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THE WHITE HOUSE

WASHINGTON

August 30, 1993

James S. Todd, M.D.
Executive Vice President
American Medical Association
515 North State Street
Chicago, Illinois 60610

Dear Dr. Todd:

Thank you for your letter of congratulations and the compendium of the AMA's HIV policy positions. I am looking forward to working with the AMA and appreciate your offer of assistance. The success of nationwide policies and programs will depend on the input and cooperation of national organizations such as yours.

I will have my office contact Paulette Kellog to schedule a meeting for us to discuss our mutual goals and how we can work together to implement them.

Sincerely yours,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

Per Jo Messore: Jim Allen is setting up AMA meeting with Kristine

THE WHITE HOUSE

WASHINGTON

September 8, 1993

Ms. Pamela J. Haylock, R.N., M.A.
Secretary, Board of Directors
Oncology Nursing Society
501 Holiday Drive
Pittsburgh, Pennsylvania 15220-2749

Dear Ms. Haylock:

Thank you for writing and for your offer of support.

I would be pleased to meet with representatives of ONS to discuss areas of mutual concern. If this would work out, please contact Ms. Retina Holmes at (202) 632-1090.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

September 7, 1993

Robert K. Ross, M.D.
Commissioner
Department of Public Health
City of Philadelphia
1600 Arch Street, 7th Floor
Philadelphia, Pennsylvania 19103

Dear Bob:

Thanks for the letter. I am planning to be there on the 4th.

Ms. Holmes is planning my day, and can work with Mr. Scott on any related activities.

I look forward to seeing you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 1, 1993

Ms. Marylouise Welch
Chairperson of the Fund raiser Dinner
Connecticut Nurses' Foundation, Inc.
377 Research Parkway, Suite 2D
Meriden, Connecticut 06450

Dear Ms. Welch:

Thank you for your kind letter of congratulations. I would be honored to speak at your fund raiser dinner this winter. Please call Ms. Retina Holmes at (202) 690-5471 to make the necessary arrangements.

I look forward to seeing you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 24, 1993

Becky J. Smith, Ph.D.
Association for the Advancement of Health Education
1900 Association Drive
Reston, Virginia 22091

Dear Dr. Smith:

Thank you for writing, and thank you for your efforts to provide good HIV prevention information to educators. The wide-spread dissemination of accurate information founded on a sound basis is a critical part of our effort. I am very supportive of finding ways to continue and expand them.

Please call Ms. Retina Holmes at (202) 690-5471 if you wish to arrange a meeting.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 19, 1993

Carlos del Rio, M.D., F.A.C.P.
Consejo Nacional de Prevencion
y Control del SIDA
Comercio y Administracion No. 35
Col Copilco Universidad C.P.
04360, Mexico, D.F.

Dear Dr. del Rio:

Thank you for your kind words of congratulations on my appointment as the National AIDS Policy Coordinator.

In order to fight the HIV virus successfully we must develop a unified goal, not only within the United States, but among other countries as well. I am interested in talking with you about a strategy for Hispanics and migrant workers. I am convinced that we can find a way to combine the strengths of our two nations to combat this epidemic. Contact my secretary, Ms. Retina Holmes at (202) 690-5471 to arrange a convenient time to talk.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Joan Swirsky
Editor in Chief
Revolution
The Journal of Nurse Empowerment
56 McArthur Avenue
Staten Island, New York 10312

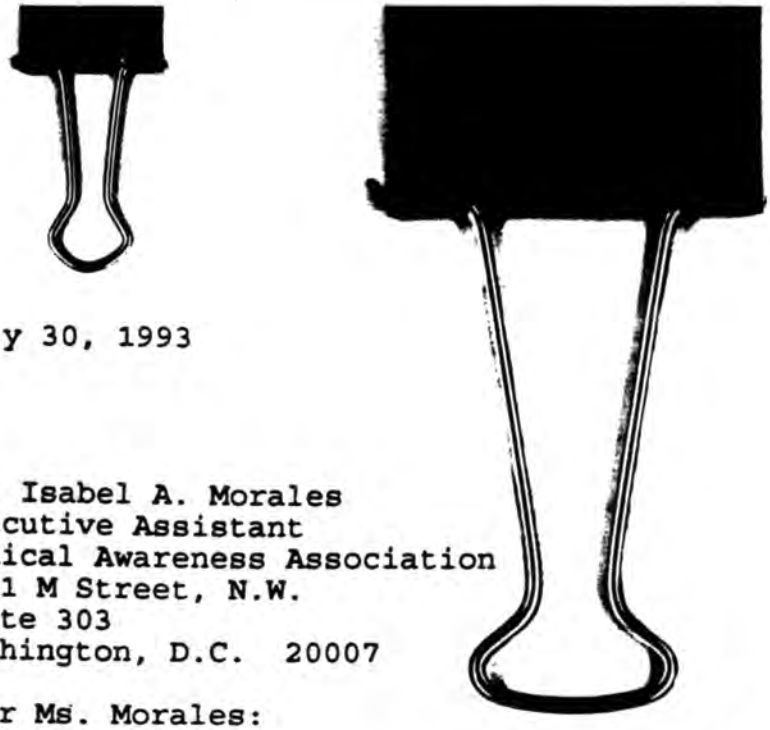
Dear Ms. Swirsky:

Thank you so much for your warm letter of congratulations. I am looking forward to this new challenge.

Please call Ms. Retina Holmes at (202) 690-5471 to arrange an appointment time. I look forward to meeting with you and sharing my views with your readers.

Sincerely,

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



July 30, 1993

Ms. Isabel A. Morales
Executive Assistant
Medical Awareness Association
3421 M Street, N.W.
Suite 303
Washington, D.C. 20007

Dear Ms. Morales:

Thank you for writing. I would be pleased to meet with you and other representatives of the Medical Awareness Association. My first couple of weeks may be a bit hectic, so a date in later August or September would probably be most easy to schedule. Please call Ms. Retina Holmes at (202) 690-5471 to arrange a time.

I look forward to meeting with you soon.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

August 27, 1993

Ms. Phyllis Buccio-Notaro
Director of Development
Social Justice for Women
108 Lincoln Street, 6th floor
Boston, Massachusetts 02111

Dear Ms. Buccio-Notaro:

Thanks for your good wishes, and for the information on your programs.

I look forward to meeting you at some point in the not too distant future, when I am in Boston.

I appreciate your efforts, and those of Ms. Wormack-Keels.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Dr. Melvin D. George
President
St. Olaf College
1520 St. Olaf Avenue
Northfield, Minnesota 55057-1098

Dear Dr. George:

Thank you so much for writing, and for the good wishes of the St. Olaf community. I am so often reminded of the network, and cross paths with fellow Oles all over the country.

I would very much like to visit the campus, and will watch for an opportunity as I begin planning my schedule. I look forward to seeing you.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

August 23, 1993

Paige, Evan and Todd Greenfield
56 Briar Hill Road
Norwich, Connecticut 06360

Dear Paige, Evan and Todd:

Thank you so much for taking the time to write, and for your interest in HIV prevention education.

I do agree that our collective reluctance to acknowledge the early age of sexual activity for many young people is a part of the continuing spread of the epidemic. I speak out on this issue often.

Mandates for curriculum are generally a state role in our federal system. I urge you to work with state elected officials and the Connecticut Department of Health to pursue more widespread education in grades 4-6. Some states already require this.

Best wishes to you in your efforts. I hope you will write again with a progress report. I'd be happy to meet with you if you are ever in D.C.

Sincerely,

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

cc: Susan Addiss, Connecticut Department of Health

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Arthur J. Ammann, M.D.
Chair, Health Advisory Committee, PAF
Director, The Ariel Project
81 Digital Drive
Novato, California 94949

Dear Dr. Ammann:

I am so glad we had a chance to meet, although briefly. As you probably know, since then I have had the opportunity to spend some time with Elizabeth Glaser and Susan DeLaurentis as well.

The points you raise in your editorial are excellent ones, and I look forward to working with you. If you will be back in D.C. in the near future, please call so we can arrange some time together. The Pediatrics AIDS Foundation is an important part of our national effort, and you are a key component!

Your personal experience with health insurance adds fuel to the fire regarding need for universal coverage. I hope you have shared that information with others, including Dr. Lee.

I hope to see you soon.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ernst L. Wynder, M.D.
American Health Foundation
320 East 43rd Street
New York, New York 10017

Dear Dr. Wynder:

Thank you for writing. I am pleased that you share the interest many of us have in beginning appropriate health education and support for healthy choices early in life.

I would be happy to meet with you if you are going to be in the D.C. area.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 6, 1993

Mr. Peter D. McDermott
Chairperson
Commission on HIV and AIDS
Los Angeles County
600 South Commonwealth Avenue, 6th Floor
Los Angeles, California 90005

Dear Mr. McDermott:

Thank you for writing. I look forward to meeting with your Commission at some not-too-distant time.

The entire organization for the new AIDS Policy Office is being developed, and your comments on the regional AIDS coordinator role are very helpful. I am not at all sure yet how resources will be used, but do want to be helpful to work such as yours.

Best wishes to you and the Commission.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

John D. Renner, M.D.
The AIDS Council of Greater Kansas City
2801 Wyandotte, Suite 167
Kansas City, Missouri 64108-3345

Dear Dr. Renner:

Thank you for sharing information on the AIDS Council of Greater Kansas City. I know you have many active and concerned organizations and individuals working toward a more effective response.

If you are ever in D.C., please call so that we can get together. Best wishes in your work.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 23, 1993

Craig Blomberg
CNSA Government Relations Director
California Nursing Students' Association
1145 Market Street, Suite 1100
San Francisco, California 94103

Dear Mr. Blomberg:

Thank you for your kind letter on behalf of the California Nursing Students' Association. You represent a group critical to an effective response to this epidemic - our next generation of professionals. If you have specific ideas on possible activities involving the association, please let me know. I'd be happy to meet with some of your members some time when I am in California.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Dr. Martin J. Murphy, Jr.
President and
Chief Executive Officer
Hipple Cancer Research Center
4100 South Kettering Blvd.
Dayton, Ohio 45439-2092

Dear Dr. Murphy:

Thank you for your congratulations on my appointment as National AIDS Policy Coordinator. I am pleased to learn of your work.

I would very much like to visit the Cancer Center, and will watch for an opportunity to do so, when I am in Ohio. I look forward to seeing you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Arthur Y. Webb
Chief Executive Officer
Village Nursing Home, Inc.
607 Hudson Street
New York, New York 10014

Dear Mr. Webb:

Thank you for your congratulations on my appointment as National AIDS Policy Coordinator. I appreciate you sending me information on the Village Nursing Home.

I would very much like to visit your programs and will look for the opportunity to do so when I am in New York City. I look forward to seeing you.

Best wishes to you in your efforts.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

August 27, 1993

Mr. Michael Weinstein
President
AIDS Healthcare Foundation
1800 N. Argyle Avenue, Suite 304
Los Angeles, California 90028

Dear Mr. Weinstein:

Thank you for your kind words of congratulations on my appointment as the National AIDS Policy Coordinator and for the information about the AIDS Healthcare Foundation. Hospice care is an essential part of a full spectrum of healthcare for persons infected with HIV. I applaud you for the excellent work being done at the Carl Bean AIDS Care Center.

I would like to see your services on a future trip to Los Angeles and will contact you in advance to set up a meeting.

Best wishes in your continuing efforts.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 27, 1993

R. Damon Ollerhead
Founder
National AIDS Philanthropic Foundation
90 Paul Revere Road
Needham, Massachusetts 02194

Dear Mr. Ollerhead:

Thank you for writing.

Best wishes in your endeavors. If you will be in Washington, D.C., please call to set up an appointment.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 27, 1993

Ms. Renee P. Wormack-Keels
Executive Director
Social Justice for Women
108 Lincoln Street, 6th floor
Boston, Massachusetts 02111

Dear Ms. Wormack-Keels:

Thanks for your good wishes, and for the information on your programs.

I look forward to meeting you at some point in the not too distant future, when I am in Boston.

I appreciate your efforts, and those of Ms. Buccio-Notaro.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 7, 1993

Donna A. Peters, Ph.D., R.N., F.A.A.N.
President
New Jersey State Nurses Association
320 West State Street
Trenton, New Jersey 08618-5780

Dear Dr. Peters:

Thank you for writing. I am especially appreciative of the good wishes from my nursing colleagues.

I will be coming to New Jersey for meetings from time to time, and hope we have an opportunity to meet.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 7, 1993

Mr. Michael K. Gemmell, CAE
Executive Director
Association of Schools of Public Health
1015 Fifteenth St., N.W.
Suite 404
Washington, D.C. 20005

Dear Mike:

Thanks for your letter and the offer of assistance from the Deans.

At some time when it is convenient, I would like to meet with you and your members, to explore HIV-related issues.

I look forward to seeing you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 7, 1993

Guadalupe Olivas, Ph.D.
President U.S. Conference of Local
Health Officers 1620 Eye Street, N.W.
Washington, D.C. 20006

Dear Guadalupe:

Thank you for your offer of continuing collaboration with the U.S. Conference of Local Health Officers. I have enjoyed working with your colleagues in other capacities.

Please give me a call if there is any HIV-related issues of concern to you on the other U.S. Conference members. When you are in D.C., perhaps we can get together.

Sincerely,

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

July 25

THE WHITE HOUSE

Dear Ted –

Thanks for writing. I'm glad to learn that you are still on the ABA's ADS committee – I will be calling on you, I'm sure! I look forward to opportunities to work together internally as we have in Oregon – Cheers

LANE
POWELL
SPEARS
LUBERSKY

June 28, 1993

Kristine M. Gebbie, R.N., M.N.
101 G Street S.W.
Apt. 707
Washington, D.C. 20024

Re: AIDS
Our File No. 15850-15

Dear Kris:

Congratulations on being named AIDS czarina!

I am very proud, as I believe you are too, of the AIDS legal policies we were able to achieve in Oregon and of the consensus-building approach we followed to get them. I know you will be able to achieve as much nationally.

I remain a member of the American Bar Association AIDS Coordinating Committee. As a result of that committee's work, the legal policies of the American Bar Association on AIDS generally support those of the Presidential Commission (and are suspiciously similar to Oregon's). I hope you will consult with this Committee in formulating the legal aspect of a national AIDS policy.

Please call me if I can be of any assistance.

Very truly yours,

Theodore C. Falk

cc: Michele A. Zavos, Project Director, ABA AIDS Coordinating Committee
Barry Sullivan, Esq., Chairperson, ABA AIDS Coordinating Committee

J:\CG1\TCF\12025TCF.LTR

Law Offices

520 S.W. Yamhill Street Suite 800 Portland, OR 97204-1383

(503) 226-0151

Telex: 269029-SPRS-UR
Facsimile: (503) 224-0388

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THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Joan Swirsky
Editor in Chief
Revolution
The Journal of Nurse Empowerment
56 McArthur Avenue
Staten Island, New York 10312

Dear Ms. Swirsky:

Thank you so much for your warm letter of congratulations. I am looking forward to this new challenge.

Please call Ms. Retina Holmes at (202) 690-5471 to arrange an appointment time. I look forward to meeting with you and sharing my views with your readers.

Sincerely,

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

A.D. VON PUBLISHERS, INC.
56 McArthur Avenue
Staten Island, New York 10312
1-800-331-6534 · FAX (718) 317-0858

Kristine M. Gebbie, R.N.
White House AIDS Coordinator
National AIDS Program Office
Department of Health & Human Services
200 Independence Avenue, S.W., Room 738
Washington, D.C. 20201

July 7, 1993

Dear Kristine,

Heartiest congratulations on being appointed by President Clinton to be the "AIDS Czar" of the United States! How fitting that a nurse — who is familiar with both the clinical aspects of health and illness, as well as the caring aspects that this disease, in particular, cries out for — be selected for this important post.

We at *Revolution - The Journal of Nurse Empowerment* have been lobbying the Clintons for greater inclusion of registered nurses in mainstream and decision-making roles. Hence, we were very thrilled to read about your appointment.

In that regard, we would like to feature an article about you in our Fall or Winter 1993 issue, under the category, "Making A Difference." What we need is a picture of you, a biographical sketch, and answers to a few questions. I'll be calling you next week, and hoping to catch you in (although I very much appreciate that you must have an incredibly busy schedule). If, for any reason, I am not able to speak with you, I'd appreciate your faxing the answers to these questions to my office at 516-482-2965. Also, please don't hesitate to call me anytime at 516-482-6546.

The questions are:

1. What goals do you have as the new White House AIDS Coordinator?

2. What qualities will you bring to your new post that you feel derive directly from your nursing background, and how will you utilize these qualities to bring about your goals?

3. Nurses all over the country have designed and implemented some of the most innovative and effective programs and care facilities for people with AIDS. Do your plans include utilizing some of these programs?

4. It is clear by your appointment that President and Mrs. Clinton value the contribution that registered nurses have to make. Is there any way in which you plan to further the "image" (and substance) of registered nurses in your new job?

Thank you for your consideration of my request. There is no doubt that our readers will be greatly heartened to read of your accomplishments in this important area.

I look forward to speaking with you.

Best Regards,

Joan Swirsky

Joan Swirsky
Editor-in-Chief

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Raul Feliciano, M.D.
29-2M-48 H Street
Altomonte
Caguas, Puerto Rico 00725

Dear Dr. Feliciano:

Thank you for writing. I certainly agree with you that multiple approaches will be needed to successfully stop the spread of HIV infection in our society. Many have been disappointed in the lack of a cure or vaccine at this point, though remarkable progress has been made.

You indicate a need for funding to pursue your own studies of the virus. The largest source of Federal research funding is the National Institutes of Health, and I have asked that you be sent information on funding cycles and application procedures.

Good luck to you in your efforts.

Sincerely,

Kristine Gebbie

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

cc:
Office of AIDS Research

Caguas, Puerto Rico
July 03, 1993

Mrs. Kristine Gebbie
A.I.D.S. Policy Coordinator
The White House
Washington, D.C.

Dear Mrs. Gebbie:

As you know AIDS research has lapsed into a kind of silence. That does not mean that nothing is being done, of course. On the contrary, there is a substantial army of people at work on characterization of the strains of HIV responsible for individual infections, while detailed parameters of different epidemiological models are being steadily, if slowly refined. But it seems a long time since Mrs. Margaret Heckler, then Secretary of Health and Human Services in the U.S. administration, was talking eagerly of a vaccine against HIV. In fact that was nine years ago. It is not surprising that the field is rife with disappointment.

The obvious prophilactic, a vaccine, must be intrinsically more difficult to develop than Heckler and her advisors could have imagined.

The search for drugs effective in the treatment of patients with AIDS has also been frustating. AZT, like other inhibitors of DNA replication, is palliative only, and understandably has damaging side-effects.

On February 1993 the journal Nature published a study made by Yung-Kang Chow, a Harvard medical student, in which he proved (test tubes study) that a three-drug combina-

nation might halt the spread of AIDS by attacking a single enzyme that the virus needs to reproduce. Researchers in Harvard expect to begin testing Chow's multi-drug therapy on patients with advanced AIDS infection, later this year.

Illnesses are not natural. Many of them may be created by the way we live, by the food, water and air we put into our bodies. By the exercise we do, or don't get. And more. The response to therapy will also depends of said factors .....

We must remember that medical discoveries are very important in our lives, but probably the greatest medical discovery of our time is the awesome power within the human body to heal, if we help him. This tremendous discovery is destined to change the way we live and research for the treatment of many illnesses, including AIDS.

In the treatment of AIDS we may follow different strategies. Best results will probably be achieved with a combination of three well-oriented scientific strategies. Please refer to xerox copy of different strategies in the treatment of AIDS.

In order to complete the studies of my proposal, financial support is necessary. I am also willing to sell my proposal. The important thing is that one way or the other, we could do something practical, logical + intelligent to ameliorate said illness. The rules or guidelines (health programming) to treat AIDS have already ben established by our bodies and the applicability of said rules (modules) depends of a proper understanding of them.

We must also keep in mind that drugs relieve suffering and have been of tremendous help in Medicine in the last two centuries, but they have never and will never constitute part of our body or the immunologic system.

Hoping to hear from you soon, remain.

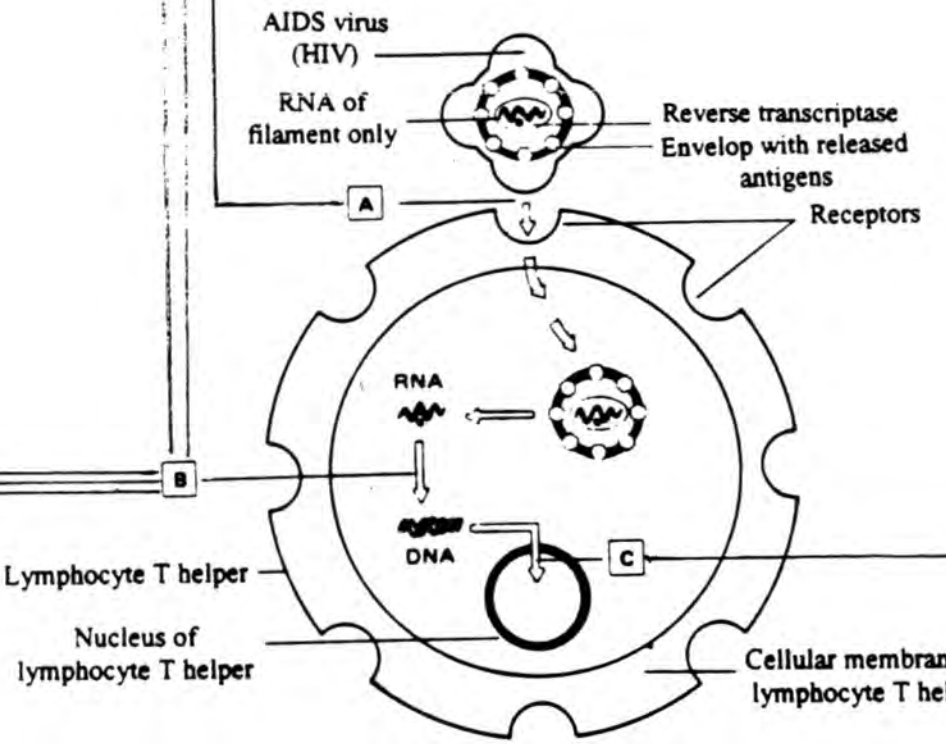
Sincerely yours,

Raul Feliciano, M.D.
29-2M-48 H St.
Altamonte
Caguas, P.R. 00725

Palliatives With Damaging Side-effects,
Oriented Toward (B) Component Only

AZT

AZT + DDI



Strategies in the treatment of the AIDS virus. (A) In plasma: neutralizing antibodies; (B) inside lymphocyte T and other cells: reverse transcriptase inhibitors; (C) inside the nucleus of lymphocyte T: viral replication inhibitors.

Palliatives With Damaging Side-effects,
Oriented Toward (B) Component Only
AZT + DDI + Pyridinone
(Chow et al., Harvard Univ.)

AZT + DDI + Pyridinone +___
+___ +___ +___ +___ +___

Complete (Effective In Components A, B, C),
Tailor-made, Balanced and Simultaneous
Approach of Dr. Feliciano.

By: Raul Feliciano, M.D.

2/21/92

AP Photostream

Yung-Kang Chow, a Harvard University medical student who discovered a breakthrough in the fight against AIDS, stands outside his lab at the Massachusetts General Hospital in Boston Friday.

Student's AIDS 'cure' causes stir

The Associated Press

BOSTON — The inspiration for the latest possible breakthrough in AIDS research didn't come in the laboratory or library. It happened at the dinner table.

Yung-Kang Chow, a Harvard medical student, recalls that he was reviewing a grant application during a meal in August 1991 when, he says, "the idea just came to me in an instant."

The idea was Chow's theory that a three-drug combination might halt the spread of AIDS by attacking a single enzyme that the virus needs to reproduce.

That concept is a break with medical dogma about multi-drug therapy, which involves aiming different drugs at different targets.

Novel though it may be, the triple threat works — at least in the lab. The combination of the AIDS drugs AZT and dideoxyinosine, or ddI, and a third compound called pyridinone, stopped the AIDS virus from reproducing in a test tube, according to a report published last week in the journal Nature.

Since the story broke, Chow, 31, has been bombarded with calls from the media — and from AIDS patients. By Friday night, he started canceling interviews because he felt overwhelmed.

"We didn't expect this at all," he said, referring to his research colleagues and his adviser, Dr. Martin Hirsch, a Harvard medical professor and director of AIDS research at Massachusetts General Hospital.

Chow, who became interested in AIDS research because he knew some patients who later died of the disease, fears patients and the public believe he has discovered a cure or treatment. He hasn't, at least not yet.

"We have said repeatedly this is just laboratory results and there is no evidence that it works in humans," Chow said.

He's also afraid desperate patients will try to mix their own anti-AIDS cocktails. Home experiments could prove toxic, since researchers don't yet know how the combination affects humans.

Chow credits Hirsch, one of the nation's foremost AIDS researchers, with providing an environment conducive to groundbreaking research. It was while reviewing a Hirsch grant application mentioning multi-drug therapy that Chow got his brainstorm, and it was Hirsch who encouraged his offbeat experiment.

Researchers expect to begin testing Chow's multi-drug therapy on patients with advanced AIDS infections later this year. But Chow won't be involved in the clinical trials — he's not a doctor yet.

A disappointing decade of AIDS

Hopes that research would quickly yield a prophylaxis for AIDS, or possibly a cure, appear to be evaporating, together with the belief that infectious disease is historical only.

THE organizers of this year's international AIDS conference, arranged for June in Berlin, are fearful that potential participants from elsewhere will be deterred from taking part by news reports of attacks on foreign visitors to Germany. In a statement last week (see page 6), they sought to reassure visitors by referring to the brave stand on xenophobia taken by the federal German president, Dr Richard von Weizsäcker, among others. The hope seems to be that there will be 15,000 people in Berlin in June, as there have been at earlier annual conferences in this series (which alternates between a US venue and one elsewhere).

In reality, this year may be different for reasons other than participants' fear of being attacked. One obvious difficulty is the general impression that the annual AIDS conferences are no longer a preferred means of describing the results of new research, but instead are occasions of a more theatrical character. To the extent that they throw together researchers in the field and those who suffer from AIDS, or at least are infected by the human immunodeficiency virus (HIV), they are a vehicle by which the patients may express their frustration, even anger, that research has done so little for them.

This year, there may well be even more of that than previously. To put it mildly, AIDS research has lapsed into a kind of silence. That does not mean that nothing is being done, of course. On the contrary, there is a substantial army of people at work on the characterization of the strains of HIV responsible for individual infections, while the detailed parameters of different epidemiological models are being steadily if slowly refined. But it seems a long time since Mrs Margaret Heckler, then the Secretary of Health and Human Services in the US administration, was talking eagerly of a vaccine against HIV. In fact, that was nine years ago next June. It is not surprising that the field is rife with disappointment.

For what it is worth, this is far from being a unique occasion when the high promise of some field of research has turned out to be less attainable than serious people believed. In 1958, for example, *Nature* published a clutch of papers from the UK Atomic Energy Research Establishment at Harwell purporting to have demonstrated that thermonuclear fusion (not the cold kind) could be brought about in a laboratory apparatus (**181**, 217–233; 1958). Only shrewd Lyman Spitzer of Princeton expressed doubts on the subject (**181**, 221–222; 1958). Most of those involved were already sketching the designs of the working fusion reactors they saw being thrown up around the world. Now, nearly half a century later, a great deal has been learned about hot plasmas and their confinement, but nobody would now dare say whether thermonuclear reactors will ever be feasible in the sense of being economic.

AIDS seems now to be in the same case. The obvious prophylactic, a vaccine, must be intrinsically more difficult to develop than Heckler and her advisers could have imagined. How do you set about destroying all T cells harbouring the retrovirus HIV, perhaps as complementary DNA integrated within the genome, without causing an immune deficiency as damaging as that of AIDS itself? If, on the other hand, the pathogenesis of AIDS resembles that of an autoimmune disease, which is plausible enough, it is prudent to remember that there are no systemic prophylactics for other candidate autoimmune diseases.

Quite how a vaccine, if there were one, would be used is also perplexing. Would it be administered to all children before puberty, or to the groups known to be most at risk, and what would be made of it in the poor countries of Africa, where the incidence of HIV infection is alarming, but where health budgets are usually too small for even diagnostic tests for HIV infection to be affordable?

The search for drugs effective in the treatment of patients with AIDS has also been frustrating. Wellcome's AZT, like other inhibitors of DNA replication, is palliative only, and understandably has damaging side-effects. The search for drugs which, perhaps in conjunction with AZT, may offer better protection is promising but necessarily slow. It should be within the power of the pharmaceutical industry to improve on the methods of treating the secondary infections to which AIDS patients succumb, but the frequency of Kaposi's sarcoma in some kinds of AIDS patients is not, as yet, understood.

What, in these circumstances, should be our view of the place of AIDS in the modern world? And how should rich countries like ours respond? To say that the outcome of the research of the past ten years has been disappointing does not imply that research should be abandoned. To understand the pathogenesis of AIDS is an even more important goal now than when it was thought there might be a vaccine around the corner.

So too is a better understanding of the way in which the existence of a substantial pool of people with serious immune suppression may contribute to the emergence of virulent forms of other infections, tuberculosis for example. Is there really a connection between AIDS and the emergence in New York of tuberculosis strains immune to BCG, for example? But, at least temporarily, the interests of people with AIDS suggests that there should be a more vigorous attempt to treat the secondary infections, symptoms though they are.

That amounts to acknowledging that AIDS will be among us for some time yet, and that we must learn to live with it as safely as we can. That means that the condom is no longer just a contraceptive, but a medicine. To recognize it as such requires a greater degree of openness about sexual practices than many people find palatable. But there is no choice.

There is also an urgent need to meet head-on the anger now common among the community of AIDS patients, especially in the United States. It is an almost palpable phenomenon. Many carriers of HIV believe they have been given a death sentence by their physicians and hold, however irrationally, that the establishment is bent on doing them down; intravenous drug users and male homosexuals, already persecuted as they see it, are naturally the most prone to share this socially corrosive resentment. Wild advocacy at the outset of the epidemic of quarantine for those infected did not help.

How else to blunt this anger except by making sure that AIDS patients are dealt with sympathetically and civilly, and that they are given the best care that can be afforded? That does not imply that AIDS patients are intrinsically more deserving of care than people with, say, some fatal form of cancer. It is merely that they are the unlucky victims of a common fallacy of just a decade ago, the belief that fatal infections had either been eliminated or would soon be eliminated.

Meanwhile, it is only seemly to record that little headway is likely to be made against the incidence of AIDS, in some of the poorer countries of Africa for example. If there were the funds for diagnostic tests, it might be more prudent to spend them in other ways, to combat intestinal diseases in infancy for example. But if things drag on as they are for another decade, that is what will make us feel badly.

John Maddox

Extracts from a talk at Green College, Oxford, 9 February 1993.

NSF does well, NIH does not in Clinton's 1994 budget

Washington The US budget for fiscal year 1994 that President Bill Clinton will next week send to Congress assigns a favoured position to the US National Science Foundation (NSF) in the projected economic recovery while treating the US National Institutes of Health (NIH) as a bit player, reinforcing the perception that the president's vision for technological change does not include biomedical research.

The president is requesting $216 million more in the year beginning on 1 October for NSF, an increase of 7.3 per cent that would raise its budget to $3.18 billion. This week the US Congress was expected to approve a $16-billion supplementary budget package for 1993 that would add $206 million to NSF's existing budget. Even so, a combination of those two increases would raise NSF only slightly above the level requested last year by former President George Bush but rejected by the US Congress.

In contrast, unofficial budget figures for NIH show an increase of only 3.3 per cent ($340 million) that would bring its budget to $10.6" million. The increases are almost entirely in three areas — breast cancer research, AIDS and the human genome project — previously targeted for growth by the Congress and the administration, leaving nine of the 18 institutes and centres with less money next year than at present.

This has been an unusual year for the president's budget, normally submitted to Congress at the end of January. New rules allowed Bush to compile only an outline of the annual $1,500 billion federal budget; despite working feverishly for several weeks, the new administration has pushed back from mid-March to early April the release of its budget. Congress has begun work on the budget anyway, with NSF and NIH officials testifying last week at separate appropriations hearings. NSF provided details the next day, but NIH is officially remaining silent until the full budget is unveiled sometime next week.

For NSF, the good news in the president's request is an increase of 7 per cent for its basic research programmes, 14 per cent more for science and mathematics education and enough to keep three major new facilities on schedule — $17 million towards twin 8-metre telescopes to be built jointly with Britain, Canada and three Latin American countries, $43 million towards a laser interferometer gravity wave observatory (LIGO) and $12 million towards a national high magnetic field magnet laboratory. The bad news is that Congress, which jealously guards its role in setting spending priorities, may remember NSF's good fortune this year in getting a supplementary budget that provides about half of the increase it had originally sought from Congress.

"If this committee had had an additional $206 million available to it last year, it probably would not have given it all to the NSF", said Representative Louis Stokes (Democrat, Ohio), chairman of the House appropriations subcommittee that funds NSF and several other agencies. "And if this subcommittee's allocation does not match the president's 1994 request, we'll have to take into account the rather generous increase given to NSF in the 1993 supplemental."

In contrast, there is little for NIH to cheer about in what Clinton has so far proposed. The supplementary appropriation contains only $9 million for its share in a high-speed computer initiative, and the 1994 request, if

NIH plans to begin AIDS drug trials at earlier stage

Washington The US National Institutes of Health (NIH) will begin treating people who are HIV-positive as soon as possible after infection in the wake of new information (see *Nature* **362**, 355, 1993) that the HIV virus is active in the body in large numbers much earlier than was previously thought.

"We must address the question of how to treat people as early as we possibly can with drugs that are safe enough to give people for years and that will get around microbial resistance", says Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases (NIAID). Any delay, he adds, would be the result of questions regarding safety and resistance rather than a lack of funds.

However Fauci, who co-authored one of the two papers on the subject published last week (*Nature* **362**, 355 & 359; 1993), hotly denies the suggestion by one of his co-authors, Cecil Fox, that the new evidence means that "$1 billion spent on vaccine trials" has been "a waste of time and money" because the trials were started too long after the patients were infected and were ended too quickly. Fox, of the Yale University School of Medicine, says that data showing the extent to which the HIV-1 virus is active in the lymphoid organs during the early stages of HIV infection mean that "for the first time, the pathogenetic dynamics of the disease are properly understood".

But Howard Temin of the University of Wisconsin is more cautious. "I only wish life were so simple", he says. "If we understood its pathogenesis we'd understand how the HIV virus does what it does — but that mystery has not dissipated."

No meeting of minds for Fauci, left, and Duesberg.

John Tew of the Medical College of Virginia in Richmond says that the new evidence makes a strong case for early treatment of HIV-positive patients. "These data would argue that early intervention is critical and, if they are correct, that very early intervention may have a heck of a lot of benefits."

AIDS activists welcomed the new information but said that the scientific community has been slow to understand the significance of infection of the lymph tissue. "We've known about this for five years, but we're glad it is now in the public domain", says Jesse Dobson of the California-based Project Inform. Dobson says that he hopes the work would lead researchers to take "a more pathogenesis-focused approach, as opposed to a drugs-based approach".

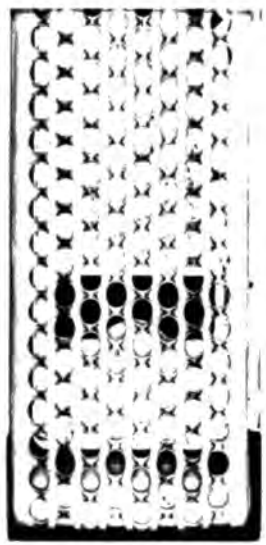
The authors of the papers and their supporters see the evidence of infected lymphoid tissue as a mixed blessing in treating HIV-positive patients before AIDS develops. As Ashley Haase of the University of Minnesota and co-author of one paper, puts it: "It is very sobering that we have infection early on, on such a vast scale. But I'm impressed by how the human immune system is able to contain the infection for a very long time."

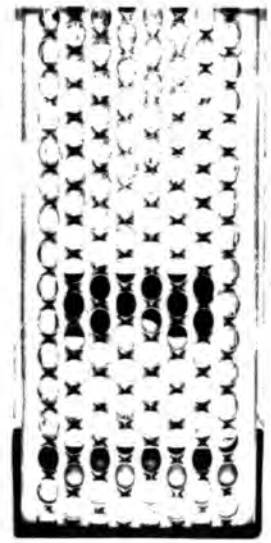
Critics of the conventional view of HIV as the precursor of AIDS say that there is nothing in the papers to change their minds. Peter Duesberg of the University of California at Berkeley says that the data are "absolutely irrelevant" to AIDS. "We are several paradoxes away from an explanation of AIDS — even if these papers are right", says Duesberg, who believes that AIDS is independent of HIV and is a result of recreational drug abuse in the West and immunization programmes in the developing world.

Colin Macilwain

From:
Raúl J. Feliciano, M.D.
29-2M-48H St.
Altamonte
Caguas, P.R. 00725

Mrs. Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington, D.C. 20500





Remind me to write again in 3 mos.
Retina – please on calendar w/ the document portion #1 Oct 1

July 27

THE WHITE HOUSE

Dear Mr Hubbell -

I'll be happy to keep you posted as I begin to formulate an improved national response to the HIV epidemic. It is certainly my goal to be actively involved in making positive change happen, and not to be a paper-pusher. Please share your observations with me – and best wishes to you in your personal efforts – Kristine Gebbie

ANS

DAVID HUBBELL

331 The Lane, Hinsdale, Illinois 60521, (708) 986-0143

July 7, 1993

Dear Ms. Debbie:

I wish you good luck in your position as the Aids Czar. I do feel however that the President took too long to appoint you. A decision which reflects on him, not on you.

I do want to know though what your thoughts are on developing a response to Aids in the United States. I would like to be informed of what actions you will be taking in the near future to develop a cohesive plan to combat HIV. I have been HIV+ for eight years now and I can no longer wait around for more paper pushing bureaucrats. I look forward to your reply.

Thank you.

David Hubbell

Hubbell
331 The Lane
Hinsdale. Il. 60521

FOX VALLEY, IL 605
PM
07 JUL
1993

MLOCR #C

Kristine Gebbie
National Aids Program Office
200 Independence Ave S.W.
Humphrey Bldg Rm. 738 G
Washington D.C. 20201

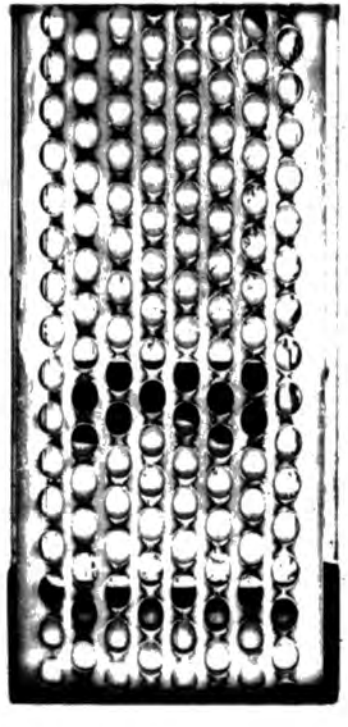
Hubbell
331 The Lane
Hinsdale. Il. 60521

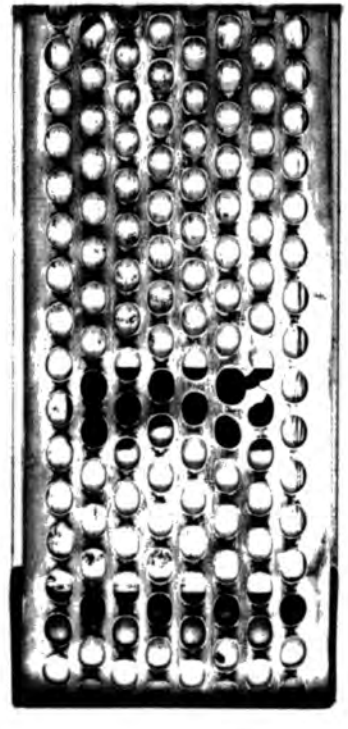
FOX VALLEY, IL 605
PM
07 JUL
1993

MLOCR #C2

USA
29
GRACE KELLY

Kristine Gebbie
National Aids Program Office
200 Independence Ave S.W.
Hungphrey Bldg Rm. 738 G
Washington D.C. 20201





THE WHITE HOUSE

Dear John —

It is so good to hear from you, and I'd be delighted to get together soon. Dive asked Retina Holmes of my staff to call & find a convenient time. Di' looking forward to learning about your NCAA activities —

Cristina

200 Park Avenue – Suite 5700, New York, NY 10166-0114

John J. Creedon
Retired President and Chief Executive Officer

MetLife®

BKLYN NY 112 18:37 07/10/93 DCR#2

Kristine M. Gebbie, RN, MN, FAAN
AIDS Policy Coordinator
National AIDS Program Office
Hubert Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

200 Park Avenue–Suite 5700, New York, NY 10166-0114

John J. Creedon
Retired President and
Chief Executive Officer

MetLife®

July 7, 1993

Kristine M. Gebbie, RN, MN, FAAN
AIDS Policy Coordinator
National AIDS Program Office
Hubert Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Kristine:

I was absolutely delighted to read about your designation by President Clinton as our country's AIDS Czar. Congratulations and best wishes for great success. It is nice to know that one of the leading members of the original AIDS Commission has received this recognition and honor.

I have read about you over the years at various times, and had the impression that you had continued to maintain your interest and activity in the AIDS arena. During the past year, I have become a Board member of the National Community AIDS Partnership (NCAP), of which you may or may not be aware. I'd very much like to meet with you sometime with a few of the people from NCAP, to have the benefit of your advice and counsel. The Chairman of the Board of NCAP is a fellow named Harry Hohn, whose main occupation is Chairman and Chief Executive Officer of New York Life Insurance Company.

If you have a few free minutes, please give me a call (212-953-1215) and perhaps we can arrange to get together.

Again Kris, congratulations and good luck.

Sincerely,

Return — please call to schedule

THE WHITE HOUSE

WASHINGTON

September 16, 1993

Hon. James P. Gray
Judge of the Superior Court
of Orange County
700 Civic Center Drive West
Santa Ana, CA 97202-1994

Re: Your letter of August 26, 1993 regarding
Drug Policy Changes

Dear Judge Gray:

Thank you for your letter of August 26th reporting on your recent visit with Dr. Lee P. Brown and enclosing copies of your resolution and supporting signers calling for the appointment of a Presidential Commission on Drug Policy.

You are correct in recognizing the synergistic relationship between drug policies and the demonstrable spread of the AIDS epidemic into a wider world beyond the traditional high risk groups who have borne the brunt of the disease to date.

My staff, along with others within the Departments of Health and Human Services and Justice, as well as staff members of key members of Congress, have been looking for some time at the spread of AIDS through needle sharing. As you know, changes in such programs can only come through strong government leadership supported by even stronger community commitment to change.

Recognized community leaders and responsible citizens such as those signing your resolution will play a key role in influencing the general public's perceptions as these fundamental positions are examined in light of current experiences.

I have asked my secretary to arrange my schedule to allow me to meet with you and Chief McNamara when you are next in Washington. I look forward to that meeting. In the mean time, you will be contacted by members of my staff as they continue to work on this issue.

Thank you for your continued support to the efforts of this Office.

Sincerely yours,

Kristine M. Gebbie

Kristine M. Gebbie, RN MN

Rotmar Gretchen W. I believe Gretchen has the control on this correspondence on this & KG's note that when Judge G & Chief McN are back here in Nov, she'd like to see them. Lon

THE WHITE HOUSE
WASHINGTON

8/2/93

To: Retina Holmes
From: Pam Barnett
Spec. Asst. to
First Lady
456-2369

Please make Dr. Gebbie
get this copy of
Mrs. Clinton's letter
to Mary Fisher.

thanks

Pam

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Mary D. Fisher
3075 Hampton Place
Boca Raton, Florida 33434

Dear Ms. Fisher:

Thank you for taking the time to write to me. I apologize you didn't receive a response to your letter earlier, but the high mail volume sometimes means important letters like yours don't receive the prompt attention they deserve.

Thank you also for including your remarks to the University of Michigan Social Work Conference. Your eloquent reminder of the dignity and recognition due everyone no matter what his or her circumstance in life is a message that needs to be heard and understood widely.

As the health care reform debate moves forward, one of our goals is to remove the obstacles that HIV/AIDS patients must overcome before they receive health care services. HIV/AIDS related illnesses should be treated like any other disease with respect to insurance co-payment plans and health care providers. But, most importantly, the AIDS crisis simply can't be left to those stricken to fight this disease alone -- it is a fight we must all join.

I appreciate your generous offer to share your experience and wisdom. I hope that in the near future we'll have that opportunity. In the meantime, if you would be willing, I would appreciate your meeting with Kristine Gebbie, President Clinton's new AIDS Policy Coordinator. Retina Holmes can be reached at (202) 690-5471 to set up the meeting.

I admire your courage and honesty in facing the many ugly realities of AIDS and the dignity with which you've handled it all.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

bcc: Kristine Gebbie

B.P.S. My friend, Elizabeth Glazer, loved her meeting with you. I hope you'll be able to meet with Mary Fisher, also. I, too, look forward to a visit.

THE WHITE HOUSE

WASHINGTON

Date: August 23, 1993

To: Carol Rasco

From: Kristine Gebbie

Subject: Presidential Recognition for Current Miss America

The present Miss America has been a very effective speaker on AIDS and HIV prevention. It would be appropriate for the President to acknowledge her contributions, perhaps with a special certificate/recognition at the White House, or even a luncheon with her, some young people and Dept of Education/HHS leadership. How would I go about checking whether or not he has had contact with her, whether a recognition event would fit on his schedule, etc, etc, etc? Doing something like this during the fall would be a useful way of indicating that he remains personally interested in HIV/AIDS issues, as well as being a suitable recognition.

Thank you for your help.

Roz - Call Lance, tell him I gave his original resume / ltr to Kris on the day of her announcement, that she & HHS will be doing the hiring - leave this for me to do further follow up

CLR

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

DIVISION OF
MARKET REGULATION

FACSIMILE TRANSMITTAL

Date: 6/28/93

TO: Ms. Carol Rasco

Company: WHITE HOUSE, ASSISTANT TO THE PRESIDENT, DOMESTIC POLICY

Fax No.: 202 456 2878

Recipient's Tel. No.: 202 456 2216

FROM: LANCE ALWORTH, JR.

Tel. No.: 202 504 2506; 202 387 4019

Total number of pages (Including this page): 2

(If you do not receive all the pages, please telephone the Division of Market Regulation at the number immediately above for assistance.)

Message: Please find attached a letter for Ms. Rasco.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE, AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE IT, AND MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. If you are not the intended recipient of this facsimile, or the agent responsible for delivering it to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. Thank you for your cooperation.

LANCE DWIGHT ALWORTH, JR.
1421 Massachusetts Ave. N.W. #703
Washington, D.C. 20005
H: 202 387-4019; W: 202 504-2506

28 June 1993

Ms. Carol Rasco
Assistant to the President,
Domestic Policy
The White House
1600 Pennsylvania Ave.
Washington D.C. 20500

Dear Ms. Rasco:

I saw with pleasure that President Clinton nominated Ms. Kristine Gebbie to be his AIDs policy Coordinator last Friday. I wanted to take this opportunity to remind you of my interest in working on her staff.

I am available to speak or meet with you at your convenience. I will, however, be in Arkansas for the upcoming holiday weekend. Thank-you for your time and attention.

Sincerely,

Lance Dwight Alworth, Jr.

cc: Governor Jim Guy Tucker

P02 906

JUN 27 '93 20:29

THE WHITE HOUSE

WASHINGTON

July 16, 1993

National Hispanic/Latino AIDS Coalition
1501 16th Street, N.W.
Washington, DC 20036

Dear Friends:

Thank you for your kind invitation to President Clinton. He appreciates your offer and is sorry that he was unable to join you.

Please also accept my sincere apology for the late response to your invitation. The overwhelming volume of invitations and requests that the President receives makes it difficult to reply as quickly as I would like.

The President has asked Kristine Gebbie, the newly named AIDS Policy Coordinator, to call you to schedule a meeting for your organization to meet with her. I know you will hear from her soon.

On behalf of the President, thank you again for your invitation. Your continued interest and support are deeply appreciated.

Sincerely,

Carol H. Rasco

Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:rk

cc: Kristine Gebbie
AIDS Policy Coordinator
c/o National AIDS Program Office
Room 738-G - Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

7248

THE WHITE HOUSE

WASHINGTON

August 23, 1993

Ruth H. Gordon-Bradshaw, RN, PhD, LPC
Member Board of Directors
The Hydeia Broadbent Foundation
P.O. Box 6437
Montgomery, Alabama 36106-0437

Dear Ruth:

Thank you for writing. You have had a busy life since those southern California days.

I am impressed by your work with incarcerated women, and applaud you interest in assuring sound health practices. I would urge you to work with the Alabama Department of Corrections and the Alabama Department of Health in seeking to make appropriate improvements. There is no direct Federal regulation of corrections health services.

Best wishes in your endeavors. Please keep me posted on your work.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 23, 1993

Ruth H. Gordon-Bradshaw, RN, PhD, LPC
Member Board of Directors
The Hydeia Broadbent Foundation
P.O. Box 6437
Montgomery, Alabama 36106-0437

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Best wishes in your endeavors. Please keep me posted on your work.

Sincerely,

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

Prepared by: APO: KMGebbie: gw: 8/20/93: 690-5471: b:\gordonbr.ads

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ruth -

Thank you for writing. You have had a busy life since those Southern California days.

I am impressed by your work with incarcerated women, and applaud your interest in securing sound health practices. I would urge you to work with the Alabama dept. of corrections and the Alab. Dept of Health ~~Bd~~ in seeking to make

appropriate improvements. There is no direct federal regulation of correctional health services.

Best wishes in your endeavors. Please keep me posted on your work.

Sincerely

|

THE
HYDEIA
BROADBENT
FOUNDATION

"...and a little child shall lead them."
Isaiah 11:6

July 26, 1993

Ms. Kristine Gebbie
AIDS Czar
Office of the President
of The United States of America
Washington, D.C.

Dear Ms. Gebbie:

First, congratulations and gratitude are in order for accepting the position. Your ascendency from a state position to the national level appears to be a natural progression for the maximal utilization of your skills in fighting the AIDs pandemic. As a nurse and health services administrator, you bring a repertoire of requisite skills to bear on this devastating problem. I guess by now you are wondering who am I? We go back a few years as shown on my resume enclosed.

Fortunately, I was living in southern California when you were at UCLA. I worked with Marie Branch at WICHE, Majorie Squires, and Gladys Jacques in CE in Nursing, and provided practica for UCLA's Masters and post-Masters nursing students in Community Mental Health.

Presently, I am residing in my home state to which I returned in 1979 because of family illnesses. My husband has cancer and I have systemic lupus. However limited our physical capacities, we have and still are committed to relieving the suffering from AIDS.

Primarily, our involvement is with incarcerated women in the HIV+\ AIDS unit in Julia Tutwiler Prison. By state law, they are segregated from the general population. Access to services avaliable to other inmates, excluding less than quality health care, is denied. Their living conditions are deplorable. The The Main Isolation Unit, which it is called, consists of two poorly ventilated dorm rooms, without air-conditioner or negative air pressure, separated by a multipurpose room in which the only church donated air conditioner is located, and a single or double bedroom. The capacity of the latter is contingent upon the census.

P.O. BOX 6437 MONTGOMERY, ALABAMA 36106-0437 (205) 832-AIDS

Bathroom facilities are one shower, one face basin, and one commode.

Living in such an environment is problematic for eight(8) women not to even mention eighteen(18), its highest census in April, 1993. Living independently in the local community poses an even greater problem because housing is non-existent for HIV+ persons. Temporary and transitional housing are gravely needed to facilite community re-entry while parolees access health and human services.

Multiple factors, in conjunction with housing, operate as stressors as these women attempt to survive in the "free world". Poverty, lack of transportation and acceptance by a limited number of physicians are barriers to health care. So the provision of accessible, acceptable, comprehensive (including mental health) primary, secondary, and teritary preventive care are at issue here.

In closing, your support is elicited in helping this Foundation operating in a city, Montgomery, which has the highest prevalence in the state of HIV infections.

Advance appreciation is expressed for your "ear". We are eagerly awaiting your reply as we work through existing agencies to meet some of the needs of this underserved, special population- female ex-offenders, living with AIDS and their families.

If there are questions, you may call me at (205) 288-1537. Please do not hesistate to call me if I may assist you in a voluntary capacity.

Best wishes for a successful and fulfilling tenure as AIDS Czar.

Sincerely yours,

Ruth H. Gordon-Bradshaw

Ruth H. Gordon-Bradshaw, R.N., PhD., LPC
Member of Board of Directors

send to Kristine
Debbie + Kelly

RESUME

Ruth H. Gordon
301 East Riding Road
Montgomery, Alabama
(205) 288-1537

EDUCATION

U.S. International University
San Diego, California
Ph.D. in Human Behavior & Educational Leadership — 1971 - 1974

Center for Training in Community Psychiatry
Los Angeles, California
Post-Master's Fellowship (NIMH) — 1967 - 1968

Boston University
Boston, Massachusetts
M.S.N. in Teaching: Medical - Surgical Nursing — 1959 - 1960

Tuskegee Institute
Tuskegee Institute, Alabama
B.S. in Nursing — 1949 - 1953
(One Year of UG Study at Yale University)

Thesis Titles: Master's -- "Identification of Criteria Used in the Selection of Medical-Surgical Clinical Experiences for Freshmen Students by Instructors and Head Nurses"

Doctoral -- "Differential Value Patterns of Black and White Women in Higher Education"

PROFESSIONAL LICENSES:

Registered Nurse in Alabama, 1992
Marriage, Family and Child Counselor in California, 1967-1989
California Community College Counselor Credentials, 1978 (lifetime)
National Board for Certified Counselors, 1989-1993
Licensed Professional Counselor in Alabama, 1991-1993

CERTIFICATES:

Psychodrama and Sociometric Techniques from Moreno Institute, New York, 1967

Family Research and Psychotherapy from Kempler Institute, Los Angeles, California, 1967

SCHOLARSHIPS AND HONORS:

Cited in the World Who's Who of Women, Fourth Edition, 1977-78
Student Affair's Award, California State University,
Northridge, California, 1971.
NIMH Post-Master's Fellowship in Community Psychiatry, 1967-1968
U.S. Public Health Service Traineeship, 1959-60
Candidate for The National Discinguished Service Registry:
Counselling and Development, Fall, 1989.
Sigma Theta Tau International Honor Society of Nursing,
March, 1992

FOREIGN LANGUAGE:

Spanish

EMPLOYMENT:

1989-91	Assoc. Professor, School of Nursing, N.C. A.&T. State University, Greensboro, N.C. Administrator of a national office of the Teagle Foundation for NLN baccalaureate programs to respond to a RFP for the purpose of developing LPN-to-BSN curricular prototypes (innovative and acclerated).
1985-1989	President, Gordshaw Professional, Health and Development Services (PHDs), Montgomery, Alabama. Provides consultation in organizational development (O.D.) and research development (R & D) to health and human service agencies to enhance their viability. Subcontractor for Region IV, DHHS, PHS, T.A. Contractor for community and Migrant Health Centers (including HMOS) in Alabama, Georgia, Florida, Mississippi, Kentucky, Tennessee, North Carolina and South Carolina. Needs, demands assessment, training in grant writing and grant preparation according to current guidelines, monitoring for compliance to federal, JCAH and related regulations, quality assurance assessment and patient flow and facility design are major activities as a subcontractor. Assistance in planning services throughout the lifecycle is mandated (which includes mental health) in C/MHC. In private practice in the provision of individual, group and family counseling (including for drug and alcohol problems).
1983-1985	Executive Director, Central Alabama comprehensive Health, Tuskegee Institute, Alabama and tricounty multisite comprehensive care service delivery network utilizing a computerized management information system for the provision of health care to rural and underserved citizens. A Robert W. Johnson Funded rural health service delivery prototype.
1980-1983	Project Coordinator, Alabama Rural/Mental Health Linkage Project (the only primary care research and demonstration in the State), Alabama department of Mental Health, Montgomery, Alabama. Facilitates the integration of mental health in ambulatory community health clinics to increase access to an underserved population through training of providers in the diagnosis and treatment of drug, alcohol and mental health disorders and co-location of mental health professionals.

1979-1980 Professor, Medical-Surgical Nursing, School of Nursing, Auburn University, Montgomery, Alabama. Responsible for teaching of initial medical-surgical course and prerequisite to psychiatric nursing (interactive process) including the supervision of clinical labs. Member of initial faculty. Chr., Student Affairs Comm.

1978-1979 Associate Professor, Psychiatric/Mental Health Nursing, College of Nursing, Graduate Program, University of New Mexico, Albuquerque, New Mexico. Member of the initial faculty responsible for the functional tract of teacher education and psychiatric nursing in undergraduate nursing education and in the only graduate nursing program in the State of New Mexico. Coordinated the self-study of the undergraduate and graduate program; created a mechanism for the admission of non-nursing baccalaureate graduates, developed curricular materials and executed other duties as required to promote the growth of the new graduate nursing program. Committee membership included Student Affairs and Graduate Committees.

1977-1978 Coordinator, Continuing Education, Navajo Health Authority, Window Rock, Arizona.

Conducted a needs assessment of multidisciplinary health workers in the private and public sectors serving the Navajo Indian Reservation (the largest reservation in the U.S.A.) including the continguous states of New Mexico and Utah.

Planned, developed and evaluated continuing education offerings at multiple sites based on documented needs which included high incidence of alcoholism.

Effort coordinated with Indian Health Service, the major service provider in this underserved area, to maximize funding (AHEC and IHS) and to increase the offerings.

Supervised a staff of four--two clericals, one office manager and one registered nurse.

1974-1976 Director, Registered Nurse Fellowship Program for Ethnic Minorities, American Nurses' Association, Kansas City, Missouri.

Administered a million dollar fellowship program funded by NIMH for the purpose of increasing the number of ethnic/racial minority nurse prepared at the doctoral (Ph.D.) level as researchers in universities throughout the U.S.A.

A system model was utilized in the management of this five year project to increase the number of nurse-researchers.

1972-1974 California State University
18111 Nordhoff Street
Northridge, California

Counselor (Assistant Professor)
Provided comprehensive counseling services for a multiethnic urban college population inclusive of individual, group, couple and career counseling and academic advisement.

Collaborated with faculty and consulted with academic departments in operationalizing counseling as an integral part of the teaching/learning process.

Extended counseling services beyond the counseling center's "walls" in the student living/learning environment.

Participated in the Panic Clinic during final exams in an environment less conducive to anxiety. Dealt with problems associated with anxiety attributed to this period.

Dined with dormitory students in campus cafeteria as a social organism to create a positive relationship between student and counselor.

Supervised Master's counseling trainees and student coordinators of allied health recruitment program.

Provided crisis intervention for faculty and staff members.
Provided counseling services in Student Health Center.

Initiated group counseling for handicapped students.

Proposals

"Preventive Outreach: Sharing Professional Talent with Community in an Educational Partnership - High School Component"
"Model for Departmental Consultation"
"Holistic Counseling Implemented by System Approach"
"Suggested Orientation and Inservice Program"
"Schematic for Counseling Center Programs"
"Suggestion for Improving Counseling Trainee Program"
"Living Skills Series"
"Dissemination of Catalog Information Through The Utilization of Transparencies"

Chairwoman, Professional Standards Committee
Developed professional standards for multi-disciplinary staff.

1970-1972 California State College
5151 State College Drive
Los Angeles, California

Counselor (Assistant Professor)
Guest Lecturer in Urban Affairs and Pan African Studies.
Member of Petition and Minority Counseling Committees.

Consultant to high school and junior college counselors and prospective students in the exploration of realistic educational goals and matters related to same.

Functioned as intake counselor on assigned and voluntary bases dealing with academic, personal, social and career problems. Individual, group and family counseling rendered.

Formulated Outreach Counseling philosophy. Functioned as outreach counselor in providing counseling services "outside the walls" of the Counseling Center.

Provided departmental consultation in operationalizing counseling as an integral part of the learning-teaching process. Performed consultations with student organizations.

Provided comprehensive mental health services for multi-ethnic student population.

Performed crisis intervention and initial evaluation services for students, staff and faculty.

Developed the in-service program model for the Counseling Center, Supervisor of student counselors (Peer including budgetary

Consultant to Educational Opportunity Program, Summer Institute and Educational Testing Research Project and Minority Nursing Recruitment Project

1966-1969

Golden State Community
Mental Halth Center
11600 Eldridge Avenue
Lake View Terrace, California

Director of Nursing Service/Mental Health Consultant
Guest Lecturer, Field Instructor, Community Mental Health Nursing, UCLA Graduate Program in Nursing.

Member of architectural planning committee. Functioning as an equalitarian member of a multi-disciplinary mental health team in offering comprehensive mental health services, inclusive of community mental health education and consultation, research and evaluation to a catchment area with a population of 75,000 (majority of whom were poor and/or minority).

Supervised a nursing staff of twelve (12) for 24 hour coverage in conjunction with managing a quarter million dollar budget. Provided for quality patient care necessary to achieve the philosophy and objectives of the Center. Established personnel policies which provided job satisfaction and growth of nursing personnel. Assisted with, encouraged and utilized research in the administration of nursing service.

Co-director of satellite. Supervised two indigenous non-professionals and two college work study students as non-professional therapists.

Established and supervised a detoxification unit in a general hospital and self-help groups (A.A., N.A. & O.A.).

Conducted individual, group, couple and family counseling, home visitations, crisis intervention and consultation to health, education and welfare agencies and industry.

Provided consultation and staff development for twenty-two nursing homes and Board care and homes in catchment area.

1962-1966

Veterans Administration Hospital
Sepulveda, California

Staff Nurse
Bedside nursing care of acutely ill medical surgical patients.

Head Nurse
Provided for 24-hour nursing care of forty-five acutely ill veteran patients on a medical ward. Supervised a nursing staff of twenty-four.

1961-1966
Continued

Supervisor
Administrator of 200-bed medical-surgical unit of a psychiatric hospital. Supervised a nursing staff of 150 (registered nurses, licensed practical nurses and nurses' aides).

Directed the conversion of medical unit into psychiatric wards, another into a nursing home care unit and CCU. Provided active leadership in the upgrading of licensed vocational nurses and nursing assistants (GS-IV to GS V).

Directed Team Nursing Workshop and the weekly followup sessions. This effort marked the inception of Team Nursing at this facility. Established an active in-service program. Relieved the Chief of Nursing Service.

Member of Middle Management Team and Civil Service Examiners.

1961-1962 Veterans Administration Hospital
Birmingham, Alabama

Staff Nurse
Functioned as a team member on acute medical unit.

Head Nurse
Initiated team nursing on an acute surgical ward. Provided for 24-hour nursing coverage of surgical and intensive care units. Supervised a nursing staff of thirty-five.

1960-1961 Assistant Professor
School of Nursing
Tuskegee Institute, Alabama
Subjects taught: Medical-Surgical Nursing for generic (baccalaureate) and R.N. students. Full counseling and committee responsibilities included in assignment.

1957-1959 Tuskegee Institute
School of Nursing
Instructor, Medical-Surgical Nursing. Co-Instructor in Pharmacology. Clinical Coordinator. Advisor for Student Nurses' Association. Member of College Faculty, Rank and Tenure Committee, Counseling and School of Nursing Committee responsibilities included in assignment.

1954-1957 Instructor, Medical-Surgical Nursing inclusive of clinical supervision of baccalaureate student nurses. Assisted in clinical supervision in Fundamentals of Nursing. Conducted supervised study sessions of graduate nurses for State Board examinations.

1953-1954 John A. Andrew Hospital
Tuskegee Institute, Alabama

Staff Nurse
General nursing duties in acute 150 bed hospital, Served in obstetrics and as a "float nurse" mostly.

CONSULTANCIES:

1976-1979 — Human Relations
Girl Scouts of U.S.A., Region V
Shawnee Mission, Kansas

Conducted a series of workshops on strategies and production of materials for multiethnic and multicultural inclusion.

1973-1975 — Desegregation Project.
Waterloo Iowa School District
Des Moines, Iowa

Utilized organic approach to group interaction and utilized a system designed to manage data generated in the program evaluation.

1974-1975 — Upper Midwest Triracial General Acceptance Center
Minneapolis, Minnesota

Desegregation/integration workshops for school social workers and administrators. Planning Committee member and consultant.

1971-1978 — Faculty Development Project to Meet Minority Group Needs
Western Interstate Commission on Higher Education (WICHE)
Boulder, Colorado

Assisted in the planning, implementation, evaluation (formative and summative) and the development of program materials. Consulted with individual member nursing schools and regional cluster for multiethnic and multicultural inclusion.

1967-1974 — Private Practice.
Pacoima, California and Sherman Oaks, California.

Marriage and Family Counselor (individual, group and family counseling including alcohol and drug abuse).

1969-1972 — UCLA Extension
Urban Affairs and Public Administration
Los Angeles, California

1968-1972 — **Suicide Prevention Center**
Los Angeles, California

Clinical Associate

Staff Liaison

Functioned as "Link" between the clinical associates and professional staff as staff liaison. Utilized telephone as a psychiatric tool in prevention of suicides. Research based service delivery model.

Past Professional Activities:

Member of Board of Directors for an alcoholism rehabilitation house for women, 1967 - 1971.

Western Society for Research in Nursing, 1971.

Member of the Square Games at Synanon in Santa Monica, 1970 - 1971.

Member of the CNA Special Task Force for Minority representation in the planning and delivery of health services (furtherance of Article Nine of the American Nurses Association Code of Ethics for Nurses), 1972.

Steering Committee of San Fernando Valley Chapter of California Association of Marriage and Family Counselors, 1975.

National participant in the "Analysis and Planning for Improved Distribution of Nursing Personnel and Services" WICHE, Boulder, Colorado, 1976.

Alabama Foundation for Research in Nursing, Founding member, 1980.

Member of the Ad Hoc Grant Review of National Institute of Mental Health Minority Center at Rockville, Maryland until 1974 - 1979; NIMH Initial Review Group 1980, 1983-85; 1989,

Member of the Interdisciplinary Health Committee to study the Impact of Curriculum in Health Education on Health Practices of Public School Children, 1978.

New Mexico Health Coalition, Member of the Board of Directors, 1978.

Governor's Task Force on Infant Mortality, 1981 - 1989.

Mental Health Association, Board of Directors, 1981 - 1983.

Lighthouse, Board of Directors, 1981 - 1983.

Founding Treasurer, Tuskegee Institute National Nursing Alumni Association, 1981.

Ford Foundation Innovative Programs for State and Local Governments, Harvard University, Site Visitor, 1986 -

The Surgeon General's workshop on Self-help and Public Health, 1987.

Past Professional Activities (Cont'd):

AIDS Research Community Advisory Committee, Moses Cone Hospital, Greensboro N.C.

Board of Directors, Triad Health Project (AIDS Service Organization), Greensboro, N.C.

Member of Wellness and AIDS Committees; PhD. Task Force, N.C. A&T. State University, Greensboro, N.C.

Member of Site Visitors Team for the National Community AIDS Partnership, Greater Greensboro Foundation

Present Professional Activities

American Association of Counseling and Development

American Nurses Association

American Psychological Association

Volunteer in Main Isolation Unit(AIDS) and Buddy, Montgomery AIDS Outreach, Julia Tutweiler Prison, Wetumpka, Ala.

Member of the Executive Committee, Crack Cocaine and the African American Community, Glide Memorial United Methodist Church, San Francisco, CA.

Counselor, Faith Crusades Ministries, Montgomery, AL.

AIDS Advisory Committee, World Federation of Mental Health

PUBLICATIONS

Gordon, Ruth H., "Nursing Care Plan: Golden State Community Mental Health Center," Guidelines for Writing Nursing Care Plans. Sacramento: California, Department of Public Health, Bureau of Licensing and Certifications, August, 1967.

Toph, Margaret and Ruth Gordon (Byers), "Role Fusion on the Community Mental Health Multidisciplinary Team," Nursing Research, XVIII, (May-June, 1969), 270-274.

Ideas and Philosophies (as indicated in the preface) woven throughout the text edited by Marie F. Branch and Phyllis P. Paxton's book, Providing Safe Nursing Care for Ethnic People of Color. New York: Appleton-Century Crofts, 1976.

Toph, Margaret and Ruth Gordon (Byers), "Role Fusion on the Community Mental Health Multidisciplinary", The Nurse in Community Mental Health, (January, 1972), 125-132.

Gordon-Bradshaw, Ruth H., "Social Essay on Special Issues Facing Poor Women of Color". Women and Health, XII, Nos. 3/4 (1987), 243-259.

Gordon-Bradshaw, Ruth H., "Social Essay on Special Issues Facing Poor Women of Color", Too Little, Too Late: Dealing with the Health Needs of Women in Poverty. Cesar A. Perales and Lauren S. Young (ed.) New York: Harrington Park Press, 1988.

Gordon-Bradshaw, Ruth H., "Social Essay on Special Issues Facing Poor Women of Color," Women, Health and Poverty. Cesar A. Perales and Lauren S. Young (ed.) New York: Hawthorn Press, 1988.

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MAPPER Fri Jul 30 08:25:50 1993 Page 1

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CUSTOMER Bert Resinot DATE/TIME 8/4/93

PRINTED NAME Bert Resinot TITLE

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Johnson

MAPPER Fri Jul 30 08:23:31 1993 Page 1

.DATE 30 JUL 93 08:23:28 REPORT GENERATION DE01

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Contact: TOM RUNDLE
Add Tech: 443-2495

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INSTALLER Leon Johnson DC QBBB COMPLETE DATE/TIME 7/30/93

CUSTOMER Bert Resinant DATE/TIME 8/4/93

PRINTED NAME Bert Resinant TITLE

RETURN COMPLETED ORIGINALS TO THE WITS OPERATION CENTER, BUSINESS OFFICE SUPERVISOR, 7TH AND D ST. SW, WASH. DC, 20024 ROOM #1619

THE WHITE HOUSE

WASHINGTON

OFFICE OF NATIONAL AIDS POLICY

Statement of Purpose

The Office of National AIDS Policy (ONAP) is established to promote the highest achievable levels of coordination and collaboration in the nation's response to the effects of the HIV/AIDS pandemic on individuals, families, and private and governmental institutions. In pursuit of this purpose, the Office will:

- actively seek the involvement of individuals and families affected by HIV disease and AIDS in its work;
- lead and support efforts to coordinate responses to the HIV epidemic across and among agencies and departments of the Executive Branch;
- maintain a unique relationship with the Department of Health and Human Services to assist in achieving effective coordination across Staff and Operations Divisions of the Department, and among the agencies of the Public Health Service;
- seek close coordination between the Legislative and Executive branches in their respective responses to the HIV epidemic;
- cultivate and sustain productive working relationships with local and State government units concerned with HIV/AIDS, and with local and national non-governmental organizations responding to the epidemic; and,
- provide professional support to, and seek advice and counsel from the Presidential HIV/AIDS Advisory Council. [1]

The National AIDS Policy Coordinator is Kristine M. Gebbie, RN, MN, FAAN. ONAP personnel are organized in three broad functional areas: Policy, Planning and Information, and Liaison. Policy staff focus on *Research*, *Prevention*, *Treatment and Services*, *Ethics and Legal Issues*, the *International Pandemic*, and *Health Care Reform and Financing*.

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[1] The Presidential HIV/AIDS Advisory Council is to be Chartered in January, 1994.