabolic demands the disease places on the body. Without precaution, many patients are prone to protein/calorie malnutrition. Gone are the fabled days of thoughtless and unsavory hospital meals. At the SCCIS, each patient is provided with "V.I.P. meals," planned in conjunction with the patient, the doctor and the dietitian. The dietitian makes every effort to accommodate both the patient's medical needs and their personal tastes. In addition, diet aides collect specific orders daily, and food service workers provide snacks throughout the day.

Patients are also included in the evaluation and treatment of their medical condition. Doctors and nurses make an effort to keep the patient current by providing test results when they're available, answering questions when asked, and addressing concerns as they arise.

The high level of personal contact creates a greater responsiveness on behalf of the physician and nurse. Individual requests are readily accommodated, whether the patient wants an extra blanket or a second opinion.

The ISU addresses the individual needs of the patient by providing services that address their overall program of treatment and recovery. This holistic approach treats the patient in the context of their life, not just their illness. The patient is "...made to feel like this is an extended family for them, a support system, " said Dr. Moret. Much of the support given is intended to help the patient deal with the emotional ravages of the disease, as well as to integrate the patient back into his or her life beyond the hospital. An on-site social services department, staffed by four full-time social workers and one intern, provides emotional counseling, offers financial planning and resources, helps them

complete powers of attorney forms, arranges home care, and puts patients and loved ones in touch with community services. A psycho social analysis, which evaluates all aspects of the patient's life including their emotional response to the illness and decisions about coming out to family and friends regarding the illness, is completed on every admission to the ISU. Rounds are made twice a week, with input from doctors, nurses and staff members in a deliberate effort to coordinate the patient's complete recovery. The social workers keep their patient assignments so, if a patient is readmitted, there is continuity in their treatment. Some patients don't wait for readmittance to utilize this resource. "Sometimes they come in to see us as outpatients because they need help," said Diane Bernstein, a clinical social worker. The invitation for help is extended to the patient's support system as well, she added. "I had a patient who died last month and his significant other has called me half a dozen times since to try and figure out how to cope with the legal issues, his own emotions, bereavement...so it doesn't even end when the patient dies." This high degree of emphasis on the psychological aspects of illness is rare in hospital practice, but the staff of the SCCIS consider it imperative. "There are a lot of issues about AIDS that are different from any other illness," offered Bernstein. "When you get cancer you do have the long term aspects to look at, but you don't have the stigma; you don't have the whole issue of other people telling people; of losing their jobs; their apartments; their relationships." The acknowledgment and resolution of these issues are all important to the recovery of the AIDS patient.

The ISU also recognizes the importance of the support network the patient brings with them to the hospital. Significant others, friends and family are accommodated with 24-hour visiting rights, pull-out sofas for overnight stays, guest meals, two fully functioning kitchens, and a lounge for relaxing or entertaining. This is unique considering that most hospitals discourage late night visits and overnight stays.

Staff has even gone so far as to have accommodated an overnight guest with a bad back by providing him with a regular hospital bed. Support groups, offered twice a week, help patients and their loved ones cope with the emotional challenges AIDS presents.

The SCCIS also takes into account the very real fears and discomforts that accompany the displacement of a person from their home to a hospital. The ISU is physically designed to provide as relaxing an environment as possible. Numerous studies on everything from the amount of sunlight in a patient's room to the color of their walls has clearly documented the advantages of a psychologically pleasing environment in a patient's recovery. The SCCIS goes a step beyond this and strives to create an even greater feeling of warmth and comfort than might be expected from a hospital. In addition to enhancing the ergonomics of the patients' rooms, patients have access to a host of amenities designed for their comfort and relaxation. Cable television, videotapes, answering machines and private refrigerators are available. Thanks to many generous contributions, the ISU has also accumulated an extensive art collection, transforming hospital corridors into galleries, and ventures outside the room into museum visits. Each of these aspects is significant in relation to the whole treatment, underscoring the importance of creating a supportive environment.

The patient is not the only one that benefits from the immune suppression unit. The autonomous nature of the ISU lends itself to creating an environment in which the admitting doctor retains greater control of patient care. "Control of care is the best care," insisted Dr. Moret. "The doctors wanted to have a horizontally and vertically integrated facility to provide *total* quality care for the patients and to be in control of that care--to not be dictated to by bureaucracy . And that's what they've done."

The selective staffing of the ISU provides a support staff for the doctor as well. Whereas ten years ago Dr. Rogolsky and Dr. Weisman were limited by the number of staff and the facilities available to them, today's ISU is committed to providing the best care possible.

"The SCCIS provides for the doctor an arena to care for his patient where there is a greater awareness and sensitivity to that patient," explained Dr. Moret. The specialized and dedicated staff is the greatest of these resources. Having a staff of nurses who work only for the ISU allows familiarity and fosters professional relationships and improved patient care.

As a part of Midway Hospital, the ISU has the advantage of a full service medical facility at its disposal. Virtually any conceivable medical service a patient might need is available within the hospital, making each department an ancillary resource for the ISU patient. The dedication of all hospital resources to the patient has generated changes in both the facility and its staff. "When Midway made the decision to add the ISU to the hospital, it made a commitment to more than just adding a new unit," commented Midway Hospital Medical Center's CEO John Fenton. "Everything else in the hospital had to be upgraded to meet the demands of the ISU. Every aspect of the existent day-to-day operation of a hospital reaches the next level of sophistication in order to meet the day to day care of the [AIDS] patient." Bryan Burklow, the Senior Vice President of Operations for Summit Health (the owners of Midway Hospital Medical Center), points to "Midway's state-of-the-art, on-site 1.5 ton magnetic MRI scanner as just one example of Midway's upgrading of resources."

Undoubtedly, this provides not only the best diagnostic capabilities for the AIDS patient, but is a benefit to all other patients needing this diagnostic service.

The ISU catalyzes improvements among the staff as well. The more patients with which the hospital physicians and staff deal, the more their levels of familiarity and expertise grow. "Learning to treat HIV is an experiential process," said Dr. Beer. This accumulation of experience creates a knowledge base, thereby improving the diagnosis and treatment of complications due to AIDS. For instance, a pulmonary department with little or no experience with AIDS patients is not going to be well versed in the procedures for collecting a sputum specimen for diagnosing pneumocystis pneumonia.

If the procedure is done incorrectly, a bad specimen maybe obtained and a false negative may be reported. A background in dealing with HIV and AIDS diminishes the chances of this happening in a setting like Midway Hospital. When dealing with a disease that thrives on our ignorance, this is an asset. As a hub of information and shared experience, the ISU becomes an environment that develops its own standards of care.

Fenton also acknowledges that the presence of the ISU has affected an unprecedented change in his role as a hospital CEO. As the SCCIS has grown as a facility, so has involvement with the AIDS community. "At least two or three of my nights a week are devoted to dealing with AIDS issues," he said. Fenton builds the hospital's external relationships by meeting with community leaders, joining in lectures, and attending fund-raisers. By reaching beyond its own walls and out into the community, Midway is able to increase its sphere of influence beyond the West Los Angeles community it serves within the hospital and cross boundaries of demography as well as geography. Midway Hospital invests in the community and in the search for a cure by donating significant amounts of money annually to an array of organizations like Shanti, AIDS Project Los Angeles, and the American Foundation for AIDS Research. Midway and the SCCIS are committed not only to treating the ill, but to helping to find a cure. The hospital also donates office space and utilities to the Pacific Center, which provides approximately two million dollars of free psychological counseling annually. Supporting external organizations like the Pacific Center allows Midway to help those not treated at the hospital, thereby crossing the boundaries of traditional care giving.

The efforts in managing the overall provision of medical care within the hospital itself is not without its rewards, either. "It's able to be done in a high-quality yet cost-effective manner...and our patients are doing better," he enthused. To insure the highest degree of proficiency, monthly staff meetings are held to implement policies and procedures, review research protocols, address staff concerns and review the functioning of each department.

Constant evaluation provides a mechanism for monitoring what is and is not working. The growth of the ISU has also managed to keep up with the changes in the treatment of the disease. Plans are under way for the development of a sub-acute unit and a specialty nursing facility that will place a greater emphasis on the patient's recuperation process more so than acute treatment. This will include more intensive occupational, physical and speech therapy. Providing these services at Midway will eliminate the need to move patients outside of the hospital--which brings with it all of the stresses for the patient, as well as in the management of medical records, billing, etc.--and decrease the cost of otherwise keeping a patient in the acute care facility for the duration of their recovery.

The ISU must not only keep up with the demands of growth, but with the communications and information demands that accompany the running of any large organization. SCCIS's centrally-managed communications network of faxes, modems and phones insures the most efficient system of communication between the hospital, private practices, insurance companies and external organizations. With the ISU in direct receipt of outside calls and faxes, the physician has immediate access to their patients and staff from satellite locations, fostering the responsiveness of the doctor in both day-to-day and emergency situations. Administrative offices and medical records are also on-site, further streamlining the day to day management of the unit.

Overall, each function of the ISU is designed to work to the advantage of the patient in the belief that a coordinated effort can greatly enhance the quality of their life. The widespread support of this as a successful approach by those who have experienced its benefits was summed up in a letter to Midway by one woman who lost her brother to AIDS. "He lived a lot longer than anyone believed was possible, and I believe the care provided was one of the reasons he was able to."

THE FUTURE OF CARING FOR HIV DISEASE AND AIDS

No matter how well-managed, hospital specialization and individual case management, as exemplified by the SCCIS, must also function effectively among the greater medical and social establishments. Independent medical practices, the research community, pharmaceutical companies, community resources and patient efforts all play a role in this dynamic system of care. "The future will bring more designated protocols and will necessitate finding a middle ground to meet the needs of the patient, the medical providers and the third party payers," conjectured Dr. Beer. As a cure, a vaccine or even a new approach to antiretroviral therapy seem distant, the future of HIV/AIDS care rests on the quality and length of life we can insure for those afflicted. "I see us learning to cope with the opportunistic infections and with the virus itself in a more productive manner so that we can keep people alive longer," predicted Dr. Michael Roth, a leading specialist in Los Angeles and one of the original doctors to recognize the disease as an entity, "and give AIDS an almost diabetic kind of chronicity rather than an acute viral infection that leaves the patient vulnerable." The assertion that persons with HIV disease and AIDS are living longer is supported by the downward trend in rates of seroconversion.

"Since late 1989 there has been a reduction in the quarterly incidence of AIDS, that is, in the transition from the asymptomatic to the symptomatic state, as compared with the predicted AIDS rate," Science magazine reported. "The change is...probably associated with the widespread introduction of AZT [and other prophylaxis] into the population...with more ready access to adequate health care."

Improved treatments will also be abetted by the changing political climate evidenced by the Clinton Administration's allocation of 1.3 billion dollars to the research budget at the National Institutes of Health, and the creation of a federal drug development

task force that includes government officials, representatives of pharmaceutical companies, academics and members of advocacy groups.

These changes represent a commitment to increasing the life span of the AIDS patient, and that, in turn, implies a commitment to increasing their quality of life. The model of care exhibited in Los Angeles, and in an ISU like the SCCIS, is certainly a viable candidate for a prototype of care. National AIDS Policy Coordinator Kristine Gebbie has already called for "...a health care system that provides patient services, and...a public-health system that can back up those services with outreach and education." (Newsweek) If we are truly committed to providing a comprehensive approach in treating those with HIV disease and AIDS, then the successful model of care as developed in Los Angeles merits consideration as a means to this end.

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