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Barbara

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Caryn Berman, M.A.
Director of Illinois Training Programs
Midwest AIDS Training & Education Center (MATEC)
The University of Illinois at Chicago
808 South Wood Street (M/C 779)
Chicago, IL 60612-7303

Dear Ms. Berman:

This letter confirms the visit of Kristine M. Gebbie, National AIDS Policy Coordinator, to the MATEC conference on Friday, February 25, 1994.

In addition to the speech, at 1:15 p.m., Ms. Gebbie will make herself available for dinner February 24, 1994 at 6:00 p.m., and for a visit to the University of Illinois Hospital Family Center HIV Clinic the morning of February 25, 1994.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

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

Enclosures

Office of the National AIDS Policy Coordinator

Executive Office of the President
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Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

~~X~~ Beswick

Number of Pages: 7 + Cover Fax Number: _____ Date: 2/22

Message:

FYI

2/22/94

CLINICAL ALERT

IMPORTANT THERAPEUTIC INFORMATION ON THE BENEFIT OF ZIDOVUDINE FOR THE PREVENTION OF THE TRANSMISSION OF HIV FROM MOTHER TO INFANT

Purpose of This Document

This document provides information on the interim results of a randomized clinical trial of zidovudine (ZDV) for the prevention of transmission of HIV from infected mothers to their infants. The treatment regimen that was compared with placebo consisted of ZDV administered to HIV-infected pregnant women beginning between 14 and 34 weeks of gestation, continued intrapartum, and then to their infants during the first six weeks of life.

An interim analysis of the study demonstrated a highly significant reduction of the risk for transmission of HIV from mother to infant for the group who received ZDV. An independent Data Safety Monitoring Board recommended that women who have not yet delivered and infants who are less than six weeks of age in the study should be immediately offered ZDV. The board stressed the importance of long term follow-up of infants enrolled in the study to monitor for the possible development of unknown late effects of study treatment. The Pediatric ACTG Executive Committee and NIAID concurred with these recommendations.

This study was conducted by the Pediatric AIDS Clinical Trials Group (ACTG) of the National Institute of Allergy and Infectious Diseases (NIAID) in collaboration with the National Institute of Child Health and Human Development (NICHD), and Institut National de la Sante et de la Recherche Medicale (INSERM) and Agence Nationale de Recherches sur le SIDA (ANRS), France. There were 35 NIAID sponsored sites, 15 NICHD sponsored sites, and 9 centers in France.

This information is provided to you, as a health care practitioner, to serve as preliminary information pending the publication of a formal peer-reviewed report in the medical literature.

Objective

ACTG 076 is a phase III double-blind placebo-controlled randomized clinical trial designed to evaluate the efficacy, safety and tolerance of ZDV for the prevention of maternal-fetal HIV transmission.

Methods

Eligible participants were HIV-infected pregnant women who had received no antiretroviral treatment during the current pregnancy, had no clinical indications for maternal antepartum ZDV therapy in the judgement of their caregiver, and had baseline CD4+ lymphocyte counts greater than 200 cells/mm^3. Patients were randomized to either an active arm containing ZDV or a control arm containing placebo. The ZDV regimen consisted of antepartum ZDV (100 mg po 5 x daily) initiated between 14 and 34 weeks gestation and continued throughout the remainder of pregnancy, followed by intrapartum intravenous ZDV (loading dose 2 mg/kg starting in labor followed by continuous infusion 1 mg/kg/hour until delivery), followed by oral administration of ZDV (syrup 2 mg/kg q six hours for six weeks beginning 8 to 12 hours after birth) to the infant. The primary study endpoint, HIV infection of the infant, was defined by one positive viral culture obtained from peripheral blood. Specimens for viral culture were obtained from the infants at birth, and 12 and 78 weeks postpartum. A protocol modification added an additional viral culture at 24 weeks. HIV serology was also obtained at 15 and 18 months of age.

Results

Four hundred seventy-seven women were enrolled at the time of the analysis. The median age was 25 years (range 15 to 43), the median CD4+ lymphocyte count was 550 cells/mm^3 (range 200 to 1818), forty-one percent of women had CD4+ lymphocyte counts between 200 and 500 cells/mm^3. The median gestational age at entry was 26 weeks. Maternal demographics revealed a predominantly minority population: only 19 percent were white/non-Hispanic. Approximately 17% reported a history of intravenous drug use. The randomization resulted in balance between the arms for prognostic variables known to influence transmission.

Thus far, four hundred twenty-one babies have been born; 409 singletons and 6 sets of twins. The median gestational age at delivery was 39 weeks (range 27 to 43 weeks). Three sets of twins and 23 singletons were premature (<36 weeks gestation).

There were 364 infants with sufficient data to be included in the analysis, 180 in the ZDV group and 184 in the placebo group. As of this analysis, thirteen babies in the ZDV group and 40 in the placebo group were HIV infected (i.e., at least one positive culture). All babies with positive cultures were identified within the first 24 weeks of life. A total of 75 babies were culture and seronegative at or beyond 78 weeks.

The transmission rate in the placebo arm was 25.5 (+/- 7.2) percent and the rate in the ZDV arm was 8.3 (+/- 4.5) percent based on a Kaplan-Meier estimate at 18 months. This corresponded to a 67.5 percent relative reduction in transmission risk and was highly statistically significant (p=0.00006). Similar analysis using the more stringent criteria of two positive cultures yielded identical conclusions.

Reported maternal and infant side effects were balanced between the two randomized groups with the one exception that hemoglobin levels were lower for infants in the ZDV group. The mean decrease in hemoglobin was less than one gram/dl, did not require transfusion, and resolved within several weeks after completion of ZDV therapy. There was no difference in the incidence of birth defects between the two arms, and the incidence reflected the baseline rate within the population.

Maternal therapy was well tolerated; six women discontinued therapy due to perceived toxicity (three in the ZDV group and three in the placebo group). Maternal HIV disease progression was monitored through 6 months postpartum. At six months postpartum, there was no significant difference in CD4+ lymphocyte cell counts by treatment group. At 6 months post-delivery, 95% of women had CD4+ lymphocyte counts >300 cells/mm^3. Only four women developed CD4+ cell counts below 200 cells/mm^3 during the course of the protocol, one on the treatment arm and three on placebo.

Conclusions

A regimen of ZDV administered to the mother during pregnancy and during labor and delivery, as well as to her infant during the first six weeks of life significantly reduced the risk of maternal infant transmission of HIV from 25.5 % to 8.3%.

The regimen was well tolerated by both mothers and infants, with no significant short term toxicities other than reversible mild anemia seen in some infants.

There is no currently apparent adverse effect of the treatment regimen on the health of the women in the study or on the progression of their HIV disease.

This study currently provides no information regarding any late effects of ZDV on infants, including those who do not become infected with HIV. Continued long term follow-up of the infants in this trial, and of those who may subsequently be treated in a similar fashion, is a high priority.

Implications for Clinical Practice

The results are only directly applicable to women who initiate ZDV treatment between 14 and 34 weeks gestation, have received no other antiretroviral treatment during the current pregnancy, have baseline CD4+ lymphocyte counts greater than 200 cells/mm^3, and have no clinical indications for maternal antepartum ZDV therapy. This study was not designed to provide information regarding the efficacy of ZDV for the prevention of maternal-infant HIV transmission from infected pregnant women with clinical characteristics other than those described above.

The long term risks to those infants who are exposed to ZDV in utero and early infancy are not known although there is currently no information in humans to suggest such toxicities will occur. Pregnant women and their caregiver(s) who contemplate ZDV therapy to prevent maternal-infant transmission should give careful consideration to both the substantial potential benefit and the unknown long term risks. General recommendations regarding treatment must await broader consensus on the balance between known benefit and unknown risk.

When counselling patients regarding pregnancy related decisions it is important to provide information regarding the substantial 8.3 (+/- 4.5) percent risk of transmission despite therapy.

The study was not designed to discern the relative contributions of the antepartum treatment, intrapartum treatment, or treatment of the infant. The study provides no data regarding the efficacy and side effects of any other regimen for either mother or infant.

This study does not address the risk of ZDV use in the first trimester and ZDV therapy should not be instituted earlier than the 14th week of gestation solely for the prevention of maternal-infant transmission.

No information regarding the efficacy or risk of other agents such as ddI or ddC for this indication is available.

If a pregnant woman is infected with HIV, the therapy evaluated in this protocol may be of substantial benefit to her infant. These findings should therefore be considered in formulating policies or standard of care recommendations regarding counselling and testing of HIV infection status of pregnant women, as well as in the assessment and obstetrical care of individual women.

National Institute of Allergy and Infectious Diseases

EXECUTIVE SUMMARY:ABSTRACT ACTG 076

A Phase III Randomized, Placebo-Controlled Trial to Evaluate the Efficacy, Safety and Tolerance of Zidovudine (ZDV) for the Prevention of Maternal-Fetal Transmission

BACKGROUND

Currently, there are approximately 10-20,000 HIV-infected children and approximately 7,000 infants are born annually to HIV-infected women in the United States. It is estimated that by the year 2000, 10 million children globally will have been infected.

The vast majority of HIV-infected infants and children acquire the virus by maternal-infant transmission; either in utero, during labor and delivery, or postpartum via breastfeeding. In the developed world, antepartum and intrapartum routes account for nearly all of the cases. The risk of maternal-infant HIV transmission in pregnant women has been associated with advanced disease stage, low CD4+ lymphocyte count, and high viral burden.

Zidovudine (ZDV) has been demonstrated to be an effective treatment to decrease viral burden and delay disease progression for HIV-infected adults and children. An uncontrolled survey of some pregnant women treated with ZDV for their own medical care revealed no significant untoward effect.

The risk of maternal-infant transmission of HIV theoretically could be reduced by ZDV treatment of pregnant women. To test this hypothesis, in April, 1991, a Phase III randomized, double-blind, placebo-controlled clinical trial (ACTG 076) was initiated to evaluate whether ZDV therapy could reduce the risk of maternal-fetal transmission in HIV-infected pregnant women. An additional study objective was to evaluate the safety of the ZDV regimen for mothers and infants.

METHODS

Eligible patients were HIV-infected pregnant women (between 14 and 34 weeks gestation) who had no antiretroviral treatment during the current pregnancy, had baseline CD4+ lymphocyte counts greater than 200 cells/mm^3, and had no clinical indications for maternal antepartum ZDV therapy. The target sample size was 748 women (636 fully assessable mother-infant pairs). This was chosen so as to provide 80 percent power to detect a reduction in the probability of transmission to 20 percent for the ZDV group compared with 30 percent for the placebo group, using a two-sided, alpha=0.05 test. Women were stratified according to gestational age (14-26 weeks; >26 weeks) and randomized to receive either ZDV or placebo.

The ZDV regimen consisted of antepartum ZDV (100 mg p.o. five times daily) plus intrapartum ZDV (IV loading dose, 2 mg/kg, followed by continuous infusion, 1 mg/kg/hr, until delivery) plus newborn ZDV (syrup, 2 mg/kg q. 6 hr for six weeks beginning 8-12 hours after birth). Pregnant women were seen frequently during pregnancy, through delivery, and for six months postpartum, and were carefully assessed for evidence of drug toxicity, HIV disease progression, and fetal well-being. Infants were carefully monitored through 78 weeks of age for evidence of HIV infection and to assess safety. HIV infection status was determined by viral culture from the infants at birth, 12 weeks, and 78 weeks of life, and samples were obtained for HIV serology at 72 and 78 weeks. A protocol modification added an additional culture at 24 weeks. Infants were defined as HIV infected for the primary analysis based on one positive viral culture obtained from peripheral blood.

On February 17, 1994, the ACTG Data and Safety Monitoring Board (DSMB) reviewed the interim analysis based on information in the database as of December 20, 1993, and concluded that there was significant evidence of treatment efficacy. On February 18, 1994, the Pediatric AIDS Clinical Trials Group Executive Committee approved the DSMB recommendations to: (1) discontinue new patient enrollment; (2) offer open-label ZDV as per protocol regimen to all individuals on the study; and (3) continue long term follow-up of all infants participating in ACTG 076 to monitor for possible development of unknown late effects of the study treatment.

RESULTS

Thirty-five NIAID sponsored sites, 15 NICHD sponsored sites, and nine centers in France enrolled patients in ACTG 076. Four hundred seventy-seven women were enrolled as of the December 20, 1993 data cut-off. The median age was 25 years (range, 15-43), the median CD4+ lymphocyte count was 550 cells/mm^3 (range, 200-1818), and 41 percent of women had CD4+ lymphocyte counts between 200 and 500 cells/mm^3. The median gestational age at entry was 26 weeks. Maternal demographics revealed a predominantly minority population: only 19 percent were white/non-Hispanic.

Four hundred twenty-one babies have been born; 409 singletons and 6 sets of twins. The median gestational age at delivery was 39 weeks (range, 27-43 weeks). Three sets of twins and 23 singletons were premature (<36 weeks gestation). The median 1-minute Apgar score was 8 (range, 0-10), the median 5-minute Apgar was 9 (range, 5-10), and the median birth weight was 3160 grams (range, 1040-5267 grams). Seven infants (1.7 percent) weighed <1500 grams at birth, 14 (3.4 percent) weighed between 1500 and 2000 grams, and 44 (10.7 percent) weighed between 2000 and 2500 grams.

Three hundred sixty-four births were included in this interim efficacy analysis, 180 in the ZDV group and 184 in the placebo group. Two hundred thirty-three infants had information about HIV infection status as of 24 weeks of life, and 75 of these had confirmation at 18 months. Thirteen babies in the ZDV group and 40 in the placebo group were defined as HIV-infected. The estimated percentages infected based on Kaplan-Meier analysis were 8.3

percent (s.e.: 2.25 percent) in the ZDV group and 25.5 percent (s.e.: 3.60 percent) in the placebo group. The estimated absolute difference in percentage infected between the two groups was 17.2 percent, with 95 percent confidence interval 8.9 to 25.5 percent. This corresponded to a 67.5 relative reduction in transmission risk. This risk reduction is highly statistically significant (z=4.03; two-sided p=0.000056).

Reported maternal and infant side effects were balanced between the two randomized groups, with one exception that hemoglobin levels were lower for infants in the ZDV group. The mean decrease in hemoglobin was less than 1 g/dl, did not require transfusion, and resolved after completion of ZDV therapy.

CONCLUSIONS

A treatment regimen consisting of ZDV given to the mother both antepartum and intrapartum, as well as to the newborn during the first six weeks of life, significantly reduced the risk of maternal-infant transmission of HIV for women with baseline CD4+ lymphocyte counts >200 cells/mm^3. Further follow-up of mothers and infants is being conducted to determine if there are any late adverse effects of this treaument regimen. Any decision to institute therapy regimens for the prevention of maternal-fetal transmission must be made after careful consideration of the potential unknown long term risks.

February 20, 1994

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Number of Pages: 3 + Cover Fax Number:_____ Date: 2/21/94

Message:

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NIAID NEWS Office of Communications

National Institute of Allergy and Infectious Disease • National Institutes of Health

FOR RELEASE
February 21, 1994

Office of Communications
(301) 402-1663

AZT Reduces Rate of Maternal Transmission of HIV

Zidovudine (AZT) therapy has reduced by two-thirds the risk of transmission of virus from HIV-infected pregnant women to their babies according to preliminary results of a trial sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), in collaboration with the National Institute of Child Health and Human Development (NICHD) and Institut National de la Sante et de la Recherche Medicale (INSERM) and Agence Nationale de Recherches sur le SIDA (ANRS) of France. Both NIAID and NICHD are part of the National Institutes of Health (NIH).

An interim review of the study, AIDS Clinical Trials Group (ACTG) Study 076, revealed a transmission rate of 8.3 percent when both mothers and their babies received AZT, in comparison with a transmission rate of 25.5 percent among those receiving a placebo.

"Although this treatment did not protect all the babies in the study, the news that the risk of HIV transmission to newborns can be significantly reduced is very promising," says Donna E. Shalala, secretary of the U.S. Department of Health and Human Services (DHHS).

Anthony S. Fauci, M.D., NIAID director, stresses "Long-term follow up of all of the children born to mothers in this study is essential to learn more about the risks and benefits of the treatment beyond these encouraging early results."

An independent Data and Safety Monitoring Board (DSMB) reviewed the ACTG 076 preliminary findings. As a result of the DSMB's review and recommendations, the study investigators have stopped enrollment of women into ACTG 076 and are offering AZT to all currently enrolled pregnant women who remain in the study, as well as to their infants for the first 6 weeks of life. The study investigators plan to follow the infants for a number of years because

the long-term consequences of AZT therapy are unknown; in addition, they will follow the women in the trial for six months after delivery.

Researchers will monitor the growth and development and look for any unusual illnesses among the infants, according to the chairs of the ACTG 076 protocol Edward M. Connor, M.D., associate professor of pediatrics at the University of Medicine and Dentistry of New Jersey in Newark, and Rhoda Sperling, M.D., of the Department of Obstetrics and Gynecology at Mount Sinai School of Medicine.

Because long-term effects of therapy on the infants are currently unknown, no recommendations about treatment to prevent transmission of HIV during pregnancy and delivery are being made pending development of consensus on the balance between known benefit and unknown risk. In the meantime, more details about this study are included in a Clinical Alert to Physicians and in a Summary of ACTG 076 Findings. These documents are available from the AIDS Clinical Trials Information Service, 1-800-TRIALS-A. The ACTG 076 investigators are preparing a report of the study that will be submitted for publication to a peer-reviewed medical journal.

HIV is the fifth leading cause of death in U.S. children younger than 15 years, according to the National Center for Health Statistics. As of Sept. 30, 1993, the Centers for Disease Control and Prevention have received reports of 4,906 AIDS cases in children younger than 13 years. Of these children, 4,328 had a mother with, or at risk of having, HIV and 2,615 have died. Annually in the United States, an estimated 7,000 HIV-infected women give birth to infants, of which approximately 25 percent are HIV-infected.

ACTG 076 began in April 1991, with a target enrollment of 748 HIV-infected women in their 14th to 34th week of pregnancy who did not need AZT as part of their medical care. The women received either AZT or a placebo during pregnancy and labor. Neither the researchers nor the women knew to which treatment arm the women had been randomly assigned. The length of treatment ranged from one to 29 weeks, based on the time of the womens' enrollment.

Within 24 hours after birth and for six weeks thereafter, infants received the same

treatment, either AZT or placebo, as their mothers.

The women received either a placebo or a standard adult dose of AZT during pregnancy. During labor, the women received a continuous intravenous dose of the placebo or AZT. The babies subsequently received a syrup of the placebo or of 2 mg/kg AZT four times a day for six weeks.

As of Dec. 20, 1993, 477 women had enrolled in the trial and 421 babies had been born. The results of at least one HIV culture test were available for 364 infants. Of these 364, 53 had HIV, of which 13 were born to mothers receiving AZT and 40 to mothers on placebo.

Investigators found that both mothers and infants tolerated the AZT treatment well, with no significant short-term side effects other than reversible mild anemia (low red blood cell counts) in some infants.

The women ranged in age from 15 to 43, averaging 25 years. Of the 463 women completing the trial, 50 percent were African-Americans and 29 percent were Hispanic. Of the 59 sites enrolling women into the trial, NIAID supported 35 and NICHD supported 15 in the United States; INSERM supported nine in France.

NIAID and NICHD, two of the 17 institutes at NIH, support scientists and scientific studies at universities, medical schools, hospitals and research institutions in the United States and abroad. NIH is an agency of the U.S. Public Health Service, part of DHHS. INSERM is the national biomedical research organization of France. Burroughs Wellcome Co. supplied the AZT for the study.

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METRO

by Sally Ruth Bourrie

WOMEN ON THE VERGE OF A MAJOR BREAKTHROUGH

At the city's first—and only—research and treatment center for women and children with AIDS, fundamental questions about the disease may at last be answered

"ALL FALL DOWN," THE CHILDREN SAY, giggling as they collapse on the waiting-room floor. Against a background of loud and constant chatter, a girl shows her dad how she ties her shoes, a grandmother shares cookies, and Joan Lunden babbles away on *Healthlink* on TV. At the other end of the room, women come and go through a swinging door. The children—mostly African American, with a few Hispanics and whites—are wild and cheerful; the harried nurses laugh along with them.

Nobody stumbling on this room would guess how sick some of these children are. But this is the Pediatrics Clinic of the Women and Infants Transmission Study (WITS) at the University of Illinois at Chicago Hospital. It's the city of Chicago's first and only research project, combined with a treatment and referral center, for women and children infected with the HIV virus, which is believed to cause AIDS.

In Chicago, AIDS is on the rise. The number of reported cases in men increased 39 percent last year. But the incidence among women almost doubled. And the number of cases involving children under the age of 13 rose more than 100 percent.

"We are calling this the third wave of the disease," says Tom Schafer, spokesman for the Illinois Department of Public Health. "AIDS began with homosexual/bisexual men; the next wave was the injecting drug users; and the third wave is heterosexual contact, which infects women more than it does men." It's ten times easier for a man to infect a woman than vice versa. As a consequence, AIDS last year became the fifth-largest killer of reproductive-age women across the United States. In New York and New Jersey, the disease actually ranked number one.

■ ***Gerri Alexander is project coordinator for the clinic, which has treated and studied more than 150 mothers and children.***

But little research has been done anywhere in the country into how the disease affects women or their children, which makes WITS one of the more important (though little-publicized) AIDS studies under way. An $8-million initiative funded by the National Institutes of Health, it has already involved more than 100 women and 50 children with the HIV virus in Chicago. (WITS projects are also under way in New York, Boston, and San Juan, Puerto Rico.)

The program's primary purpose is to discover how the HIV virus is transmitted to fetuses, a process that remains mysterious. Why do only 15 to 30 percent of infants born to infected mothers become infected? When does the infection occur—in the womb? during birth? Are there ways to prevent transmission altogether? These are the sorts of questions WITS hopes to answer. "This project will be the largest study of perinatal AIDS in the world and certainly one of the best controlled," says Dr. Kenneth Rich, the Chicago study's principal investigator and head of pediatric immunology and rheumatology at the University of Illinois at Chicago.

WITS also represents one of the few opportunities Chicago has had to lead—or at least remain on a par with—other major cities in the race to understand AIDS in

photograph: FRANCISCO CACERES

women and children. "Out of 47 AIDS clinical trial sites, Chicago was funded again to continue," says Bob Hultz of the not-for-profit Test Positive Aware Network. "Numerous other cities were not. A number of sites were cut back dramatically. The fact that Chicago was renewed is your best indication of optimism."

An African-American woman in her mid-20s sits in the waiting room and watches as her 15-month-old son runs from corner to corner, hiding behind desks, playing peek a boo with the staff. He's in constant motion. Both he and his mother are infected with the HIV virus.

"When I was pregnant with my daughter, three years ago, they asked me if I wanted to be tested," the woman says. "I said OK. I was sure I didn't have it. A week later, a telegram came, and it was urgent." She had tested positive.

Her daughter was born free of the virus, but when she became pregnant with her son a year later, the woman enrolled in WITS. Although any HIV-infected woman in the Chicago area between the ages of 15 and 44 is eligible to do the same, few do. "It's always difficult to find the women," says Gerri Alexander, the fiercely dedicated Chicago project coordinator for WITS. The main obstacle is obscurity: The study is not well known, so getting the word out to the health-care community is one of Alexander's top priorities. "We participate in community network organizations, send out pamphlets, speak at public gatherings, go to hospitals," says Alexander, who is a registered nurse.

At present, 100 women—about ten of whom are pregnant—and 53 children locally are enrolled in WITS. Most of the women were identified while in their pregnancies—which in itself is a major advance in AIDS research in Chicago. "In 1990, over 50 percent of women with AIDS were identified either at the time of their deaths or shortly before, precluding any possibility of altering the course of their illness," says Dr. Pat Garcia, high-risk obstetrician at both Northwestern University and WITS.

"It wasn't until the last half of 1991 [when heightened awareness of heterosexual transmission led more doctors in Chicago to implement routine testing for pregnant women] that we began to see that ten percent of the cases of AIDS in Chicago are women."

Treatment was another problem. Before 1989, when WITS began, the only clinic for HIV-infected women in the Chicago area was at Cook County Hospital. What WITS could offer that Cook County couldn't was care specifically tailored to pregnant women with HIV. They get medical exams and prenatal care, along with individualized support from social workers who are on call 24 hours a day. After they give birth, they see a doctor every six months, receiving $20 per visit to cover expenses. Mothers' and children's appointments are scheduled for the same time. "Women have always been much better at attending to the health-care needs of their families, to the exclusion of themselves," says Dr. Garcia.

Christine, 35, a suburban white woman and former drug addict, concurs. "If I didn't have my baby, I probably would never get to the doctor. I go in there mainly to keep him healthy. And now my attitude is: I want to keep myself healthy, because I want to keep him healthy."

The research side of WITS proceeds unobtrusively; few of the women seem to care that they're part of a major clinical study. Nurses take samples of blood, urine, and placentas; monitor T-cell counts (a type of white blood cell that helps protect the body against infections); and note changes in body weight and condition. "Our goal," Alexander says, "is to prove that many of the women who have been described as tough to keep in a research project actually can be reached, helped, and will stay if you organize it appropriately and give them the right kinds of services."

RESULTS FROM THIS STUDY WILL PROFOUNDLY AFFECT WOMEN FAR BEYOND THE CONFINES OF THE UNIVERSITY OF ILLINOIS HOSPITAL, ONE DOCTOR SAYS.

The WITS staff includes pediatricians, obstetricians, an infectious-disease specialist, a neurologist, a developmental psychologist, as well as phlebotomists, nurses, social workers, a nutritionist, data-management specialists, and support staff—in all, 25 full- and part-time members, plus volunteers. Together, they are gaining insight into some fundamental questions about women and AIDS, such as why women who know they're infected with HIV choose to become pregnant or to give birth. "For women from [poverty-stricken] high-risk environments, 70- to 85-percent odds of a healthy baby don't sound bad," explains Joan Palmer, coordinator of social work.

Then there are the children, and WITS devotes considerable effort to studying their development. "We are already learning some things that are surprising," says Dr. Lucy Park, a WITS pediatrics immunologist at the University of Illinois at Chicago. "The incidence of transmission from mother to fetus is less than what we used to think, and the babies seem to stay well for a longer time than we previously thought." Which leads to some psychological issues: "AIDS is a disease, but this disease is now also a stressor in a kid's life," says Scott Azuma, of the National Association for Perinatal Addiction Research and Education, who is developmental psychologist for the WITS program. "So even if a kid doesn't develop [as] HIV positive, they're still living with someone who has a chronic, fatal, terrible disease. The effect of that alone on a kid is mind-boggling."

WITS hopes to present its findings on these and other issues in July at the Eighth International Conference on AIDS, to be held in Amsterdam. "Since this program involves such large numbers, clearly any information that comes out of this project will hold more statistical significance than projects that are following smaller numbers," says Alexander. "We're following women over a long period of time, and we're following different populations in different parts of the country."

The implications, Dr. Rich says, are considerable. "One of the things that's important about the WITS program, in terms of its research component," he explains, "is that a lot of studies can be incorporated, making use of the huge amount of correlative data we have."

Which means WITS and its findings will affect women far beyond the University of Illinois Hospital. "It's quite profound," says Dr. Garcia. "I think about it all the time, that amidst the great tragedy, there's such huge potential to contribute to something so important."

Joan Palmer sees both sides of that contribution. "I feel very much indebted to the women [in the study]," she says. "The sheer magnitude of the difficulties some of them go through is unbelievable. And I'm amazed and in awe of their ability to keep going, to enjoy life, and to have hope." ~

WITS: Special Care for HIV+ Pregnant Women

at the

University of Illinois Medical Center

Where can HIV+ pregnant women receive ongoing state-of-the-art prenatal and post partum care as well as comprehensive social work support? ... The WITS project at UIC!

What in the World is WITS?

WITS (Women and Infants Transmission Study) is a NIH (National Institutes of Health) funded medical research project that seeks to learn more about perinatal transmission of HIV. There are many unanswered questions about this process - for example, why are only 15-25% of the children born to HIV+ mothers infected, and when does infection actually occur – in the womb? during delivery?; how effective is early intervention for infected infants? By studying a large group of women from many different areas – New York, Boston, Chicago, Puerto Rico, and Houston – researchers hope to learn more about this process. The answers to these questions may eventually help us find ways to prevent perinatal HIV transmission altogether. The University of Illinois Medical Center is one of these research sites. Enrollment in WITS/UIC offers HIV+ pregnant women excellent medical care and social support; at the same time, their participation contributes to a better understanding of HIV infection.

WITS/UIC participants are referred to the project by medical clinics and social service programs all over the city and suburban Chicago area - some come from as far as Joliet and Waukegan to take part in the project. Participants receive prenatal care, delivery, and post partum care, as well as specialty pediatric care for their infant at the University of Illinois. The WITS health care team is a dedicated group of medical specialists, highly trained nurses, clinical social workers, and pediatric developmental specialists who all work closely with each participant to provide necessary care and support. Each WITS participant can reach her social worker or a nurse 24 hours a day by page – so situations that arise can be dealt with quickly and effectively.

Some prospective participants are understandably wary of any "research" project. WITS, however, is a descriptive study, not an experimental project, so WITS participants are not subject to any special proceedures or medications. WITS research information is gathered from blood studies, physical examinations, and lifestyle questionnaires. Research study visits are incorporated into the normal schedule of prenatal, post partum, and pediatric care, so WITS participants do not have "extra" appointments. At study visits, in addition to their physical exam, participants have their blood drawn and participate in study interviews; they are reimbursed $20 for each study visit to cover expenses such as child care and transportation.

WITS participants also have the option of enrolling in some ACTG clinical trials if they desire. For example, ACTG 076 - a study of the effectiveness of AZT in reducing perinatal transmission - is currently available to WITS participants. Pediatric clinical trials, including vaccine trials, are also available.

A visitor to the WITS clinic might be surprised to discover that it is much like any other outpatient clinic. Children play, mothers hold their babies, nurses cheerfully weigh and measure patients ... and everyone looks fairly healthy. This is in part a testimony to the recent advances that have been made in prevention and treatment of opportunistic infections and the delay of disease progression. The majority of adult WITS participants are asymptomatic; many were tested for HIV for the first time when they were pregnant. The incidence of HIV in women is rising rapidly. Women are infected through heterosexual sex with an infected partner much more readily than men. This means that all sexually active women are "at risk" so the emphasis on "risk factors" as a way to identify individuals who may be infected has limited relevance for women. In fact, the average WITS participant is 28-30 years old, is not an IVDU, and has had few lifetime sexual partners. Infected children are also, on the average, living much longer. A few years ago, the average HIV+ child lived only 3 years - now that age has risen to 7 years. Also, until recently, it was not possible to know which children were infected for a long time – because all children born to HIV+ mothers retain their mother's HIV antibodies for 12-18 months, and the standard HIV test, which tests for HIV antibodies, could not distinguish infected and non-infected children until the noninfected children "seroreverted", that is, lost their maternal antibodies. Now, in special projects such as WITS, infants can be given newer tests that detect the HIV virus itself. When children are identified early, generally before 6 months of age, the incredibly stressful waiting period for parents is shortened and early medical intervention can both improve the quality and length of the child's life.

WITS Participants

Chicago WITS has been enrolling participants since February 1990; the grant has recently been renewed through August 1997. Currently, the 130 adult WITS/UIC participants are a diverse group both socioeconomically and ethnically - - they range in age from 16-43 years; 62 % are African-American, 24% are white, and 14 % are Latina. Although some participants are employed, the majority receive support from public aid. At enrollment, about 40% are active substance abusers and 26% are involved with DCFS.

WITS Social Work Services – A Comprehensive Model

WITS staff have been highly successful in engaging participants in project services — 97% of those who still live in the Chicago area have remained in the study through the years even though many of these were women who had little previous contact with the health care system. The uniquely designed social work intervention, which simultaneously addresses both practical problems and the underlying issues that impede change, has been highly successful in promoting improved social functioning. For example, among substance abusers enrolled for at least a year, fully 44 % are currently in drug treatment or have stopped drug use; among participants with housing problems, 63 % have achieved a more stable living situation. WITS social workers provide the outreach, systems advocacy, and clinical skill that support participants' efforts to reach their personal goals despite the added stress of living with HIV. WITS social workers also facilitate a weekly support group for HIV+ adults where lunch is served and participants can discuss common concerns and issues.

Networking with other service providers is an important part of the WITS commitment to coordinated care. Close liaison, which arises from individualized service plans, gives participants the solid support that is the hallmark of the WITS collaborative model. WITS staff members are also active members of many networking groups, such as the Southside Caucus of the AFC Case Management Cooperative, the FCAN Advocacy Task Force, the Illinois Caucus on Adolescent Health, and the Refugee and Immigrant Health Task Force. WITS has taken a leadership role in developing policy and program initiatives, such as the new standby guardianship law and respite care programs, that will help families affected by HIV provide better care for their children.

Who Can Enroll in WITS?

Any pregnant woman between the ages of 15 and 44 years who has a confirmed positive HIV antibody test and is interested in participating is eligible for WITS. Because study exams and tests are free of charge, prospective participants do not have to have medical coverage to enroll. Once enrolled, social work staff will help eligible uninsured participants obtain medicaid coverage. The WITS health care team will coordinate an individualized plan of care and help with other participant concerns such as transportation arrangements, disability status, and housing. Enrollment appointments can usually be made within a few days of the initial contact to the project; enrollment is encouraged as early in the pregnancy as possible but participants can be accepted even a few weeks before delivery.

Referrals to WITS

Eligible women can call at any time for information and an enrollment appointment. For referring agencies, in the interest of confidentiality, it is requested that clients be informed and give written consent to the referral. For enrollment information or referral call Joan Palmer, WITS Coordinator of Social Work, at:

(312) 996-7479

For administrative inquiries, call Gerri Alexander, Project Coordinator, at (312) 996-5510.

The mailing address of WITS is:

WITS - Mail Code 856
University of Illinois Medical Center
840 S. Wood Street
Chicago, IL 60612

10/28

MEETING INFORMATION FOR
KRISTINE M. GEBBIE

ONAPC STAFF CONTACT: STEVE LEE

DATE/TIME EVENT: 2/24 & 25/94

LOCATION: University of Illinois @ Chicago

ORGANIZATION: Midwest AIDS Training & Education Center

CONTACT: Carolyn Sipes (708) 369-7060
819 Raintree Drive Naperville, IL 60540

TOPIC: Women and AIDs, federal policy

FORMAT: speech - keynote 2/24, panel 2/25 1-3:15

BACKGROUND: 500 nurses, social workers, physicians, allied health professionals for kick off for consortium effort (IL, MI, WI, IN, ?)

CONFLICTS: none ~~as~~ to date

DIRECTION TO STAFF

on calendar

SCHEDULE ____ SCHEDULE FOR OTHER TIME ____ REGRETS ____

SEND SURROGATE (who?) _____

COMMENTS: _____

STAFF CHECKLIST: CONFIRMED____ CALENDAR____ TRAVEL____ HOTEL____

THE WHITE HOUSE

Dear Caryn —

Many thanks for the dinner and information on MATCH, and for the opportunity to be a part of the conference on HIV in women. You've got some great folks, and a lot of energy! All the best —

Kathleen

UIC
The University of Illinois at Chicago
Community Outreach Intervention Project (M/C 922)
Epidemiology-Biostatistics Program
School of Public Health
2121 West Taylor Street, Room 549
Chicago, Illinois 60612

Tel. (312) 996-5523
FAX (312) 996-0064

____ URGENT
DELIVER IMMEDIATELY

DATE: Feb. 22, 1994

FAX COVER SHEET

FROM: Barbara Huyler

TO: W. Steve Lee
Executive Assistant FAX NUMBER: 202 632 1096

3 PAGES INCLUDING COVER

****
**********MESSAGE**********

Mr. Lee:

Attached is the final agenda for Kristine Gebbie's visit to the Community Outreach Intervention Projects at the University of Illinois at Chicago along with a press release. We are all looking forward to Ms. Gebbie's visit.

Wayne will meet Ms. Gebbie outside the Cook County School of Nursing at 1900 West Polk at noon. The School of Nursing is directly across the street from the Illini Union where the luncheon will be held. I can be reached at (312) 996-0812. Thank you so much for all your help and please thank Ms. Holman as well.

Also the Federal Ex. hasn't arrived yet. After all that. Could you please call me with the Fed. Ex. number. Thanks.

AGENDA

COMMUNITY OUTREACH INTERVENTION PROJECTS
AGENDA FOR

KRISTINE GEBBIE,

NATIONAL AIDS POLICY COORDINATOR

THURSDAY, FEBRUARY 24, 1994

12:00 - 1:30 PM **LUNCHEON:**

Recovery Room
Chicago Illini Union
828 South Wolcott Avenue
Chicago, Illinois

- ❑ *Overview of Community Outreach Intervention Projects by Wayne Wiebel, Ph.D. and Mary Utne-O'Brien, Ph.D.*
- ❑ *Attended by Community Outreach Intervention Projects Directors and University Officials*

2:00 - 4:00 PM **FIELD STATION VISITS:**

45 minutes

Northwest Field Station
1610 North Kedzie Avenue
Chicago, Illinois

- ❑ *Minority Gay Outreach*
- ❑ *Primary Health Care*

45 minutes

Austin Field Station
5218 West Division Street
Chicago, Illinois

- ❑ *Adolescent Outreach*
- ❑ *HIV Counseling & Testing*

4:00 - 5:30 PM **TOWN MEETING: "In Recognition of Seven Years of Community Based HIV/AIDS Intervention"**

Eye & Ear Infirmary Auditorium
University of Illinois at Chicago
1855 West Taylor Street
Chicago, Illinois

- ❑ *Introduction by Wayne Wiebel, Ph.D.*
- ❑ *Presentation by Kristine M. Gebbie, R.N., M.N., F.A.A.N.*

NOTICE!!!!

TOWN HALL MEETING TO RECOGNIZE SEVEN YEARS OF COOPERATIVE COMMUNITY INTERVENTION TO PREVENT HIV/AIDS

National AIDS Policy Coordinator Kristine Gebbie will join the Community Outreach Intervention Projects (COIP) at the UIC School of Public Health on February 24, 1994, to honor seven years of extraordinary collaboration among groups in the City of Chicago working to respond to the AIDS epidemic. Because of the effective, day-in, day-out working relationships among COIP and these other groups, Chicago has witnessed an unparalleled level of success in the prevention and treatment of HIV/AIDS among substance abusers and their families. This Town Hall meeting will serve to recognize and celebrate these community efforts.

In 1986 the COIP began an innovative program of street outreach to prevent HIV infection among injection drug users (IDU). COIP uses former addicts -- Indigenous Leaders -- to serve as street outreach workers. They target groups of injectors (reaching thousands annually) and educate them about the risks for HIV infection in their lives, reinforce the adoption of risk-reduction measures, refer those interested into drug treatment, and arrange case management and other services for those infected with HIV.

Research on the impact of the COIP street outreach indicates that over four years, risky injection practices among those targeted by COIP plummeted, along with a dramatic drop in new HIV infections. In one study group of just 600 injectors, more than 80 infections were prevented -- over 80 lives were saved -- in a four year period. The savings from investment in these prevention services in dollar terms alone is estimated at almost $10 million. For every $1 invested in street outreach, $26 was saved in health treatment costs.

COIP has also worked to place hundreds of addicts in drug treatment, and the street outreach, led by former injectors successfully living drug-free while returning to serve in their communities, has inspired and assisted hundreds of other injection drug users to cease drug use altogether.

Essential to the success of COIP's community outreach have been the working relationships with others committed to the prevention and treatment of HIV/AIDS among Chicago's least enfranchised -- substance abusers and their families. Over 200 of these COIP "partners" -- individuals and agencies -- have been invited to the Town Hall Meeting to be publicly acknowledged for their efforts by Ms. Gebbie.

Please come and join COIP and Kristine Gebbie in this celebration of project staff and you, our community partners.

Thursday, February 24, 1994 4:00 - 5:30 pm
Eye/Ear Infirmary Auditorium
1855 West Taylor - First Floor
R.S.V.P. to 996-5523

UIC The University of Illinois at Chicago

Community Outreach Intervention Projects (M/C 922)
Division of Epidemiology and Biostatistics
Room 552 School of Public Health West
2121 West Taylor Street
Chicago, Illinois 60612-7260
(312) 996-5523 Fax: (312) 996-0064

RECEIVED
MAR 29 1994

March 15, 1994

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

Dear ~~Ms. Gebbie~~ Kristine:

On behalf of the Community Outreach Intervention Projects (COIP) of the University of Illinois at Chicago, I want to express our thanks for your visit to our programs. After eight years of HIV education, prevention and intervention in several of Chicago's most impoverished communities, your recognition and support of our efforts were welcomed and appreciated by the staff of COIP and its collaborative agencies.

We were all encouraged by your words of commitment and support for the work that COIP and many other community agencies are undertaking to reduce the spread of HIV infection among substance abusers and their families. Your visit with the staff and clients of the Northwest and Austin field stations was confirmation of that commitment and concern as was your signing of the multitude of recognition certificates. I know it was a tedious and lengthy task, and we all thank you.

I have enclosed several pictures that were taken during the Town Meeting. If you would like any of the photos enlarged, or if I can otherwise be of further assistance, please feel free to call me at (312) 996-4870. I certainly enjoyed the opportunity to meet you and to discuss our work, and I look forward to any future opportunities for cooperation between COIP and the National AIDS Policy Office.

Sincerely,

Wayne Wiebel, Ph.D.
Director

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UIC The University of Illinois at Chicago

Community Outreach Intervention Projects (M/C 922)
Division of Epidemiology and Biostatistics
Room 552 School of Public Health West
2121 West Taylor Street
Chicago, Illinois 60612-7260
(312) 996-5523 Fax: (312) 996-0064

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750 17th Street, N. W., Suite 1060
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Sincerely,

Wayne Wiebel, Ph.D.
Director

UIC The University of Illinois at Chicago

Perinatal Center (M/C 808)
820 South Wood Street
Chicago, Illinois 60612-7313
(312) 996-4390 Fax: (312) 413-0263

Fax: L&D (312) 996-9350, NICU (312) 996-2328
Transport: OB (312) 666-0555, NICU (312) 996-4150

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APR 11 1994

PERINATAL CENTER

Co-Directors
Maternal/Fetal Medicine:
Andre Bieniarz, MD
(312) 996-7300

Neonatology:
Dharmapuri Vidyasagar, MD
(312) 996-4185

Administrator
(312) 996-0818

Outreach Education
(312) 996-4190

Genetic Counseling
(312) 996-9134

Developmental Follow-up Program
(312) 996-1777

April 5, 1994

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, NW
Suite 1060
Washington, DC 20500

Dear Ms. Gebbie,

Thank you for your participation at the conference AT THE CROSSROADS: MATERNAL AND CHILD HEALTH MEETS HIV DISEASE on February 24 and 25, 1994. We appreciate your taking time from a busy schedule and traveling through a Chicago snowstorm to share with us! Participant evaluations were excellent and we have been asked to repeat this program in the future. The Planning Committee is pleased to report that the primary objective of the conference was met. This objective was to increase awareness of the need to implement a policy for HIV education, counseling, and testing programs for pregnant and postpartum women in Illinois.

The momentum created by the conference has led us to strategize our next steps. The Families and Children's AIDS Network (FCAN), in cooperation with the Illinois Maternal and Child Health Coalition (IMCHC), propose to make HIV prevention among women a top advocacy initiative. They propose to establish a planning structure, a model policy, a curriculum and a pilot training conference. Systemic advocacy among perinatal centers and the Illinois Department of Health will be a major part of this activity.

Many of you will be invited to join in the planning. If you are interested in getting involved, please call FCAN at (312)655-7360 or IMCHC at (312)384-8828.

Once again, thank you for being a part of this health care vision of HIV prevention among women and children in Illinois. We have enclosed collated copies of our evaluations and demographic information for your information.

Sincerely,

The MCH/HIV Conference Planning Committee

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MAR 18 1994

March 14, 1994

Dear Ms. Gebbie,

It was such a pleasure to meet you last Friday at Howard Brown Health Center in Chicago! Thank you for agreeing to deliver my letter to President Clinton.

Having been a PWA and a client of HBHC for over two years, I can attest to the need for the support services they offer; Howard Brown is indeed representative of the leadership and strength that has come from the gay/lesbian community. I am also impressed by your personal commitment to HIV issues. You bring experience, leadership and compassion that is so badly needed.

I, too, have enjoined myself to the battle, working with Renslow Sherer, MD, at Chicago's Cook County HIV Primary Care Center. I have also dedicated my writing and communication talents as a "conservative activist" – seeking to facilitate change from within the system rather than through abandonment. Much like you, I am "lobbying" and educating anyone and everyone who will listen.

I look forward to working with you again, and hope we can continue our open dialogue about HIV issues. It will take tremendous leadership – from the top down to the "front lines" – to make HIV but a memory. But if we rise to the challenge and reach deep into our humanity, I know, together, we can do it.

Fondly,

Rex Sandborg

Rex J. Sandborg
Cook County HIV Primary Care
Office 312·633·6142
Home 312·275·4214

PHOTOCOPY
PRESERVATION

Open Hand Chicago is a non-profit organization which provides nutritious meals to men, women, and children living with AIDS in the Chicago area. Through the commitment of our dedicated volunteers, Open Hand has delivered over 500,000 meals in the last 5 years.

Your donation for these cards benefits Open Hand Chicago. For more information, or to become an Open Hand volunteer, call (312) 665-1000.

RIVA LEHRER, NEMESIS, 1988
2½" x 3" x ½", mixed media

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

Rex Sandborg
3712 N. Broadway #186
Chicago, IL 60613

PHOTOCOPY
PRESERVATION

EVANGELICAL LUTHERAN CHURCH IN AMERICA

8765 West Higgins Road • Chicago, Illinois 6a631-4190 • Fax 312/380-1465 • RIS 800/638-3522

Division for Church in Society

RECEIVED
MAR 31 1994

March 25, 1994

Ms. Kristine Gebbie
750 17th Street, N.W.
Suite 1060
Washington, DC 20503

Dear Kristine:

Your presentation to the board and staff of the Division for Church in Society was outstanding. Thank you for your bold and clear challenge to the Evangelical Lutheran Church in America regarding the HIV epidemic.

The board adopted the following resolution in response to your time with us:

> Be it resolved that the Board of the Division for Church in Society expresses its appreciation to Kristine Gebbie and expresses its support to the President of the United States for her service to the nation;
>
> Be it further resolved, that the Executive Director of the Division for Church in Society express the board's recommendation to the 1995 Churchwide Assembly Planning Group that Kristine Gebbie be invited to address the ELCA assembled as a church in 1995.

Thanks so much for your leadership in national service and for your time with us on March 10.

Sincerely,

Charles Miller

The Rev. Charles S. Miller
Executive Director

cc: Ms. Ingrid Christiansen

The Annual Margaret J. Stafford
Research & Education Lecture

RECEIVED
MAR 18 1994

Kristine Gebbie, RN,MN,FAAN
Executive Office of the President
National AIDS Policy Office
750 17th Street, N.W., Suite 1060
Washington, D.C. 20503

March 16, 1994

Dear Ms. Gebbie,

On behalf of the Nursing Service and the Local Unit at VA Hines Hospital, I would like to thank you for presenting the "Margaret J. Stafford Research and Education Lecture."

Your lecture provided us with an excellent overview of the major issues facing us as Health Care Professionals and as individuals in light of the AIDS epidemic and health care reform. Your presentation was very well received by those in attendance. The written evaluations were overwhelmingly positive.

We were very proud to welcome you to VA Hines Hospital and pleased that you could participate honoring "one of our own" in nursing.

Once again, thank you.

Sincerely,

Susan Smalheiser

Susan Smalheiser, RNC, MSN
Clinical Nurse Educator Surgical Nursing

Jointly sponsored by VA Hines Nursing Service and the Hines Local Unit of the Illinois Nurses Association

Department of Veterans Affairs, Edward Hines, Jr. Hospital
Fifth Avenue & Roosevelt Road, Hines, IL 60141 (708) 216-2018

The Annual Margaret J. Stafford Lecture

"Women Living With HIV"

Women's Interagency HIV Study (WIHS)
Chicago Consortium For The Comprehensive Study of HIV Disease
Cook County School of Nursing
1900 W. Polk Street, Student Lounge, Second Floor
Chicago, Illinois 60612

Press Conference & Briefing
February 24, 1994

8:30 a.m. - 9:00 a.m.	***Breakfast***
9:00 a.m. - 9:30 a.m.	***Press Conference***
Ruth M. Rothstein, Chief Cook County Bureau of Health Services Cook County Hospital Director	Welcome
Hon. Richard J. Phelan, President Cook County Board of Commissioners	Impact of HIV on women in Cook County
Mardge Cohen, MD, Director CCH Women & Children HIV Program	Announce Study on "Progression Of HIV Disease In Women"
Representative	Chicago Women's Research Council - Community involvement in protocol design
Maudette Carr Hospice Worker	Presentation of Poem written by deceased AIDS Patient
Kristine Gebbie, RN, MN, Coordinator Office of the National AIDS Policy Executive Office of the President	"Women and AIDS"

Discussion On Women Living With HIV
9:30 - 10:30 a.m.

Panelists:

Kristine Gebbie, RN, MN
Mardge Cohen, MD, Cook County Hospital
Constance Benson, MD, Rush Presbyterian -St. Luke's Medical Center
Patricia Garcia, MD, Northwestern Memorial Hospital
Ronald Hershow, MD, University of Illinois Hospital and Clinics

Contact: Wynona Redmond/Tabrina Davis (312) 633-7401

FOR IMMEDIATE RELEASE

County Hospital Lead Agency In NIH Funded Study On

Women Living With HIV

CHICAGO, February 24, 1994 -- Cook County Hospital has received a $5 million dollar grant from the National Institutes of Health to collaborate with four Chicago hospitals to investigate the progression of HIV disease in women over a three year period.

The Chicago Consortium for the Comprehensive Study of Women Living with HIV (WIHS) is a multicenter longitudinal study with a collaboration between Cook County Hospital, as lead agency, Northwestern Memorial Hospital, Rush-Presbyterian St. Luke's Medical Center and the University of Illinois Hospital and Clinics. The four institutions collectively provide primary care services to more than ninety percent of the infected women in Chicago.

"Since women represent the fastest growing group of new AIDS cases, this is an important initiative in AIDS research," stated Richard J. Phelan, president, Cook County Board of Commissioners.

This is the first study that will examine the natural history and course of certain gynecologic conditions to determine whether HIV infected women have a higher incidence of such infections, more advanced stages of disease and are less responsive to treatment.

- more -

WIHS GRANT / ADD ONE

The study group will consist of 250 HIV infected women who receive medical care for their HIV infection from the participating hospitals and 50 uninfected women.

"The study will help define HIV in women by identifying certain AIDS-related illnesses and non-HIV related diseases in HIV infected women," stated Mardge Cohen, MD, director, Cook County Hospital's Women And Children HIV Program, the largest provider of medical services to HIV-infected women and children in the state of Illinois.

Cohen is the principal investigator at County with other prominent physicians as counterparts at the other facilities including: Patricia Garcia,MD, Northwestern Memorial Hospital , Constance Benson, MD, Rush-Presbyterian-St. Luke's Medical Center and Ronald Hershow, MD, University of Illinois Hospital and Clinics.

Federal agencies involved in the study include National Institute of Allergy and Infectious Diseases (NIAID); CDC (Center for Disease Control); National Institute of Child Health and Human Development (NICHD); and National Institute of Dental Research (NIDR). The Women's Interagency HIV Study consists of six centers located throughout the U.S. including Bronx-Lebanon Hospital; University of California at San Francisco; University of Southern California; Georgetown University; and SUNY-Brooklyn.

###

AGENDA

COMMUNITY OUTREACH INTERVENTION PROJECTS
AGENDA FOR

KRISTINE GEBBIE

NATIONAL AIDS POLICY COORDINATOR

THURSDAY, FEBRUARY 24, 1994

12:00 - 1:30 PM **LUNCHEON:**

Recovery Room, Lower Level
Chicago Illini Union
828 South Wolcott Avenue
Chicago, Illinois

- ❑ *Overview of Community Outreach Intervention Projects by Wayne Wiebel, Ph.D. and Mary Utne-O'Brien, Ph.D.*
- ❑ *Attended by Community Outreach Intervention Projects Directors and University Officials*

2:00 - 4:00 PM **FIELD STATION VISITS:**

45 minutes — Northwest Field Station
1610 North Kedzie Avenue
Chicago, Illinois

- ❑ *Minority Gay Outreach*
- ❑ *Primary Health Care*

45 minutes — Austin Field Station
5218 West Division Street
Chicago, Illinois

- ❑ *Adolescent Outreach*
- ❑ *HIV Counseling & Testing*

4:00 - 5:30 PM **TOWN MEETING: "In Recognition of Seven Years of Community Based HIV/AIDS Intervention"**

Eye & Ear Infirmary Auditorium
University of Illinois at Chicago
1855 West Taylor Street
Chicago, Illinois

- ❑ *Introduction by Wayne Wiebel, Ph.D.*
- ❑ *Presentation by Kristine M. Gebbie, R.N., M.N., F.A.A.N.*

Sent MAR 2 1994

THE WHITE HOUSE
WASHINGTON

Dear Wayne —

Many thanks for all you did to make my Chicago trip so informative. Please share my appreciation with all your staff, volunteers and clients — you are doing great work, and I look forward to continuing contact.

My best wishes —

Cuomo

UIC The University of Illinois at Chicago

Community Outreach Intervention Projects (M/C 922)
Division of Epidemiology and Biostatistics
Room 552 School of Public Health West
2121 West Taylor Street
Chicago, Illinois 60612-7260
(312) 996-5523 Fax: (312) 996-0064

RECEIVED
JAN 31 1994

January 21, 1994

Steve Lee
National AIDS Policy Office
Executive Office of the President
750 17th St. N.W., Suite 1060
Washington D.C. 20503

Dear Steve:

Thank you for the phone call this morning. We are all very pleased that Kristine Gebbie has been able to accept Dr. Turnock's invitation to visit our AIDS outreach intervention projects next month. As you suggested, I will outline here some of the options which are available to select from in order to plan the visit. Our operations currently include 15 community-based AIDS intervention research and/or service initiatives (see attached summary). These reach about 32 community areas which are serviced through six fieldstations as well as mobile outreach teams. Targeted populations include injection drug users, their sex partners, commercial sex workers, high risk youth, and minority gays. Intervention services span a continuum from prevention to early intervention and treatment/therapy. Specifically, our "Indigenous Leader Intervention Model" provides community outreach, prevention/education, prevention material distribution (condoms, bleach, syringes etc.), HIV testing and counseling, support groups, case management, primary health care, dental care, and transportation/referral to appropriate social and health care service providers.

Assuming that our fieldstations offer the most controlled environment for community visits, I will profile the community areas served by these fieldstations and note any service components which are unique to that community.

Northside - the most racially and ethnically diverse of Chicago communities. Near Northwest Side - predominantly Puerto Rican with some Afro-american, other hispanic and whites. Southside - almost entirely Afro-american including the most longstanding IDU subculture and our only dental clinic. Far Westside - almost entirely Afro-american with our only high risk youth outreach component.

Please let me know the service components and community areas which may be of greatest interest so that I can get back to you with a proposed itinerary for your final approval. As I

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understand the current possibilities for the afternoon visit planned for February 24th, we have the time period from lunch to late afternoon to schedule activities. This may provide the opportunity for three sequential events. 1) A luncheon followed by a brief overview of our program and major research findings; 2) a visit to one or more community-based fieldstations; and 3) a Town Meeting in recognition of seven years of community-based AIDS intervention programming to include representatives of Chicago's community-based AIDS service providers and public health authorities. With your approval, I believe this last suggested event may offer an ideal opportunity for media coverage to increase public awareness of the continuing challenge posed by the AIDS epidemic and the need for comprehensive, cooperative programming to address this threat.

I look forward to hearing from you soon and helping to ensure a most worthwhile visit to our city. Please do not hesitate to contact me if further information or assistance is required.

Sincerely,

Wayne Wiebel, Ph.D.
Director

cc: Dr. Turnock

encls: project summary

COMMUNITY OUTREACH INTERVENTION PROJECTS (COIP)

FUNDED RESEARCH PROJECTS

AIDS IDU Social Network Panel Study is the five year longitudinal research project funded by the National Institute on Drug Abuse which continues the study of the panel that participated in the NADR Projects between 1987 and 1990. The longitudinal panel also includes non-injecting drug users and sex partners. This study continues to evaluate the effectiveness of the HIV/AIDS education and intervention activities of the indigenous outreach workers. This model was one of two enhanced intervention models recommended by the Secretary of Health and Human Services in Block Grant legislation as exemplifying scientifically formed strategies mandated for states to adopt. This project is conducted at the Northside, Southside, and Northwest side field stations and follows a cohort of 1100 IDUs.

Evaluation and Enhancement of Street Outreach is a five year research project funded by the Centers for Disease Control. This project monitors the efficacy and deployment strategies of the project's Mobile AIDS education and intervention efforts though the monitoring of 400 longitudinal study panel members from East Garfield and Woodlawn. Information obtained from this project is expected to be useful to state and local health organizations by providing guidelines for enhanced mobile outreach service delivery.

The Neighborhood Outreach Demonstration Project is a 5 year multi-method, longitudinal investigation of the effects of formal and informal social support systems on drug-using populations in a non treatment setting. This program, which is funded by the National Institute on Drug Abuse, operates out of two storefront field stations located on the North and South sides of Chicago. One half of the two hundred study subjects were randomly selected to receive Case Management services and to participate in support groups operated by the project.

Natural History of HIV Infection in Injecting Drug Users is a three year longitudinal panel study funded by the Centers for Disease Control that examines HIV-infected injecting drug users with well defined dates of HIV-antibody seroconversion. The primary objective of this study is to determine whether co-infection with HTLV I/II agents influences the progression of HIV infection to the development of the symptoms of AIDS. This study is performed in collaboration with investigators located at Montefiore Medical Center in Bronx, New York; Beth Israel Hospital in New York; Johns Hopkins University in Baltimore, Maryland; and with investigators in Italy. This project operates at the Northside, Southside, and Northwest side field stations and follows a cohort of 70 IDUs.

Evaluation of Needle Exchange Programs in Chicago is an ongoing program funded by AMFAR to evaluate the effectiveness of current needle exchange programs in Chicago neighborhoods frequented by IDUs. This program collects data from IDUs who exchange needles as well as from COIP cohort members to determine if use of the needle exchange helps IDUs to reduce their risk of HIV infection. This study also identifies characteristics of both users and non-users of the exchange.

Factors Influencing Risk for HIV Transmission in IDUs is a newly initiated project funded by the Centers for Disease Control and Prevention which will examine the mechanisms and processes that influence IDUs to eliminate or engage in risky drug injection practices. This project will follow a mix of existing and newly recruited COIP cohort members who are known to be seronegative at Northside, Southside, and Northwest side field stations.

COMMUNITY OUTREACH INTERVENTION PROJECTS (COIP)

SERVICE PROJECTS

Outreach and Intervention Services to IDUs began as a NIDA project in 1987; the Illinois Department of Alcoholism and Substance Abuse assumed funding responsibility in 1990 and maintains 8 outreach workers in the Northside, Southside, and Northwest side field stations.

Austin Community Outreach is a project funded by CSAT that utilizes 2 adult and 2 youth outreach workers to provide HIV prevention education to adults and youths at risk for HIV infection through drug use. Two Case Managers are provided to facilitate client access to Drug Treatment, medical care, and other necessary social services. This project is operated out of a field station located in the Austin community.

Westside Outreach is funded by the Illinois Department of Public Health. This project funds 2 Mobile Team outreach workers who provide AIDS education and intervention services to IDUs in the Near West Side, Garfield, West Garfield, and Lawndale community areas.

Mobile Outreach is funded by the Centers for Disease Control and Prevention through the Illinois Department of Public Health. This project uses 5 mobile team outreach workers and one supervisor to provide mobile AIDS education and intervention services in the Southside communities of Washington Park, Englewood, West Englewood, Roseland, Altgeld Gardens and Maywood in suburban Cook County.

Outreach to Hispanic Females at Risk for HIV is a new project funded by the Chicago Department of Health. This project funds two part-time latina outreach workers to address the special issues of this high risk population. This project operates at the Northwest side fieldstation.

Integrated Community Based Primary Care is funded by HRSA through the Erie Family Clinic to provide case management services and access to primary health care services to IDUs. This program operates out of the project's Northwest side field station.

Minority Gay Outreach Intervention is funded through the City of Chicago. This project provides AIDS education and intervention services in taverns with minority gay clientele.

Title I Case Management is funded by HRSA through the AIDS Foundation for Chicago. This grant provides for 2 case managers for HIV-infected IDUs at the Southside and Northside field stations.

HIV Testing and Counseling utilizes 8 indigenous outreach workers to provide pre- and post-test counseling to IDUs. This experimental program, jointly funded by the Illinois Department of Alcoholism and Substance Abuse and the Illinois Department of Public Health, is being used to improve: i) the numbers of IDUs who are tested for HIV antibody; and, ii) the counseling those IDUs receive. These services are provided from a mobile van and the Austin, Northside, Southside, and Northwest side field stations.

COMMUNITY OUTREACH INTERVENTION PROJECTS

SUMMARY OUTREACH STATISTICS

JANUARY - DECEMBER 1993

	SOUTHSIDE		WESTSIDE		NORTH SIDE		IDPH MOBILE		IDPH WEST		AUSTIN		CUMULATIVE	
CONTACTS														
New Contacts	5,008	29.5%	956	8.2%	5,409	26.3%	7,503	42.5%	6,994	65.1%	15,121	79.1%	40,991	42.4%
Repeat Contacts	11,976	70.5%	10,738	91.8%	15,130	73.7%	10,150	57.5%	3,742	34.9%	3,992	20.9%	55,728	57.6%
Total Contacts	16,984		11,694		20,539		17,653		10,736		19,113		96,719	
OUTREACH HOURS														
	2,749		2,865		4,078		4,112		1,727		2,399		17,930	
DEMOGRAPHICS														
Race														
Black	10,324	98.3%	3,276	26.4%	10,579	58.4%	17,192	97.4%	9,886	92.1%	18,285	95.7%	69,542	78.5%
Hispanic	81	0.8%	6,544	52.7%	2,442	13.5%	165	0.9%	99	0.9%	384	2.0%	9,715	11.0%
Caucasian	64	0.6%	2,260	18.2%	4,799	26.5%	231	1.3%	216	0.0%	388	2.0%	7,958	9.0%
Other	32	0.3%	348	2.8%	283	1.6%	65	0.4%	535	5.0%	56	0.3%	1,319	1.5%
Risk Factor														
IVDU	5,850	55.7%	9,463	86.6%	7,290	38.7%	6,300	35.7%	2,748	25.2%	1,908	10.0%	33,559	38.2%
Sex Partner	370	3.5%	913	8.4%	3,694	19.6%	8,845	50.1%	7,474	68.5%	10,458	54.7%	31,754	36.1%
Other	4,281	40.8%	555	5.1%	7,863	41.7%	2,508	14.2%	688	6.3%	6,747	35.3%	22,642	25.7%
Sex														
Male	11,187	65.9%	8,532	73.0%	12,004	62.4%	11,285	63.9%	6,721	62.6%	10,707	56.0%	60,436	63.3%
Female	5,797	34.1%	3,162	27.0%	7,245	37.6%	6,368	36.1%	4,015	37.4%	8,406	44.0%	34,993	36.7%
Age														
Adults	10,388	98.2%	11,138	97.1%	15,232	84.1%	16,535	93.7%	9,782	97.1%	12,618	66.0%	75,693	87.0%
Adolescents	188	1.8%	332	2.9%	2,887	15.9%	1,118	6.3%	295	2.9%	6,495	34.0%	11,315	13.0%
Use Rock/Crack Cocaine														
Yes	1,456	13.9%	1,397	12.8%	2,693	14.9%	5,106	28.9%	1,901	17.7%	4,190	21.9%	16,743	19.2%
No	6,650	63.3%	8,832	80.8%	3,232	17.9%	2,143	12.1%	2,385	22.2%	8,306	43.5%	31,548	36.2%
Don't Know	2,395	22.8%	702	6.4%	12,178	67.3%	10,404	58.9%	6,452	60.1%	6,617	34.6%	38,748	44.5%
REFERRALS														
HIV Testing	124	293.8%	196	27.6%	279	20.4%	320	31.0%	88	20.2%	430	20.0%	1,437	23.2%
Drug Treatment	272	668.3%	167	23.5%	450	32.8%	313	30.3%	245	56.3%	1,346	62.5%	2,793	45.0%
AIDS Related Care	75	157.7%	126	17.7%	91	6.6%	93	9.0%	39	9.0%	148	6.9%	572	9.2%
Non-AIDS Medical Care	17	52.7%	40	5.6%	188	13.7%	239	23.1%	9	2.1%	54	2.5%	547	8.8%
Social Service	4	8.9%	155	21.8%	208	15.2%	35	3.4%	49	11.3%	76	3.5%	527	8.5%
Food	0	0.0%	3	0.4%	54	3.9%	4	0.4%	0	0.0%	4	0.2%	65	1.0%
Housing	4	10.7%	13	1.8%	95	6.9%	29	2.8%	2	0.5%	92	4.3%	235	3.8%
Transportation	2	8.0%	11	1.5%	6	0.4%	0	0.0%	3	0.7%	3	0.1%	25	0.4%

UIC/SPH/EPI-BIO ID:312-996-0064 JAN 21'94 18:46 No.010 P.06

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Wayne Wiebel, Ph.D.
Community Outreach Intervention Projects (M/C 922)
Division of Epidemiology and Biostatistics
The University of Illinois at Chicago
Room 552 School of Public Health West
2121 West Taylor Street
Chicago, IL 60612-7260

Dear Dr. Wiebel:

This letter confirms the visit of Kristine M. Gebbie, National AIDS Policy Coordinator, to the Community Outreach Intervention Projects facilities that target youth and minority gays at high risk for HIV/AIDS, and the awards ceremony, on the afternoon of Wednesday, February 24, 1994. Ms. Gebbie will be available from approximately 12:30 p.m. to 5:00 p.m.

I look forward to hearing from you on the final itinerary. Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

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

Enclosures

UIC The University of Illinois at Chicago

Office of the Dean (M/C 922)
School of Public Health
2121 West Taylor Street
Chicago, Illinois 60612-7260
(312) 996-6620 Fax: (312) 996-1374

OCT 19 1993

October 12, 1993

Felix need to coordinate this with the clinic I need to visit also

Kristine Gebbie RN
Coordinator of HIV/AIDS Policy
The White House
Washington DC

Dear Kris:

I very much enjoyed our brief visit in late September when you were at UIC on behalf of the Clinton Health Reform Proposal. You did a marvelous job---as usual.

Although we didn't get much opportunity to talk about HIV issues, I would like to extend a formal invitation for you to visit with us so we can familiarize you with some of our work in this area. Especially pertinent to your priority on preventive strategies our some of our outreach and indigenous leader models being successfully deployed in various Chicago neighborhoods. Wayne Wiebel (the director of these projects) and I would like for you to have the opportunity to visit as well as discuss these efforts and their implications for more effective prevention and control of HIV diseases.

Attached are some materials that will serve to introduce you to some of this work:

1) Our intervention manual which has been published by NIDA and referenced in recent block grant legislation as one of the scientifically sound intervention models for use by state drug treatment and prevention agencies.

2) A brief project summary providing an overview of our intervention and some important recent findings (originally prepared at the request of WHO).

3) Copies of two major presentations from the most recent International AIDS Conference as well as Wayne Wiebel's testimony before the National Academy of Sciences commission reviewing NIDA's AIDS program.

Please let us know when you might be available to hear and see more on any of these efforts. We will be pleased and honored to plan a full day (if you have that available) to get you to some of our six community based field stations, a mobile outreach operation and numerous service integrations with various primary care and communicable disease sites.

Sincerely,

Barney Turnock

312.996.5523

Bernard J. Turnock MD
Acting Dean

Attachments

Printed on 100% recycled paper

MATEC

Midwest AIDS Training
& Education Center

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808 S. Wood Street (M/C 779)
Chicago, Illinois 60612
(312) 996-1373

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School of Medicine
Indianapolis, Indiana

Missouri Department of Health/
University of Missouri
Jefferson City/Columbia, Missouri

Southern Illinois University
Alton, Edwardsville, and Springfield,
Illinois

The State Medical Society of Wisconsin
Madison, Wisconsin

The University of Illinois at Chicago
Chicago, Illinois

University of Iowa
College of Medicine
Iowa City, Iowa

University of Minnesota
School of Public Health
Minneapolis, Minnesota

December 10,1993

To: Maternal and Child Health Care Meets HIV Disease at the Crossroads Conference Speakers, February 24 & 25, 1994

From: Carolyn Sipes, RN, MSN, CNS, Program Committee

RE: Confirmation of speaking engagement for Kristine Gebbie

Thank you for agreeing to participate in this important conference on issues surrounding women and children with HIV. You are confirmed to speak on February 25, from 1–1:30 regarding system obstacles and solutions from a national perspective. You will find a copy of the program enclosed. Again, we are extremely grateful for your participation in this important conference.

If you have questions, please do not hesitate to call me at (708) 369–7060.

MATEC

Midwest AIDS Training & Education Center

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Indianapolis, Indiana

Kansas City AIDS Research Consortium
Kansas City, Missouri

The Medical College of Wisconsin
Milwaukee, Wisconsin

The University of Illinois at Chicago
Chicago, Illinois

University of Iowa
College of Medicine
Iowa City, Iowa

University of Minnesota
School of Public Health
Minneapolis, Minnesota

Washington University
School of Medicine
St. Louis, Missouri

February 15, 1994

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
The White House
Washington, D.C.

ATTENTION: W. Steve Lee, Executive Assistant and Scheduler

Dear Ms. Gebbie,

We are very excited that you will be able to join us for our upcoming conference "At the Crossroads: Maternal and Child Health Meets HIV Disease." We believe that this conference will offer important information and assistance to health care workers in the Chicago area who see women and newborns at high risk for HIV infection. Your address to the group will offer insight about the policy considerations connected with these services.

MATEC will be reimbursing your hotel and airfare expenses with funding from a grant from the State of Illinois Department of Health. We have made reservations for you at the Inn at University Village and look forward to seeing you on February 24th.

Sincerely,

Barbara Schechtman, M.P.H.
Administrative Director

MATEC

Midwest AIDS Training & Education Center

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College of Medicine
Iowa City, Iowa

University of Minnesota
School of Public Health
Minneapolis, Minnesota

Washington University
School of Medicine
St. Louis, Missouri

January 21, 1994

To: Cathy Creticos, MD
Rick Novak, MD
Ron Hershow, MD
Bernard Turnock, MD
Wayne Wiebel, Ph.D.
Ken Rich, MD

From: Caryn Berman, M.A.
Director of Illinois Training Programs

RE: **Dinner meeting with Kristine Gebbie**
Thursday, February 24, 1994, 6 PM, Inn at University Village

We are pleased to invite you to dinner with Kristine Gebbie, the Coordinator of the National AIDS Policy Office, on Thursday, February 24, 1994 at 6 PM. We will be meeting in the private dining room at the Inn at University Village, on Polk and Ashland Street. The room is on the first floor, just before you enter the restaurant.

It will be an informal evening focusing on the University of Illinois Hospital and Clinics (UIH) HIV services and the role of health professional training.

Prior to our dinner, Ms. Gebbie will be visiting some of the community/university programs with Dr. Wiebel. Dr. Wiebel and Ms. Gebbie will meet us at dinner after their tour.

On Friday morning, February 25, Dr. Novak will pick up Ms. Gebbie at her hotel (the Inn at University Village) at 9 AM. He will bring her to UIH to see the new Family Center HIV clinic which was funded with HRSA clinic renovation funds. By 11 AM, Dr. Novak will bring Ms. Gebbie to the Maternal and Child Health HIV Conference at the Chicago Illini Union, where she will be speaking.

Ms Gebbie will be leaving Chicago after the conference on Friday.

Please leave me a message if you are unable to attend. I look forward to an enjoyable and stimulating evening.

cc: Kristine Gebbie, MN

NAME: [illegible] Shaw

Day 1

M A T E C

Midwest AIDS Training & Education Center

Participant Information Form

N= 169

1. Your Profession / Occupation (choose one category)

A. 2 Primary Care Physician
B. 0 Other Physician
C. 8 Nurse Practitioner
D. 3 Nurse Clinical Specialist
E. 13 Registered Nurse
F. 6 LPN / Nurse's Aide
G. 0 Dentist
H. 0 Dental Hygienist
I. 0 Physician Assistant
J. 1 Mental Health Provider
K. 20 Social Worker
L. 4 Allied / Other Health Professional
M. 9 Other (Non-Health Professional) _____ (please specify)

Nurse Practitioner 1 - 3
no answer - 4

2. Your Principal Professional Role (choose one category)

A. 12 Health Admin / Supervision
B. 25 Case Management
C. 7 Healthcare Faculty / Teacher
D. 101 Healthcare Provider
E. 1 Resident / Post Graduate
F. 4 Student
G. 13 Other _____ (please specify)
H. 1 Not Working

no answer - 5

3. Your Principal Practice Setting (choose one category)

A. 4 Healthcare Academic Inst
B. 19 Community-Based Agency
C. 2 Community / Migrant Hlth Ctr
D. 1 Correctional Facility
E. 3 Home Health / Visiting Nurse
F. 40 104 103 Hospital / Hospital-Based Clinic
G. 1 Long-Term Care
H. 2 Private Practice
I. 25 Public Health Agency / Clinic
J. 1 Substance Abuse Treatment or Non-Hospital Mental Health Ctr
K. 2 Other _____ (please specify)

no answer - 6

4. Your Principal Practice Site (choose one category)

A. 142 Urban / Suburban
B. 18 Rural
C. 3 Other

no answer - 6

5. Please estimate the percentage of the clients / patients you have personally seen in the past month who are minorities.

A. 12 I don't see patients
B. 4 Less that 1%
C. 11 1 - 5%
D. 3 6 - 10%
E. 10 11 - 20%
F. 27 21 - 50%
G. 29 51 - 75%
H. 46 76 - 100%
I. 2 I don't know

no answer - 5

6. Please estimate the number of clients / patients you have personally seen in the past month who are known:

to be HIV-positive, but do not have CDC-defined AIDS?

A. 13 I don't see patients
B. 46 None
C. 48 1 - 5
D. 7 6 - 10
E. 2 11 - 20
F. 4 21 - 50
G. 2 51 - 100
H. 0 More than 100
I. 38 I don't know

no answer - 9

to have CDC-defined AIDS?

A. 11 I don't see patients
B. 40 None
C. 19 1 - 5
D. 5 6 - 10
E. 1 11 - 20
F. 2 21 - 50
G. 2 51 - 100
H. 1 More than 100
I. 35 I don't know

no answer - 53

7. Your Race / Ethnicity (choose one category)

A. 44 Black / African American
B. 31 Asian / Pacific Islander
C. 42 White / Caucasian
D. 4 Mexican American Hispanic
E. 0 Native American
F. 2 Puerto Rican Hispanic
G. 1 Other Hispanic / Latina(o)
H. 1 Other _____ (please specify)

no answer - 4

8. Your Gender (choose one category)

A. 3 Male
B. 158 Female

no answer - 8

11/19/93

ME: - grant sheet

Day 2

MATEC

Midwest AIDS Training & Education Center

N = 175

Participant Information Form

1. Your Profession / Occupation (choose one category)

A. 1 Primary Care Physician
B. 0 Other Physician
C. 3 Nurse Practitioner
D. 3 Nurse Clinical Specialist
E. 111 Registered Nurse
F. 5 LPN / Nurse's Aide
G. 6 Dentist
H. 6 Dental Hygienist
I. 6 Physician Assistant
J. 2 Mental Health Provider
K. 32 Social Worker
L. 3 Allied / Other Health Professional
M. 7 Other (Non-Health Professional) _____ (please specify)

no answer - 8

2. Your Principal Professional Role (choose one category)

A. 14 Health Admin / Supervision
B. 33 Case Management
C. 3 Healthcare Faculty / Teacher
D. 99 Healthcare Provider
E. 6 Resident / Post Graduate
F. 2 Student
G. 10 Other _____ (please specify)
H. ___ Not Working

no answer - 14

3. Your Principal Practice Setting (choose one category)

A. 7 Healthcare Academic Inst
B. 21 Community-Based Agency
C. 4 Community / Migrant Hlth Ctr
D. 2 Correctional Facility
E. 6 Home Health / Visiting Nurse
F. 99 Hospital / Hospital-Based Clinic
G. 1 Long-Term Care
H. 1 Private Practice
I. 22 Public Health Agency / Clinic
J. 3 Substance Abuse Treatment or Non-Hospital Mental Health Ctr
K. 4 Other _____ (please specify)

no answer - 11

4. Your Principal Practice Site (choose one category)

A. 135 Urban / Suburban
B. 20 Rural
C. 5 Other

no answer - 15

5. Please estimate the percentage of the clients / patients you have personally seen in the past month who are minorities.

A. 13 I don't see patients
B. 9 Less that 1%
C. 7 1 - 5%
D. 7 6 - 10%
E. 9 11 - 20%
F. 22 21 - 50%
G. 26 51 - 75%
H. 64 76 - 100%
I. 3 I don't know

no answer - 13

6. Please estimate the number of clients / patients you have personally seen in the past month who are known:

to be HIV-positive, but do not have CDC-defined AIDS?

A. 16 I don't see patients
B. 45 None
C. 50 1 - 5
D. 8 6 - 10
E. 2 11 - 20
F. 4 21 - 50
G. 0 51 - 100
H. 0 More than 100
I. 34 I don't know

no answer - 16

to have CDC-defined AIDS?

A. 13 I don't see patients
B. 40 None
C. 18 1 - 5
D. 5 6 - 10
E. 1 11 - 20
F. 2 21 - 50
G. 4 51 - 100
H. 0 More than 100
I. 24 I don't know

no answer - 66

7. Your Race / Ethnicity (choose one category)

A. 57 Black / African American
B. 19 Asian / Pacific Islander
C. 66 White / Caucasian
D. 10 Mexican American Hispanic
E. ___ Native American
F. ___ Puerto Rican Hispanic
G. ___ Other Hispanic / Latina(o)
H. 4 Other _____ (please specify)

no answer - 13

8. Your Gender (choose one category)

A. 5 Male
B. 143 Female

no answer - 27

11/19/93

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Mary Driscoll, R.N., M.P.H.
Cook County Hospital
1935 Harrison Street
Chicago, IL 60612-9985

Dear Ms. Driscoll:

This letter confirms the visit of Kristine M. Gebbie, National AIDS Policy Coordinator, to the Cook County Hospital Women and Children's Program on the morning of Thursday, February 24, 1994.

Ms. Gebbie plans to be available from approximately 8:00 a.m. to 12:00. So far, you and I have discussed a clinic visit, press conference, and a talk to the hospital community. I have also had a brief discussion with your public affairs staff on our needs at the press conference.

Please call me at (202) 632-1090 as you work out the details of the visit. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

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

Enclosures

EVALUATION FORM
DAY 1

Title: Maternal and Child Healthcare Meets HIV Disease
Date: Thursday, February 24, 1994
INA-CEAP#: _____

Please assist us in evaluating this program and planning future programs by completing this evaluation form. Thank you.

I. As a result of this program, I feel I have achieved the following objectives.

	ACHIEVED	
a. Discuss MCH and HIV Disease Prevention and case finding.	(94) yes	(17) no
b. Identify attitudes and fears of healthcare workers in response to HIV disease.	(134) yes	(9) no
c. Describe the course of HIV infection in women and infants.	(112) yes	(20) no
d. Identify techniques for healthcare workers to help mom build a relationship with her newborn.	(100) yes	(9) no

II. Rate the effectiveness of the speakers.

	Excellent	Good	Fair	Poor
Caryn Berman	4	3	2	1
Jean, Women with HIV	4	3	2	1
Janet Mitchell	4	3	2	1
Mildred Williamson	4	3	2	1
Annie Martin	4	3	2	1
Doris Koukol	4	3	2	1
Linda Venning	4	3	2	1
Mary Witherspoon	4	3	2	1
Anna Compos	4	3	2	1
Mardge Cohen	4	3	2	1
Ida Cardone	4	3	2	1
Lois Kimberlin	4	3	2	1

III. Rate the effectiveness of the teaching methods used. 4 3.1 3 2 1

IV. Rate the relevance of the content to the program objectives. 4 3.3 3 2 1

V. Rate the appropriateness of the physical facilities. 4 3.0 3 2 1

VI. Please Comment on suggestions for future programs and speakers. _____

EVALUATION FORM
DAY 2

Title: Maternal and Child Healthcare Meets HIV Disease
Date: Friday, February 25, 1994
INA-CEAP#: _____

Please assist us in evaluating this program and planning future programs by completing this evaluation form. Thank you.

I. As a result of this program, I feel I have achieved the following objectives.

		ACHIEVED	
a.	Identify risks for HIV infection.	165 ( )yes	(0)no
b.	Describe HIV risk assessment, test counseling and referral for women.	156)yes	(2)no
c.	Perform a risk assessment, test counseling and referral interview.	159)yes	(6)no
d.	Identify obstacles to utilization of of services.	135)yes	(7)no
e.	Describe components of model services.	189)yes	(7)no
f.	Discuss implications for the future of MCH and HIV Disease in Illinois.	194)yes	(8)no

II. Rate the effectiveness of the speakers.

	Excellent	Good	Fair	Poor
Deanne Taylor	4	3	2	1
Kristine Gebbie 3.74	4	3	2	1
Mary Driscoll	4	3	2	1
Rhona Jacob	4	3	2	1
Linda Miller	4	3	2	1
Ron Campbell	4	3	2	1
John Cebuhar	4	3	2	1
Elizabeth Monk	4	3	2	1
Judith Kelsey-Powell	4	3	2	1

III. Rate the effectiveness of the teaching methods used. 4 3.5 3 2 1

IV. Rate the relevance of the content to the program objectives. 4 3.6 3 2 1

V. Rate the appropriateness of the physical facilities. 4 3.4 3 2 1

VI. Please Comment on suggestions for future programs and speakers. _____

_____

_____

_____

Cook County Hospital
1835 W. Harrison St., Chicago, Illinois 60612-9985, Telephone 312/633-6000

OCT 2 7 1993

October 19, 1993

2/25

Christine Gebbee RN
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th St. N.W.
Washington 20503

Dear Ms. Gebbee:

We are writing to request your participation as a keynote speaker at a conference to support protocols for a family centered approach to chemical dependency and HIV. The conference will be held on February 24 and 25 in Chicago. We are asking that you speak on February 25 at 1 pm about national policy regarding testing of pregnant and postpartum women. As you are aware women represent the fastest growing group of new AIDS cases in the United States, and in Chicago the demographics of women diagnosed with AIDS reflect very closely those seen nationally. Of the 514 women reported to the Chicago Department of Health (CDOH) through 12/31/92, 23% were white, 58% were African American, 17% were Latina, .6% were Asian, and 1.6% were Native American. Transmission categories show 56% having acquired HIV by injectable drug use, 31% by heterosexual contact, and 9% by transfusion.

Statewide infant heelstick prevalent showed an increase this past year from .10% to .14%, while infant prevalent increased in Chicago from .24% to .35% in 1992. From this data, CDOH estimates there are currently 2,600 HIV+ women n Chicago. Statewide the estimate is 3,600.

Given the above data, particularly the increase in infant heelstick seroprevalence, and the lack of a unified education, counseling, and testing policy during the perinatal period, the Women and Children's HIV Program, the Regionalized Perinatal Network, the AIDS unity of the Department of Children and Family Services, the Illinois Department of Public Health, and the Midwest AIDS Training and Education Center are sponsoring the above conference. Our goal is to promote a unified policy of education, counseling, and testing that will be followed by all perinatal providers.

The Women and Children's HIV Program at Cook County Hospital is the recipient of a Pediatric AIDS Grant from the Maternal and Child Health Bureau. Part of our mission through this grant has been to educate the maternal and child health community about HIV and promote sound policies for prevention, education, counseling, and testing. This conference is one facet of our work in MCH community.

We will, of course, provide travel and lodging expenses. We appreciate your consideration of this matter and will call you during the week of November 1, for confirmation.

Sincerely,

Mardge Cohen

Mardge Cohen MD
Director, Women and Children's HIV Program

Mary Driscoll

Mary Driscoll RN MPH
Services Coordinator, Women and Children's HIV Program

Cook Co. AIDS
PTB —

Rm. 65
Rita Brown
633-6000

c/o -
1835
West Harrison
60612

Paul Norman

Need follow up
notes —
send them a copy of
the KG/ pres.
photo —

A. M. I. needs your support!

Illinois has the fifth largest number of reported HIV infection in the nation. And the numbers continue to grow, especially among minorities, women, and the poor.

If you are able, we appreciate whatever you can do to help alleviate the pain and suffering that the AIDS epidemic continues to bring.

YES, I want to help A. M. I. help those in need!

___Here is my gift of $_____.00

___I want to contribute on a regular basis. Please send a reminder each month. I will contribute $50.00, $25.00, $20.00, $15.00, or $_____.00 per month.

(Please circle choice).

Name_____

Address_____

City_____State_____ZIP_____

RECEIVED
APR 19 1994

AIDS Ministry of Illinois

68 N. Chicago St.
~~931 Plainfield Road~~
Joliet, Illinois 60431
815.723.1506
Fax 815.740.5910

A United Way Member

Our Story

The AIDS MINISTRY OF ILLINOIS is a unique non-denominational service agency formed to serve the needs of persons affected by the AIDS epidemic. Located in Joliet, Illinois, we are a community based organization affiliated with the local United Way. Providing essential services to those in need, we share our resources, our prayers our hopes and our dreams.

Incorporated as a non-profit corporation in the State of Illinois, and governed by a local Board of Directors, we provide housing, support groups, advocacy, in-home services, pastoral care, and social fellowship. We also provide public education wherever we are asked to speak.

❑ HOUSING

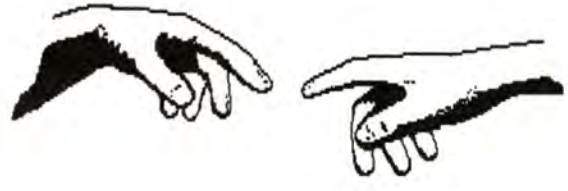
We provide housing for persons who have been abandoned by friends and family, or who, through financial difficulty have no where else to turn. Our residents are expected to pay a quarter of their available income for this service.

❑ SUPPORT GROUPS

We facilitate support groups for persons living with AIDS, their families, their friends, and their caregivers.

❑ ADVOCACY

We assist clients in applying for the various state and federal benefits and services they may be entitled to, including Public Aid, SSI, and Social Security Disability.



❑ IN-HOME SERVICES

We are case managers for the AIDS Waiver Medicaid Program of the State of Illinois Department of Rehabilitative Services. This provides home care for persons who cannot adequately care for themselves, allowing them to remain in their own home environment.

❑ PASTORAL CARE

We spend time with our clients, supporting them in their spiritual journey, assisting them as they deal with illness. Weekly, we gather for a service of healing prayer. As every other person who faces death, these young people must come before GOD. Through prayer, retreats, and informal counseling, we walk with them on their way.

❑ EDUCATION

Believing that education is the key to stopping the AIDS virus, we are available to various groups and corporations, including schools and churches. Some of us are American Red Cross HIV/AIDS Instructors, some are presently living with the virus. All have first hand experience with the disease.

❑ VOLUNTEERS

We are assisted by a growing number of volunteers. Those who give in this ministry will grow in many ways. No one touched by giving care will ever be the same again. If you would like to volunteer, please call or write for an application today.

COOK COUNTY HOSPITAL
PUBLIC AFFAIRS DEPARTMENT
PH. (312) 633-7401 / FAX 633-8987

FAX SHEET

DATE: 2-23-94

NAME: Steve Lee

COMPANY:

FAX #: 202-632-1096

NUMBER OF PAGES: 4

FROM: WYNONA REDMOND

Women Living With HIV

Kristine Gebbie Press Conference

Thursday, February 24, 1994

8:00 a.m. - 8:30 a.m.	Briefing in CCSN 1st Floor Board Room (participants only)
8:30 a.m. - 9:00 a.m.	Breakfast CCSN Student Lounge
9:00 a.m. - 9:30 a.m.	Press Conference
9:30 a.m. - 10:30 a.m.	Briefing Discussion Women Living With HIV
10:30 a.m. - 11:00 a.m.	Tour AIDS Special Care Unit

Press Conference

Speakers:	Ruth M. Rothstein,	Welcome
	Richard J. Phelan	Impact of HIV on women in Cook County (# of deaths, county wide service & statistics)
	Mardge Cohen, M.D.,	Announce Study on "Progression Of HIV Disease In Women"
	Representative	Chicago Women's Research Council - Community involvement in protocol design
	Maudette Carr	Presentation of Poem written by deceased AIDS Patient
	Kristine Gebbie	Women and AIDS

Discussion On Women Living With HIV

Panelists:
Kristine Gebbie
Mardge Cohen
Constance Benson
Patricia Garcia
Ronald Hershow

MEDIA ADVISORY

CONTACT: Wynona Redmond (312) 633-7401

WHO: Kristine Gebbie, RN, MN, Coordinator, Office of the National AIDS Policy, Executive Off ice of the President

Chicago Consortium for the Comprehensive Study of Women Living With HIV. Collaborating institutions: Cook County Hospital, Northwestern Memorial Hospital, Rush Presbyterian St. Luke's Medical Center and University of Illinois Hospital.

WHAT: Funding Announcement and Discussion on "Women Living With HIV"

WHEN: Thursday
February 24, 1994
9-9:30 press announcement
9:30 - 10:30 discussion & briefing

WHERE: Cook County School Of Nursing
1900 W. Polk Street, Second Floor
Chicago, Illinois

ADDITIONAL INFORMATION:

Announcement of a $5 million grant to the Chicago Consortium for the Comprehensive Study of Women Living with HIV from the National Institute Of Health to study the progression of HIV disease in women. The Consortium is a collaboration between Cook County Hospital, the University of Illinois, Rush Presbyterian St. Luke's Hospital and Northwestern Memorial Hospital, Chicago Women's Research Council.

Participants: Kristine Gebbie, Richard J. Phelan, Ruth M. Rothstein, Representative of Senator Carol Moseley Braun, and Mardge Cohen, M.D., director, CCH's Women And Children With HIV Program, Constance Benson,MD, Rush, Patricia Garcia, MD, Northwestern, Ronald Hershow, MD, UIC and women representatives from Chicago Women's Research Council.

Possible topics for discussion: Opportunistic infections in women, gynecological manifestations, psycho-social issues, and the impact of maternal transmission study results on women's health care.

Cook County Hospital
Cordially Invites You To
A n Announcement on Funding for a study on

'Women Living With HIV in Chicago'

Featuring
a briefing discussion
with
Kristine Gebbie, RN, MN,
Coordinator, Office of the National AIDS Policy
Executive Office of the President

and
primary HIV Providers from
Cook County Hospital, UIC, Rush , Northwestern
and the Chicago Women's Research Council

Thursday, February 24, 1994
8:00 a.m. - 9:00 a.m. Breakfast
9:00 - 9:30 a.m. Press Announcement
9:30 - 10:30 Briefing Discussion on Women Living With HIV

Cook County School Of Nursing
1900 W. Polk Street
Second Floor
Chicago, Illinois

Cook County Hospital
1835 W. Harrison St., Chicago, Illinois 60612-9985, Telephone 312/633-6000

RECEIVED
DEC 17 1993

December 13, 1993

Ms. Christine Gebbie RN
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th St. N.W.
Washington, D.C. 20503

Steve — we have several Chicago visits to fit in will this trip accomodate?

Dear Ms. Gebbie:

I am writing to you on behalf of Dr. Mardge Cohen and the Women and the Women and Children's HIV Program (WCHP) at Cook County Hospital. The WCHP is one of the major sponsors and planners of the conference "At the Crossroads: Maternal and Child Health Care Meets HIV Disease, at which you will be a keynote speaker on Feb. 25th. Since you will be in Chicago our group would like to invite you to come a day or two earlier, visit our clinic and participate with us in a press conference announcing our recent Women's Interagency HIV Study (WIHS) award with Dr. Cohen as the Principal Investigator.

not sure about press pieces

The best scenario for us is if you could come on Wednesday February 23 and visit our clinic. We would then hold the press conference announcing the Chicago WIHS award. In the evening we would plan a dinner for you and invite some major people involved in HIV care, policy, and advocacy. Thursday the conference will began. I realize that you are extremely busy, but I think this will be an opportunity for you to see our nationally renowned Women and Children's Program, observe and participate in our family centered model, and also to meet some of the Chicago people. We will of course cover your expenses.

Please let me know as soon as possible if this is agreeable to you, as we are in the process of planning our WIHS announcement with our hospital administration and the other consortium members. If you have any questions, please call me at 312/633-8675.

Sincerely,

Mary Driscoll

Mary Driscoll RN MPH

2/24 8:~~15~~ a.m.
8:30 press conf. HIV care
10:00 Talk Hour
12:30 → done.

UIC The University of Illinois at Chicago

COMMUNITY OUTREACH INTERVENTION PROJECTS

Invite You to Participate in a

Town Meeting

with

Kristine Gebbie

National AIDS Policy Coordinator
Appointed by the President

Thursday, February 24, 1994
4:00 - 5:30 p.m.

Eye/Ear Infirmary Auditorium
1855 W. Taylor - First Floor
Chicago, Illinois

Seating Limited! Please RSVP: (312)996-5523

Parking Available For a Fee at 1100 S. Wood

UIC
The University of Illinois at Chicago
Community Outreach Intervention Project (M/C 922)
Epidemiology-Biostatistics Program
School of Public Health
2121 West Taylor Street, Room 549
Chicago, Illinois 60612

Tel. (312) 996-5523
FAX (312) 996-0064

____ URGENT
DELIVER IMMEDIATELY

DATE: **Feb. 22, 1994**

FAX COVER SHEET

FROM: Barbara Huyler

TO: W. Steve Lee
Executive Assistant FAX NUMBER: 202 632 1096

3 PAGES INCLUDING COVER

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MESSAGE

Mr. Lee:

Attached is the final agenda for Kristine Gebbie's visit to the Community Outreach Intervention Projects at the University of Illinois at Chicago along with a press release. We are all looking forward to Ms. Gebbie's visit.

Could you please let me know who will be accompanying her on her visit to COIP, and where Ms. Gebbie should be picked up on Thursday. I can be reached at (312) 996-0812. Thank you so much for all your help. And please thank Ms. Holman for all her help.

NOTICE!!!!

TOWN HALL MEETING TO RECOGNIZE SEVEN YEARS OF COOPERATIVE COMMUNITY INTERVENTION TO PREVENT HIV/AIDS

National AIDS Policy Coordinator Kristine Gebbie will join the Community Outreach Intervention Projects (COIP) at the UIC School of Public Health on February 24, 1994, to honor seven years of extraordinary collaboration among groups in the City of Chicago working to respond to the AIDS epidemic. Because of the effective, day-in, day-out working relationships among COIP and these other groups, Chicago has witnessed an unparalleled level of success in the prevention and treatment of HIV/AIDS among substance abusers and their families. This Town Hall meeting will serve to recognize and celebrate these community efforts.

In 1986 the COIP began an innovative program of street outreach to prevent HIV infection among injection drug users (IDU). COIP uses former addicts -- Indigenous Leaders -- to serve as street outreach workers. They target groups of injectors (reaching thousands annually) and educate them about the risks for HIV infection in their lives, reinforce the adoption of risk-reduction measures, refer those interested into drug treatment, and arrange case management and other services for those infected with HIV.

Research on the impact of the COIP street outreach indicates that over four years, risky injection practices among those targeted by COIP plummeted, along with a dramatic drop in new HIV infections. In one study group of just 600 injectors, more than 80 infections were prevented over 80 lives were saved -- in a four year period. The savings from investment in these prevention services in dollar terms alone is estimated at almost $10 million. For every $1 invested in street outreach, $26 was saved in health treatment costs.

COIP has also worked to place hundreds of addicts in drug treatment, and the street outreach, led by former injectors successfully living drug-free while returning to serve in their communities, has inspired and assisted hundreds of other injection drug users to cease drug use altogether.

Essential to the success of COIP's community outreach have been the working relationships with others committed to the prevention and treatment of HIV/AIDS among Chicago's least enfranchised -- substance abusers and their families. Over 200 of these COIP "partners" -- individuals and agencies -- have been invited to the Town Hall Meeting to be publicly acknowledged for their efforts by Ms. Gebbie.

Please come and join COIP and Kristine Gebbie in this celebration of project staff and you, our community partners.

Thursday, February 24, 1994 4:00 - 5:50 pm
Eye/Ear Infirmary Auditorium
1855 West Taylor - First Floor
R.S.V.P. to 996-5523

AGENDA

COMMUNITY OUTREACH INTERVENTION PROJECTS
AGENDA FOR

KRISTINE GEBBIE,

NATIONAL AIDS POLICY COORDINATOR

THURSDAY, FEBRUARY 24, 1994

12:00 - 1:30 PM **LUNCHEON:**

Recovery Room
Chicago Illini Union
828 S. Wolcott Avenue
Chicago, Illinois

- ☐ *Overview of Community Outreach Intervention Projects by Wayne Wiebel, Ph.D. and Mary Utne-O'Brien, Ph.D.*
- ☐ *Attended by Community Outreach Intervention Projects Directors and University Officials*

2:00 - 4:00 PM **FIELD STATION VISITS:**

45 minutes

Northwest Field Station
1610 North Kedzie Avenue
Chicago, Illinois

- ☐ *Minority Gay Outreach*
- ☐ *Primary Health Care*

45 minutes

Austin Field Station
5218 West Division Street
Chicago, Illinois

- ☐ *Adolescent Outreach*
- ☐ *HIV Counseling & Testing*

4:00 - 5:30 PM **TOWN MEETING: "In Recognition of Seven Years of Community Based HIV/AIDS Intervention"**

Eye & Ear Infirmary Auditorium
University of Illinois at Chicago
1855 S. Taylor Street
Chicago, Illinois

- ☐ *Introduction by Wayne Wiebel, Ph.D.*
- ☐ *Presentation by Kristine M. Gebbie, R.N., M.N., F.A.A.N.*

Office of the Director

National Institute of Allergy and Infectious Diseases

National Institutes of Health

Date: February 23, 1994

To: Steve Lee

From: Holly Taylor, M.P.H.
Special Assistant to the Director
Building 31/Room 7A-04
(301) 496-9088
(301) 496-4409 fax

Total number of pages being transmitted including cover sheet 4

Remarks:

Information re: WIHS per your request.

Holly

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR RELEASE
Monday, June 28, 1993

Public Health Service
National Institutes of Health
Greg Folkers
(301) 402-1663

HHS Secretary Donna E. Shalala announced today that the National Institute of Allergy and Infectious Diseases has awarded $5 million to four new sites participating in a large-scale study to investigate the impact of human immunodeficiency virus infection on women in the United States. HIV is the cause of the acquired immune deficiency syndrome.

The four-year project, called the Women's Interagency HIV Study, will study the signs and symptoms of HIV infection in women, describe the pattern and rate of their immune system decline and examine potential co-factors that may affect their HIV disease progression. The study also will provide information on the effect of therapies on the length of survival and quality of life for HIV-infected women.

"AIDS is now the sixth leading cause of death for women aged 25 to 44 in the United States," said Secretary Shalala. "NIAID has worked together with other Public Health Service agencies to establish this large-scale study that promises to yield critical information on HIV disease in women, including the gynecological manifestations of the disease."

The four new WIHS sites and their principal investigators are:

- Bronx-Lebanon Hospital Center, New York City, Kathryn Anastos, M.D.
- University of California at San Francisco, Ruth Greenblatt, M.D.
- University of Southern California, Los Angeles, Alexandra Levine, M.D.
- Georgetown University, Washington, D.C., Mary Young, M.D.

Anthony S. Fauci, M.D., NIAID director, said, "The Women's Interagency HIV Study promises to add to our understanding of the clinical, immunological, virological and behavioral aspects of HIV disease in women. This knowledge is vital to the design of research projects and clinical trials to evaluate better treatment strategies. Because the study also includes women at high risk for HIV infection, we will also learn more about the risk factors for infection and the effectiveness of initiatives to prevent HIV infection in women."

(more)

Study investigators will gather information from approximately 1,700 HIV-infected women and 375 women not infected with HIV but at high risk of acquiring the infection. Participants will visit the study sites at six-month intervals, where they will be given a physical examination, including a comprehensive pelvic exam, and participate in a multi-disciplinary, structured interview. The researchers also will take laboratory specimens to precisely measure participants' immune status and identify conditions such as the development of cervical abnormalities and sexually transmitted infections.

The new sites augment an earlier phase of the project, called the HIV Epidemiology Research Study, initiated in 1992 and sponsored by the Centers for Disease Control and Prevention and NIAID. The HIV Epidemiology Research Study sites include Wayne State Medical Center, Detroit, Mich.; Brown University, Providence, R.I.; Montefiore Medical Center, New York, N.Y.; and The Johns Hopkins University, Baltimore, Md. In April, 1993, that study began enrolling approximately 800 HIV-infected women and 400 women not infected with HIV but at high risk for acquiring the infection.

NIAID also supports a statistical and clinical coordinating center to serve the data management and analysis needs of both projects. In FY 1993, NIAID support for the two studies and the data center will total an estimated $6.7 million.

The number of AIDS cases in women has increased rapidly in the last few years. As of March 31, 1993, 11.4 percent (32,477) of the 284,840 U.S. AIDS cases in people older than age 13 were among women, according to CDC.

The study of HIV infection in women is a major research focus of NIAID. The institute supports studies of the natural history, symptoms and transmission of HIV in women in the United States and 11 other countries. NIAID also supports three AIDS clinical trials networks, and an intramural research program on the NIH campus, to assess therapies for HIV infection and related infections.

NIAID, a component of the National Institutes of Health, supports research on AIDS and other infectious diseases, allergy and immunology. NIH is an agency of the Public Health Service within HHS.

# # #

11/23

The National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health, has added 2 additional sites to the Women's Interagency HIV Study (WIHS). This is a study to investigate the impact of human immunodeficiency virus (HIV) infection on women in the United States. HIV is the cause of the acquired immune deficiency syndrome (AIDS).

Cook-County Hospital, Chicago, under the direction of Mardge Cohen, M.D. has been awarded the first site, and SUNY, Brooklyn, funded through a previously awarded grant will also be a participating site. Dr, Howard Minkoff will be the principal investigator at this site. These 2 additional sites bring the total of WIHS site to Six. WIHS sites awarded in 1993 are located at Bronx-Lebanon Hospital Center, New York City; University of California, San Francisco; University of Southern California, Los Angeles, and Georgetown University, Washington, D.C. NIAID also supports a data coordinating and statistical analysis center in Boston as part of the project.

The WIHS will operate in tandem with the HIV Epidemiology Research Study (HERS), initiated in 1992 and sponsored by the NIAID and the Centers for Disease Control and Prevention. HERS sites include Wayne State Medical Center, Detroit, MI; Brown University, Providence, RI; Montefiore Medical Center, New York City, NY; and The Johns Hopkins University, Baltimore, MD. In FY 1994, NIAID support for the two studies sites and the data center will total an estimated $ 11.2 million.

Questions:

1. Why did NIAID decide to fund 2 additional sites rather than add more money to existing sites?
The study of HIV infection in women is a major research focus of NIAID. The Institute supports studies of the natural history, symptoms and transmission of HIV in women in the United States and 11 other countries. NIAID also supports three AIDS clinical trials networks, and an intramural research program on the NIH campus, to assess therapies for HIV infection and related infections. A very large cohort of infected and high-risk uninfected women will be needed to generate the data required to support the NIAID goal of elucidating the disease process in women and assessing therapies specific to women. Therefore, NIAID determined that in order to accomplish these goals, an expansion of the WIHS was needed to increase the number of women being studied. In addition, the Institute felt that it was important to provide an overall geographic distribution of sites.

2. Why did NIAID re-direct an already existing award, bringing SUNY-Brooklyn into the WIHS?
Whenever appropriate, NIAID considers it optimal to coordinate its research efforts. The SUNY-Brooklyn award was made in FY 92, to fund a small cohort of women as part of a natural history study. No provision was made in this award to study high-risk uninfected women, an important component of any study that seeks to define HIV disease in women. In addition, this investigator's award was reduced markedly over the review group's recommendations, due to limitations in available funds. Therefore, in an effort to promote optimum collaboration among investigators working in this area, NIAID will support the request of the Principal Investigator to collaborate with the rest of the WIHS

group. Funds for this were obtained through the competitive, investigator-initiated, R01 grant mechanism.

3. **Why did NIAID decide to fund Chicago?**
NIAID funded Chicago based on the geographic desirability of the site.

Steven Lee
Assistant to Kristen Gebbie
National AIDS Policy Coordinator

Dear Steven,

This letter is to confrim that Midwest AIDS Training and Education Center (MATEC) will pick up the expenses for Kristine's trip to Chicago for the Women and AIDS Conference to be held here Feburary 24 & 25, 1994. Hotel reservations have been made by Caryn Berman, Director of MATEC.

Sincerely,

Carolyn Sipes, RN, MSN, CNS
MATEC Faculty

Mary Lasker Cancer

Obstacles –
Women as caregivers / supporters / pts

– Payment – health reform

– Services systems

– Provider Awareness –
index of suspicion

Local nature of decisions

– Social Awareness for prevention

– Personal / Professional commitment / leadership
Master the science
learn of the knowledge / behavior gap?

Open the doors –

PHOTOCOPY
PRESERVATION

Conference Goal

A key opportunity for providing HIV awareness and education is in the perinatal setting. This conference will provide a forum in which participants can discuss a family centered approach to HIV risk assessment, HIV testing with counseling, and counseling with referrals. The objective of this approach to care is to reduce gaps in service, prevent health problems and promote wellness in women and their babies.

Course Objectives

The participants will be able to:

1. identify risks for HIV infection
2. describe HIV risk assessment and test counseling and referral for women
3. practice conducting a risk assessment, test counseling and referral interview
4. describe the course of HIV infection in women and infants
5. identify attitudes and fears of health care workers in response to HIV disease
6. identify techniques for the health care workers to help mom build a relationship with the newborn baby
7. identify obstacles to utilization of services
8. describe components of model services

Target Audience

This multidisciplinary conference is intended for perinatal and pediatric primary care providers (physicians, nurses, nurse practitioners, midwives), home health care workers, social workers, counselors, case management health care providers and community educators from Healthy Start, Healthy Moms Healthy Kids, and state and local Health Departments.

Hotel Accommodations

Rooms are available at The Inn at University Village, 625 S. Ashland Avenue, Chicago. For reservations or additional hotel information, participants should call The Inn at (312) 243-7200 by February 8, 1994.

Thursday February 24, 1994

8:30-9:00	**Registration**
9:00-9:30	**Welcome and Opening Remarks** Jean, Woman with HIV Caryn Berman
9:30-10:05	**Maternal and Child Health and HIV Disease Prevention and Case Finding** Janet Mitchell
10:05-11:00	**Working With HIV Clients Affects on the Health Care Worker Panel Discussion** Mildred Williamson, Moderator Panel Representatives: Chicago Department of Public Health Hospital Nursing Community Based Nursing Case Management Social Work
11:00-11:20	Break
11:20-12:15	**Sharing Experiences Small Group Discussions**
12:15-1:15	Lunch
1:15-2:20	**HIV Disease in Women and Neonates** Mardge Cohen
2:20-2:45	Break
2:45-4:15	**Developing the Relationship between Health Care Worker and Mom to Enhance Mom and Baby's Health** Ida Cardone and Carolyn Sipes
4:15-4:30	Summary and Evaluation

PHOTOCOPY
PRESERVATION

COOK COUNTY HOSPITAL PERINATAL CENTER
Karl Meyer Hall - Room 15A
720 S. Wolcott Avenue
Chicago, Illinois 60612

At the Crossroads

Maternal and Child Health Care Meets HIV Disease

February 24 & 25, 1994

University of Illinois at Chicago
Chicago Illini Union
818 S. Wolcott
Chicago, Illinois

PARTIALLY FUNDED BY
DEPARTMENT OF PUBLIC HEALTH

PHOTOCOPY
PRESERVATION

Conference Co-Sponsors

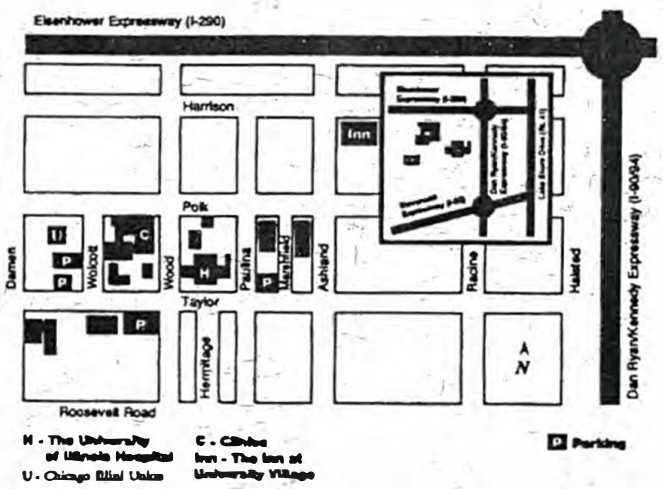
*Midwest AIDS Training and Education Center (MATEC) at University of Illinois of Chicago
*DCFS AIDS Project
*Women & Children's HIV Program Cook County Hospital
*IDPH-AIDS Activity Office and Family Health
*Perinatal Association of Illinois
*Regionalized Perinatal Centers of Illinois

Conference Planning Committee

Caryn Berman, MATEC
Mary Charleza, University of Illinois Hospital
Mary Driscoll, Cook County Hospital
Rhona Jacobs, University of Illinois Hospital
Wrenetha Julion, Cook County Hospital
Loretta Lattyak, Loyola University Medical Center
Elizabeth Monk, DCFS
Carolyn Sipes, Rush University
Diana Stephens, University of Chicago Hospital

Accreditation

Applications for continuing education credits for physicians, nurses and social workers were submitted.



Public transportation: Douglas O'Hare Train to Medical Center "A Stop" or Polk Street "B Stop" are within walking distance.

Conference Faculty

Ida Cardone, PhD
Evanston Hospital

Janet Mitchell, M.D., MPH
Chief, Perinatology
Harlem Hospital
New York, New York

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

Women and Children's HIV Program
Cook County Hospital, Chicago

Mardge Cohen, MD
Mary Driscoll, RN, MPH
Deanne Taylor
Mildred Williamson, MA, LCSW

Department of Children and Family Services

Elizabeth Monk, MSW

Illinois Department of Public Health

Linda Miller, Administrator
Maternal & Infant Health

Midwest AIDS Training and Education Center

Caryn Berman, MA, LCSW
Carolyn Sipes, MSN, CNS, Doctoral Student

Department of Alcoholism and Substance Abuse

Clinton Presidential Records
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THE JOURNAL OF TEST POSITIVE AWARE NETWORK

Positively Aware

Pets
Friend or foe?

STDs
What to watch for

Saving money
Comparison shopping for seven major HIV drugs

Shopping tips on Nutrition

March 1994

Registration for MATEC Physician Program

Name:_____

Degree/Credentials:_____

Address:_____

City_____ State_____

Zip_____ Home Phone:_____

Fax:_____ Work Phone:_____

List any prior MATEC or other HIV training:

_____

_____

Confirmation and scheduling details will be provided prior to training.

(Be sure to complete program enrollment on reverse side.)

SELECTED PROGRAM FACULTY & CLINICAL PRECEPTORS

University of Illinois at Chicago
Richard Novak, MD
Judith Cooksey, MD, MPH
Joanne Despotes, RN,C, BSN
Elyse Nowak, RN, BSN, MA
Caryn Berman, MA, LCSW
Eric Noel, BA
Scott Isaacman, MS, DO, JD

Cook County Hospital
Mardge Cohen, MD
Elizabeth Gath, MD
Brad Farrington, RN, NP
Renslow Sherer, MD
Ron Sable, MD

Northwestern University
John Phair, MD
Robert Murphy, MD
Robert Hirschtick, MD
Frank Palella, MD
Patricia Garcia, MD

MATEC is funded in part by the U.S. Public Health Service Health Resources and Services Administration Grant # 5 D35 PE00104-03

HIV CLINICAL EDUCATION PROGRAMS FOR PRIMARY CARE PHYSICIANS

The HIV Clinical Education Programs for Primary Care Physicians are taught by experts in the field of HIV care, including John Phair, MD, Director of Northwestern University's Comprehensive AIDS Center, Richard Novak, MD, Director of the University of Illinois Infectious Diseases Clinic, Mardge Cohen, MD, Director of Cook County Hospital's Women and Children with AIDS Clinic, Renslow Sherer, MD, Director of Cook County AIDS Primary Care Center, and others.

OTHER MATEC PROGRAMS AND SERVICES

MATEC offers other training and services, such as programs for dentists, nurses, social workers and allied health professionals. MATEC can bring these programs to your site or develop training tailored to your specific needs. We offer information updates through the MATEC Bulletin and access to consultation services through the national Education and Training Center programs. For information about other MATEC programs, call 312-996-1373.

Continuing Education Credits will be available.

" Primary care physicians, particularly those who may be uncertain or tentative about diagnosing and treating HIV infection, will greatly benefit from MATEC's Clinical Education Programs."

Renslow Sherer, MD
Director of Cook County
AIDS Primary Care Center

DATED MAIL

UIC The University of Illinois at Chicago

808 South Wood Street, M/C 779
Chicago, Illinois 60612-7303

MATEC
Midwest AIDS Training and Education Center

MATEC

Midwest AIDS Training and Education Center

The University of Illinois at Chicago

HIV Clinical Education Programs for Primary Care Physicians

The preeminent HIV clinical education source for primary care physicians

September 1993 - May 1994

"MATEC programs provide an opportunity for learning the most current information available on prevention and early intervention, medical management of early HIV disease, and special medical management issues pertinent to advanced HIV disease. Through MATEC training programs, primary care physicians will become more comfortable in managing at-risk and HIV-positive patients within their own practices."

John Phair, MD
Director, Comprehensive AIDS Center
Northwestern University, Chicago

Core Program on Early Intervention

This is the most up-to-date comprehensive HIV clinical education program available to primary care physicians. It provides the knowledge and practical skills necessary to manage those patients at risk or already HIV-infected. The program includes a one-day seminar covering the important topics noted below, plus two half-day clinical experiences which are individually scheduled at the convenience of each participant. The program covers:

- History & epidemiology
- Natural course of infection
- Multicultural issues
- Prevention & health maintenance
- Pathophysiology
- Antiretroviral treatments
- Risk assessment & testing
- Laboratory detection

September 10, 1993-UIC
November 9, 1993-UIC
January 7, 1994-Oak Brook
March 7, 1994-Rockford
April 6, 1994-UIC

Clinical Experiences

Two half-day Clinical Experiences are included in your registration for the Core Program. Clinical Experiences may also be taken independently if the participant has attended other MATEC programs. These sessions with experienced physicians are a critical part of the learning process. The sessions include *patient examination* or *patient simulation* with physician preceptors who practice in a variety of HIV clinical sites.

Patient Examinations provide opportunities to observe experienced preceptors evaluating new or continuing patients in clinical settings. Sites include ambulatory medical care settings, acute medical care units, home care agencies, hospice services, residential care facilities, and community-based facilities.

Patient Simulations provide opportunities to develop and practice clinical skills working with simulated patients. Simulations include assessing HIV risk, disclosing antibody test results, presenting patient treatment plans, and special issues for women, children and drug users.

Condensed Comprehensive HIV Medical Management Program

May 2, 3 and 4, 1994

This intensive three-day HIV clinical training symposium combines several of the Special Medical Management topics with three clinical experiences. Scheduled on three consecutive days at Northwestern University, this program is ideal for out-of-town physicians. Prior management of HIV-positive patients is preferred.

Special Medical Management Topics

For those physicians who are already managing patients with HIV disease, the following two- to three-hour programs are offered monthly at Northwestern University, except as noted.

A. Diagnosis and Medical Management of Women and Children with HIV, September 27, 1993, 4-7 p.m.

B. Legal Aspects of HIV/AIDS Care, October 13, 1993 and February 2, 1994, 4-7 p.m. (UIC)

C. Pulmonary Complications, Including TB and MAI, October 25, 1993, 9-11:30 a.m.

D. Antiretroviral Therapy, November 17, 1993 and May 11, 1994, 5-7 p.m.

E. Gastrointestinal Manifestations and Nutrition, December 7, 1993, 4:30-7:30 p.m.

F. Neoplastic Manifestations, January 26, 1994, 4-6 p.m.

G. Ophthalmologic and Dermatologic Manifestations, February 9, 1994, 3-5 p.m.

H. Herpes and CMV, March 23, 1994, 5-7 p.m.

I. Neuropsychiatric, Neuropsychologic, and Pharmacologic Interventions, April 13, 1994, 8:15 a.m.-12 noon

AIDSLine Database Training

This two-hour program, taken alone or in conjunction with other MATEC training, will enable health professionals to access the latest national AIDS/HIV database information through computerized on-line searches. This training is scheduled at the registrant's convenience and is available to any program participant.

Please enroll me in the following programs:

Core Program (includes two Clinical Experiences)
$175 . . . . . $_____
Circle date: 9/10//93 11/9/93 1/7/94 3/7/94 4/6/94

Special Medical Management Topics
$50 each x ____ Topics . . . . . $_____
Circle Topics: A B(10/93) B(2/94) C D(11/93) D(5/94) E F G H I
—or—
All Special Medical Management Topics
$300 . . . . . $_____

PACKAGE Core and four Special Medical Management Topics $300 . . . . . $_____
Circle Core Date and Topics above

Comprehensive Condensed Medical Management Program
May 2, 3, 4, 1994 $250 . . . . . $_____

Additional Clinical Experiences
$75 each x ____ sessions . . . . . $_____

AIDSLine Training $25 . . . . . $_____

CONTINUING EDUCATION
CE Certificate $10 . . . . . $_____

TOTAL FEES ENCLOSED . . . . . $_____

Mail this form with check or money order payable to MATEC, UIC, 808 S. Wood Street (M/C 779), Chicago, Illinois 60612-7303. For more information, call (312) 996-1373.

Reductions of registration fees are available for public health professionals. Call for information.

(Please complete personal data on reverse side.)

Registration for MATEC HIV Clinical Training Program

Name:_____

Degree/Credentials:_____

Address:_____

City_____ State_____

Zip_____ Home Phone:_____

Fax:_____ Work Phone:_____

List any prior MATEC or other HIV training:

_____

_____

Confirmation and scheduling details will be provided prior to training.

(Be sure to complete program enrollment on reverse side.)

"MATEC training helped me pull it all together. The clinical experiences and People with HIV panel provided real-life approaches we can apply to nursing care in the community setting."

Jennie Donner, RN
Komed Health Center
Chicago

MATEC is funded in part by the U.S. Public Health Service Health Resources and Services Administration Grant # 5 D35 PE00104-03

MATEC is a federally-funded center which trains health professionals about AIDS and HIV. Since its inception in 1988, MATEC has trained over 19,000 health professionals in the Chicago area.

This brochure describes Series programs targeted to Nurses, Social Workers, and Allied Health Professionals. Other programs are available for dental professionals, physicians, nurse practitioners, and physician assistants.

"Before MATEC training, I had already recognized that many of our clients were at risk. After MATEC training, I have the skills and confidence to do something about it."

Judi Szilak, MSW
Northern Illinois
Medical Center

"On the way home, everyone was talking about the excellent speakers and the value of this training. It was a great experience."

Margie Domski, RN
Nursing Supervisor
Northern Illinois Medical Center

"Excellent clinical experiences for any hospital RN, and I recommend the program to everyone."

Eileen King, RN
Med-Surg Isolation Unit
St. James Hospital and Medical Center

DATED MAIL

UIC The University of Illinois at Chicago

808 South Wood Street, M/C 779
Chicago, Illinois 60612-7303

MATEC
Midwest AIDS Training and Education Center

MATEC

Midwest AIDS Training and Education Center

The University of Illinois at Chicago

Comprehensive HIV Clinical Education Series

**for Nurses
Social Workers and
Allied Health Professionals**

September 1993 - May 1994

Core Program on Early Intervention

Sept. 14-15, 1993-UIC
Oct. 19-20, 1993-UIC
Dec. 7-8, 1993-UIC
Jan. 24-25, 1994-Oak Brook
Mar. 8-9, 1994-Rockford
May 10-11, 1994-UIC

This two-day multidisciplinary Core Program focuses on nursing and psychosocial care of HIV-affected individuals and their families. Program topics include:

- History & epidemiology
- Antiviral treatments
- Multicultural issues
- Laboratory detection
- Pathophysiology
- Legal implications
- Risk assessment & testing
- Prevention & health maintenance

PLUS, half-day clinical experiences (two half-days for Nurses, one half-day for Social Workers and Allied Health)

Clinical Experiences

Clinical Experiences are included in your registration for the Core Program. Clinical Experiences may also be taken independently if the participant has attended other MATEC programs. These sessions with experienced practitioners are a critical part of the learning process. The sessions include *patient examination* or *patient simulation* with preceptors who practice in a variety of HIV clinical sites.

Patient Examinations provide opportunities to observe experienced practitioners evaluating new or continuing patients in clinical settings. Sites include ambulatory medical care settings, acute medical care units, home care agencies, hospice services, residential care facilities, and community-based facilities.

Patient Simulations provide opportunities to develop and practice clinical skills working with simulated patients. Simulations include assessing HIV risk, disclosing antibody test results, presenting patient treatment plans, and special issues for women, children and drug users.

For Nurses: Targeted Professional Program

October 28, 1993-UIC
January 27, 1994-Oak Brook
April 7, 1994-UIC
May 19, 1994-UIC

The Targeted Professional Program includes a full-day didactic program and an additional half-day clinical experience. This program may be taken separately or as a training package with the Core Program. Program topics include:

- Physical assessment
- Opportunistic infections and neoplasms
- Patient education
- Care for the caregiver

Special Seminar on Legal Aspects of HIV/AIDS Care

October 13, 1993-UIC
February 2, 1994-UIC
4 - 7 p.m.

This program covers such important legal issues as informed consent and HIV testing, the AIDS Confidentiality Act, duty to warn, and access to care.

AIDSLINE DATABASE TRAINING

This two-hour program, taken alone or in conjunction with other training, will enable health professionals to access the latest national AIDS/HIV database information through computerized on-line searches. This training is scheduled at the registrant's convenience and is available to any program participant.

OTHER MATEC PROGRAMS AND SERVICES

MATEC offers a variety of training. Regularly scheduled programs are available for physicians and dentists. MATEC also will work with you to bring Series programs to your site or to develop training curricula tailored to your individual needs and interests. For information on MATEC programs, please call 312/996-1373.

Continuing Education Credits will be available.

SELECTED PROGRAM FACULTY AND CLINICAL PRECEPTORS

University of Illinois

Joanne Despotes, RN,C, BSN
Elyse Nowak, RN, BSN, MA
Caryn Berman, MA, LCSW
Eric Noel, BA
Richard Novak, MD
Scott Isaacman, MS, DO, JD
Nathan Linsk, PhD, LCSW

Cook County Hospital

Brad Farrington, RN, NP
Mardge Cohen, MD
Elizabeth Gath, MD
Renslow Sherer, MD
Ron Sable, MD
Chuck Sternberg, LCSW, CADC

Northwestern University

John Phair, MD
Robert Murphy, MD
Robert Hirschtick, MD
Frank Palella, MD
Patricia Garcia, MD

Please enroll me in the following programs:

Core Program

For Nurses (includes two Clinical Experiences)
$175 . . . . . $_____

For Social Workers and Allied Health
(includes one Clinical Experience) $125 . . . . . $_____
Circle date: 9/14-15 10/19-20 12/7-8 1/24-25 3/8-9 5/10-11

Nursing Targeted Professional Program

(includes one Clinical Experience) $150 . . . . . $_____
Circle date: 10/28 1/27 4/7 5/19

NURSING PACKAGE Core and Targeted Professional Programs $225 . . . . . $_____
Circle dates above.

Legal Aspects of HIV/AIDS Care $50 . . . $_____
Circle date: 10/13 2/2

AIDSLine Training $25 . . . . . $_____

Additional Clinical Experiences
$75 each x ___ sessions . . . . . $_____

CONTINUING EDUCATION
CE Certificate $10 . . . . . $_____

TOTAL FEES ENCLOSED . . . . . $_____

Mail this form with check or money order payable to MATEC, UIC, 808 S. Wood Street (M/C 779), Chicago, Illinois 60612-7303. For more information, call (312) 996-1373.

Reductions of registration fees are available for public health professionals. Call for information.

(Please complete personal data on reverse side.)