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LEVEL 1 - 88 OF 111 STORIES

Copyright (c) 1987 The New York Times Company;
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November 25, 1987, Wednesday, Late City Final Edition

SECTION: Section B; Page 11, Column 2; National Desk

LENGTH: 277 words

HEADLINE: Leaders Debating AIDS Tests

BYLINE: AP

DATELINE: WASHINGTON, Nov. 24

BODY:

The chairman of the American Medical Association and a member of the President's AIDS commission debated today the wisdom of widespread mandatory testing to determine if people are infected with the AIDS virus.

The A.M.A. chairman, Dr. Alan R. Nelson, a Salt Lake City internist, said the organization opposed such tests because they would yield too many falsely positive results and would not be a good allocation of medical resources.

But the commission member, Cory Servaas, publisher of The Saturday Evening Post, asked why the nation's doctors were not testing all their patients at no charge and why the medical association was not pressing such an approach.

Mrs. Servaas cited the Defense Department's AIDS testing program, which she said had an extremely low rate of falsely positive results.

Accuracy Is Said to Vary

Officials who run the program have said their high accuracy rate is a result of strict monitoring of the private laboratories that conduct the tests. Dr. Nelson said several studies had showed that the accuracy rate varied widely among the private laboratories performing the tests.

A new member of the President's commission, Kristine M. Gebbie, head of Oregon's State Health Division, called Mrs. Servaas's remarks "misleading." Commission members should avoid giving misleading information during commission meetings, Ms. Gebbie said.

Later, Mrs. Servaas sought volunteers to go with her to New York to ask magazines to publish surveys on how the American public is dealing with AIDS, acquired immune deficiency syndrome, and what the public wants done about it in areas like sex education.

No one volunteered.

SUBJECT: ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS); TESTS AND TESTING; ETHICS; DOCTORS

ORGANIZATION: AMERICAN MEDICAL ASSN (AMA); AIDS, PRESIDENTIAL COMMISSION ON

(c) 1987 The New York Times, November 25, 1987

NAME: SERVAAS, CORY (DR); NELSON, ALAN R (DR); GEBBIE, KRISTINE M

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The Associated Press

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November 24, 1987, Tuesday, AM cycle

SECTION: Washington Dateline

LENGTH: 614 words

HEADLINE: AIDS Commission Told AMA Opposes Widespread Mandatory Tests

BYLINE: By JERRY ESTILL, Associated Press Writer

DATELINE: WASHINGTON

KEYWORD: AIDS Commission

BODY:

The head of the American Medical Association told the president's AIDS commission Tuesday that the AMA opposes widespread mandatory testing for the virus because it would yield too many false positive results and would not be a good allocation of medical resources.

"We run into a real problem of false positives and the possibility of destroying someone's life," said Alan R. Nelson, a Salt Lake City internist who is chairman of the AMA.

His remark was in response to commission member Cory Servaas, publisher of The Saturday Evening Post, who asked why the nation's doctors were not testing all their patients at no charge and why the AMA was not pushing such an approach.

Mrs. Servaas, who is also a physician, is an advocate of widespread AIDS testing and runs a mobile testing service in Indiana.

Disputing Nelson's contention that false positives would be a major problem in any widescale testing of low-risk populations, Mrs. Servaas cited the Defense Department testing program which she said has an extremely low false positive rate.

However, the officials who run the Pentagon program have told congressional committees that they achieve their high accuracy rate only by strictly monitoring the procedures used by the laboratories it contracts to do the testing. Nelson noted that a number of studies have shown that the accuracy rate of the scores of private labs performing AIDS tests, which are not subject to government oversight, varies widely in different parts of the country.

Kristine M. Gebbie, head of Oregon's State Health Division and a new member of the commission, stepped into the exchange between Mrs. Servaas and Nelson to say commission members should exercise care to avoid giving misleading information during commission meetings.

The Associated Press, November 24, 1987

When Mrs. Servaas persisted and denied that she was putting out misleading information, Mrs. Gebbie shot back, "Your question is misleading and that's my point."

Later in the hearing, Mrs. Servaas sought volunteers to go with her to New York to ask magazine publishers to publish "centerfold" surveys on how the American public is dealing with AIDS and what it wants to do in such areas as sex education.

She said her own magazine included such a survey and that she was surprised how many people replied that they practiced anal intercourse to avoid pregnancy and how many did it for other reasons. But she said she was gratified that the survey showed the practice was declining, apparently because of the threat of AIDS.

No members volunteered to help Mrs. Servaas lobby other magazine publishers, and commission chairman James D. Watkins said the panel would take the matter under advisement for "internal" discussions.

But one member, Frank Lilly, made clear he did not think much of her idea to solicit mass public guidance for the commission's recommendations.

"We need to lead and not follow the public on major issues," said Lilly, chairman of the genetics department of the Albert Einstein Medical Center in New York City.

The commission plans an interim report Dec. 7, but Watkins made clear it will be little more than a progress report on what the panel has done so far rather than making any recommendations. Its final report is due June 24.

AIDS, or acquired immune deficiency syndrome, is a contagious disease that attacks the body's immune system, rendering it incapable of resisting other diseases and infections.

The disease is spread most often through sexual contact, needles or syringes shared by drug abusers, infected blood or blood products, and from infected pregnant women to their offspring. The chief victims of AIDS have been homosexual men and intravenous drug abusers.

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November 21, 1987

SECTION: PEOPLE; Washington's Movers and Shakers; Band-Aid IV; Vol. 19, No. 47;
Pg. 2994

LENGTH: 92 words

BYLINE: David L. Wilson

BODY:

Two replacements have been named to the President's Commission on the Human Immunodeficiency Virus Epidemic, which in October lost its chairman, W. Eugene Mayberry, and its vice chairman, Woodrow A. Myers. The new members are Beny J. Primm, president and executive director of the Addiction Research and Treatment Corp. in Brooklyn, and Kristine M. Gebbie, who is administrator of the Oregon State Health Division. Retired Adm. James D. Watkins, the former Chief of Naval Operations, is now chairman; a vice chairman has not been named.

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November 10, 1987, Tuesday, Late Final Edition

SECTION: Part 1; Page 2; Column 2; Late Final Desk

LENGTH: 182 words

HEADLINE: NEW MEMBERS FOR AIDS PANEL

BYLINE: By UPI

DATELINE: WASHINGTON

BODY:

President Reagan announced the appointment today of Beny J. Primm of New Rochelle, N.Y., and Kristine M. Gebbie of Portland, Ore., to his dissension-torn blue-ribbon commission on AIDS.

• Moving to bring the panel back to full strength after the resignations of its two top officers, Reagan named Primm to fill the vacancy of Chairman W. Eugene Mayberry and Gebbie to succeed Vice Chairman Woodrow A. Myers Jr.

Primm, 59, has been president of the Urban Resource Institute since 1983 and since 1969 has been president and executive director of the Addiction Research and Treatment Corp. in Brooklyn.

Gebbie, 44, is associate director for health at the Oregon Department of Human Resources and an adjunct associate professor with the Department of Psychiatric-Mental Health Nursing at Oregon Health Science University.

The AIDS commission, established by Reagan during the summer to take a comprehensive look at the epidemic and the possible federal response, was criticized from the outset for a shortage of members with health care, AIDS research and related experience, and homosexuals.

TYPE:

Wire

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Proprietary to the United Press International 1987

March 19, 1987, Thursday, BC cycle

SECTION: Regional News

DISTRIBUTION: Oregon

LENGTH: 229 words

DATELINE: PORTLAND, Ore.

KEYWORD: Brady

Brady
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BODY:

Federal Magistrate William Dale has been asked by the state to set aside a \$300,000 judgement awarded by a U.S. District Court Jury March 4 to former state Medical Examiner Dr. William Brady.

Assistant Attorney General Stephen D. Krohn said in motions filed late Wednesday that if the judgment is not set aside the state wants a new trial.

Krohn called the judgment "excessive... (and) against the clear weight of the evidence."

Jurors awarded Brady, 55, the judgment after deciding that Kristine M. Gebbie, state Health Division administrator, violated his rights to due process when she fired him in October of 1985 amid allegations of wrongdoing in the medical examiner's office.

A state Justice Department investigation found that Brady had kept a private office fund for office equipment and parties. It also found he conducted private autopsies on public time.

Bernard Jolles, Brady's attorney, argued to jurors that Brady's dismissal without giving him a hearing to dispute the allegations had ruined his professional reputation and peace of mind.

Krohn argued in his motion for a new trial that instructions to the jury had been improper and that Dale had erred in certain rulings related to testimony by a state witness.

Krohn also said Dale should not have allowed Jolles to discuss the calculation of damages in his closing arguments to the jury.

LEVEL 1 - 100 OF 111 STORIES

Proprietary to the United Press International 1987

March 4, 1987, Wednesday, BC cycle

SECTION: Regional News

DISTRIBUTION: Washington, Oregon

LENGTH: 357 words

DATELINE: PORTLAND, Ore.

KEYWORD: Brady

BODY:

Jury deliberation began Wednesday on a \$2.5 million lawsuit brought by former State Medical Examiner William Brady, who contends his firing damaged his reputation and caused him deep depression and mental anguish.

Brady is suing State Health Administrator Kristine M. Gebbie, claiming his constitutional rights were violated when she did not give him a hearing before firing him in October 1985 after findings of irregularities in the medical examiner's office.

In final arguments before U.S. Magistrate William M. Dale Tuesday, Brady's lawyer Bernard Jolles said the firing crippled his ability to earn a living as a pathologist and affected him emotionally. Jolles also said that Brady never benefited from the \$13,000 from the sale of autopsy material, where it was reported the money was used for office furniture and staff holiday parties.

Assistant Attorney General Stephen Krohn, Gebbie's lawyer, argued that Brady's reputation was not hurt since his income last year of \$96,000 was more than the \$73,200 he earned annually in the state post. He also said Brady violated state conflict of interest policy by conducting private autopsies on public time using state equipment, and that he billed the state for toxicology tests for private autopsies.

Jolles said that state investigators never would have been able to track fund expenditures if Brady had not kept meticulous records of the account. He argued that this was not the behavior of a man pursuing an illegal path.

He also contended that Brady had received permission to conduct the private autopsies from a previous superior and violated no conflict code. He said the medical examiner routinely worked 55-60 hour weeks for the state.

Jolles said that the toxicology billings, eight over a six-year period, were "accidents."

Krohn in his rebuttal said that the office furniture purchased with the fund included a television set, a popcorn popper, a love seat, three chrome chairs and picture frames. He also said that Gebbie's news release on Brady's discharge which used the words "breach of public trust and confidence," did not ruin the pathologist's reputation.

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Proprietary to the United Press International 1987

February 28, 1987, Saturday, BC cycle

SECTION: Regional News

DISTRIBUTION: Oregon

LENGTH: 271 words

DATELINE: PORTLAND, Ore.

KEYWORD: Brady

BODY:

Dr. William Brady denied on the witness stand Friday any wrongdoing while he was state medical examiner and said frustration over not being able to tell his story forced him into the care of a psychiatrist.

Brady took the stand on the fourth day of testimony in the trial of a \$2.5 million federal lawsuit he brought against Kristine M. Gebbie, administrator of the state Health Division.

The suit charges Gebbie with violating Brady's constitutional rights by firing him without a hearing.

Brady admitted that his office had maintained an unauthorized bank account and that some employees had questioned the propriety of the fund. He said the money came from contributions for pituitary glands and skin tissue that were given to research groups.

"Not one penny" of the money benefited him personally, Brady said. It was used for office equipment, supplies and occasional parties, he said.

Brady, 53, contends his career and reputation were damaged by the allegations which he was not given the opportunity to answer. A number of county district attorneys have testified that Brady's usefulness as an expert witness in murder trials has been harmed by his dismissal and the surrounding events.

Brady was suspended in June of 1985 amid accusations of wrongdoing in the medical examiner's office which he headed for 16 years. He was fired the following October after an investigation by the state attorney general's office found he had sold skin samples and pituitary glands and had put the money into an office bank account.

Assistant U.S. Attorney Stephen Krohn said the funds rightfully belonged to the state.

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August 30, 1986

SECTION: REPORTS; Health; Vol. 18, No. 35; Pg. 2044

LENGTH: 4161 words

HEADLINE: Educating About AIDS

BYLINE: BY JULIE KOSTERLITZ

HIGHLIGHT:

Educating people so they change their behavior is the primary defense against the spread of AIDS. But there are social and moral obstacles to a major federal effort.

BODY:

In April 1984, then-Secretary of Health and Human Services Margaret M. Heckler announced that federal scientists had isolated the virus that causes the deadly acquired immune deficiency syndrome and predicted the development of a vaccine within two years.

But politics and science are both uncertain endeavors. Nearly two-and-a-half years later, Heckler is gone, and so is the early optimism about an AIDS vaccine. Federal health officials and scientists now say that a vaccine for general use is probably still at least 10 years away. And although the federal government recently launched clinical trials of a handful of experimental drugs that may hold promise of inhibiting the spread of the virus within the body, federal health officials say they don't expect a "cure" for AIDS for several years.

Having dismissed quarantine measures early on as being unfeasible, ineffectual and fraught with potential civil liberties concerns, public health officials are now confronted with the prospect that their only real defense against the spread of this deadly, communicable disease, is to persuade millions of people to change their most intimate social behavior. The Public Health Service (PHS), which has created an executive task force on AIDS, said last fall that getting high-risk individuals to change certain behavior "is currently the only mechanism available to prevent infection."

Specifically, the PHS has recommended that individuals limit the number of their sexual partners, avoid sex with those exposed to the virus or those thought to have been exposed, avoid open-mouthed, intimate kissing, use condoms and otherwise avoid contact with a partner's body fluids, principally semen and blood. Intravenous (IV) drug users have been warned not to share needles with others.

The stakes are high: As many as 1.5 million Americans may have already been exposed to the AIDS virus, and by 1991, a quarter of a million Americans are expected to have contracted AIDS while 179,000 will have died from the disease (more than triple the number of American troops killed in the Vietnam war), according to the PHS. The cost to the nation of direct health care for those victims will range from \$ 8 billion-\$ 16 billion, the agency says.

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To have any chance of success at preventing the spread of the disease, say public health experts, the nation must mount a massive public education effort, directed not only at high-risk groups such as homosexuals and IV drug abusers, but also at the general population. "Broad-scale prevention and control activities, emphasizing educational and information exchange, must begin," said the PHS Executive Task Force last fall. And while private groups and states already play a key role in AIDS education efforts, they say, more federal leadership and money are needed. "It's generally agreed that the great gaping hole is education for prevention," said June E. Osborn, dean of the University of Michigan School of Public Health.

Although there are signs that federal health officials are trying to move education and prevention efforts into higher gear, their efforts face daunting obstacles. The Reagan Administration has been consistently reluctant to ask for money for federal AIDS programs. And public discussion about the disease forces society to confront traditionally taboo subjects such as homosexuality, adolescent and premarital sex and drug abuse. "AIDS has economics, politics and moralism wrapped up in one tiny virus," Osborn said.

Even if these barriers could be overcome, no one is sure how effective public education would be in getting people to change their behavior. Prior large-scale public education efforts involving health issues have had mixed results. Some experts say that the deadly nature of the disease could make AIDS education efforts more successful. And they say the nation can't afford not to try. "We're playing a dangerous game with time," said Gary B. MacDonald, executive director of the AIDS Action Council, a Washington advocacy group. "Every day you don't have an all-out approach, you mortgage the nation's ability to cope with the crisis."

DELAYS

Federal recognition of the need for education on AIDS prevention has been slow in coming, many nongovernmental experts say. "It has taken an enormous amount of work to get [the federal government] to realize education is the only way to deal with the problem," MacDonald said. Until fiscal 1984 -- nearly three years after AIDS was recognized -- the PHS still had no money for AIDS education and risk reduction efforts. And the money it got that year, \$ 1.4 million, was less than 3 per cent of over-all federal AIDS funds.

The lack of money, critics say, is partially a reflection of the Administration's unwillingness to request any new funds for AIDS efforts. "The fact that the first group hit the hardest was gay men has made a difference," said Rep. Henry A. Waxman, D-Calif., who as chairman of the Energy and Commerce Subcommittee on Health and the Environment has held several hearings on AIDS. "I've always said if it were members of the Chamber of Commerce who were hit, [the Administration] would be marching up and down about it."

But critics argue that the delay also reflects public education's status as a stepchild in the medical and scientific communities. "There's a very strong bias against education in the biomedical community, and they dominate the public health establishment," said Philip R. Lee, a professor of social medicine at the University of California (San Francisco) and director of its Institute for Health Policy Studies. Government officials tend to focus on expensive research and treatment "and to forget about the public health piece in the middle," said Kristine M. Gebbie, administrator of the Oregon health department and head

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of the Association of State and Territorial Health Officers' AIDS task force. Public education is "less specific than buying a building or a piece of equipment, and it's hard to quantify."

Dr. Walter R. Dowdle, coordinator of AIDS activities for the PHS, says that the agency has done its best given the lack of money. "We felt very strongly from the beginning that there had to be an informational and educational effort -- a serious one -- even though it couldn't be validated at the time," he said. "As money has become available, the programs [have] become more extensive and focused."

Much of the PHS's early public education efforts have consisted principally of trying to get the latest scientific information out to the medical community and to state and local health officials -- a traditional function of the agency's Atlanta-based Centers for Disease Control (CDC). The CDC and other PHS agencies sent out publications, made video-tapes and staged workshops for health professionals. The CDC has also exercised its traditional authority to issue risk reduction guidelines -- including well-publicized recommendations on AIDS victims in schools and in the workplace. The PHS has written fact sheets on AIDS and operates a nationwide toll-free AIDS hotline. (For more information on what the various branches of the PHS have done regarding AIDS, see box, p. 2049.)

Federal health officials' interest in broader education efforts began to pick up somewhat after the isolation of the AIDS virus in 1984 and the subsequent development of a blood test for exposure to the virus. These developments, officials say, gave them more information about the disease. Dowdle said enthusiasm for education efforts has also been spurred by recent studies showing that education efforts may have contributed to dramatic reductions in new cases of AIDS in the gay community.

Comprehensive game plans drawn up in June by the PHS in consultation with outside experts have put more emphasis on public education. One of the recommendations is to explore the idea of using paid radio, television and newspaper advertising, which the PHS currently is prevented by law from doing.

That idea may get a boost from U.S. surgeon general C. Everett Koop, who this fall will issue a report on AIDS as requested by the President. Koop is reported to favor a stepped-up education campaign, including spreading the word on prime-time television. "If ever there was an opportunity [to try massive public education], this is it," said Dr. Michael Samuels, assistant to the surgeon general. "This is not gonorrhea that you can cure with a couple of shots."

Outside experts say it would help if high-ranking Administration officials took up the cause of public education. With the exception of Heckler, Administration officials have kept a low profile on AIDS. New Health and Human Services (HHS) Secretary Otis R. Bowen has mentioned AIDS in several recent unpublicized speeches and has announced that the United States is involved in efforts to create an international research foundation on AIDS. President Reagan has made few public comments on AIDS. Some observers say that the two major comments he has made in response to press questions have unnecessarily fanned public fears about the safety of the nation's blood supply and the risk that school children with AIDS present to classmates.

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Since 1985, however, the PHS has been seeking and Congress has been approving sizable increases in money for AIDS programs, particularly for public education and prevention efforts. Education funds increased more than threefold in fiscal 1986 to nearly \$ 30 million, and it appears that Congress will grant a PHS request (which was leaked to the press in late June) for a 65 per cent increase above the Administration's fiscal 1987 AIDS request, including an additional \$ 47 million for public education. [See box, this page.] The PHS said that the money will help underwrite new voluntary testing, counseling and school programs, as well as intensive outreach efforts to arrest the spread of the AIDS virus among IV drug users.

EFFORTS SO FAR

Public education efforts run a higher risk of treading on public sensibilities than do laboratory research and efforts to track the spread of the disease. "When you're dealing with public tax dollars . . . what that educational material can consist of is potentially an issue," said Edward N. Brandt Jr., a former assistant HHS secretary for health, who is now chancellor of the University of Maryland (Baltimore). Brandt said HHS avoided potential controversies during his tenure (May 1981-December 1984) by funneling small grants for education through the U.S. Conference of Mayors, which distributed the funds to local and gay groups for education efforts.

But the CDC ran into controversy this year in distributing \$ 5 million for AIDS education programs. One grantee, the Gay Men's Health Crisis Inc. in New York, proposed using a video it had produced that depicted explicit homosexual sex. The CDC then put conditions on the grants, prohibiting explicit materials and requiring grantees to set up community review panels to screen materials.

Grantees say they are complying with the guidelines, but argue that to be effective, the material must be explicit. "You can't talk about human sexuality in euphemisms," said the Rev. Kenneth T. South, executive director of AIDS Atlanta, a Georgia group providing AIDS education and support services.

Information as basic as showing proper use of condoms can't be taken for granted, said Lee M. Kochems, director of research programs at Gay Men's Health Crisis. And a bit of salesmanship, he argues, may also be necessary. "Behavioral research at this point tells that expecting permanent change in behavior affecting health is unrealistic unless the information provides acceptable alternatives." The point of his group's controversial video, he said, was to show that "even with a condom, sex can be fun and enjoyable."

Despite the conditions attached to federal grants, AIDS assistance groups say the federal government is less hesitant to give money to AIDS groups that are identified with the gay community than are some state governments. In Georgia, South said, the governor refused to turn over money that state health officials had planned to give AID Atlanta to train state drug and alcohol abuse employees. The officials offered to make the check out to South personally and have him "donate" it to the organization, South said, but he refused. The group finally got some money through a subcontract with a private drug treatment group. Two days after the Supreme Court upheld Georgia's anti-sodomy law last June, South said, state health officials called him to say it would be tougher to get money from the legislature. "Even handing out condoms in gay bars is aiding and abetting a felony," South said.

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To some, such experiences underscore the importance of the federal role in fighting the AIDS epidemic. "If you put it at the state and local level, you bring out the worst in people" in their attitudes toward gays, the University of Michigan's Osborn said. "It's harder to stand up at [the federal] level and say, 'Serves 'em right.'"

Spending on AIDS efforts varies widely among the states. California, which accounts for nearly half of all state expenditures on AIDS, has already spent \$ 6.6 million on education programs and has budgeted \$ 7.7 million for them in 1987, according to a recent survey by the Intergovernmental Health Policy Project at George Washington University. But 11 states have budgeted no money for AIDS efforts. The disease, however, does not respect state lines. "Are we saying people in Alabama can get AIDS and others cannot?" asked Waxman.

The gay press and private gay advocacy groups have shouldered most of the responsibility for public education efforts in the gay community, often using private funds. Their efforts appear to be paying off. In a study sponsored by the National Institutes of Health, researchers at the University of California (Berkeley) found that the rate of new infection with the AIDS virus among a group of gay men studied over time had dropped from 20 per cent a year from 1982-84, to 5 per cent a year since 1984. Dr. Warren Winkelstein, a professor of epidemiology at Berkeley, says the reduced infection rate reflects major changes in behavior -- a decline in the number of sex partners and in sex without condoms. Surveys in California and New York indicate that gay men are increasingly changing their sexual practices to protect themselves against AIDS.

But Kochems said that private efforts aren't enough. "There's no kind of prevention other than education," he said. "And if it's a national problem, it requires a national response. There are still a lot of people in our own community who have not been reached."

DRUG USERS

Targeting groups other than gays has also proved to be troublesome. As the rate of increase in the number of individuals exposed to the virus shows signs of slowing somewhat among homosexuals, it continues unabated among IV drug users. Federal estimates put the number of IV drug users as high as 1.5 million.

"This is a group that has never been organized. They're not well-educated and they tend to have less constituency representation by the very nature of who they are," said Dr. Carl Leukefeld, deputy director of clinical research at the National Institute on Drug Abuse.

IV drug users are viewed as major transmitters of AIDS to previously unaffected segments of the heterosexual population. "According to one fairly straightforward scenario, the disease will spread through needle-sharing and we'll then see the transmission of the virus to those engaged in prostitution, male or female," Leukefeld said. "Those people will have contact with loved ones and relations."

But federal officials are discovering that ending drug addiction requires intensive treatment, and the money and facilities to deal with those in need are woefully inadequate. In New York City, where 34 per cent of AIDS victims are IV drug users, city officials say that as many as 15,000 were waiting for drug

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treatment. The problem, said New York City health commissioner Stephen C. Joseph, underscores the need for a "coordinated federal approach to substance abuse." Thus far, say critics, the Administration's war on drugs has been long on rhetoric and short on money. "You can't talk people off of drugs," said Mervyn F. Silverman, former director of public health for San Francisco and now president of the American Foundation for AIDS Research in Los Angeles. The PHS's five-year AIDS plan calls for "a systematically increased capacity for treating IV drug abusers," but it's not clear how the agency intends to achieve that goal.

Meanwhile, a heated debate has sprung up about interim measures to stop the spread of the disease among IV users. Some experts, including Osborn, advocate making clean needles available to IV drug abusers and giving addicts easier access to methadone (an addictive, but safer, drug that is used as an alternative to heroin and is taken orally). San Francisco health officials recently explored the idea of providing clean needles, but Mayor Dianne Feinstein quashed it, saying the city could not appear to condone the use of illegal drugs. City health workers instead distribute information on how to clean used needles.

New Jersey officials are still considering a proposal to allow IV drug users to exchange dirty needles for clean ones. But Joseph called the distribution of clean needles "simplistic. We don't know enough about what the effects would be. There's enough potential danger of creating new addicts, and we're not sure it would have an effect on needle-sharing."

To date, the PHS debate, although it's five-year plan does call for "studies to evaluate the efficacy and feasibility of promoting safer use of drug paraphernalia."

Targeting the major high-risk groups and cities won't be enough. Federal projections show that heterosexuals will account for 9 per cent of AIDS caused by the end of the decade, more than 80 per cent of all cases will occur in other states and cities. AIDS cases have now been reported in all 50 states. "Education has got to be done where AIDS isn't, not where it is," said Osborn.

"We don't have a very good idea of how much of this information is filtering down to the heterosexual population," said the PHS's Dowdle. Only 35 per cent of individuals surveyed by the Los Angeles Times last December considered themselves very knowledgeable on the subject of AIDS, with 42 per cent saying they knew "not too much" and another 22 per cent saying they knew "hardly anything."

Three different polls by news organizations that were conducted last fall showed that most of those surveyed knew that AIDS was transmitted through blood transfers, hypodermic needles and sexual contact. Sizable minorities, however, thought that AIDS could be caught from toilet seats, kissing or using the same drinking glass or said that they did not know if the disease could be transmitted in these ways.

Experts say they still encounter a lot of ignorance about AIDS among those who should be in the know. AID Atlanta's South said that state drug abuse workers whom his group trained recently in AIDS prevention efforts were relatively uninformed about the risk to IV drug users. "They still think it's a gay disease," he said. "That was scary to us."

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Among the population at large, one group that may require special education efforts are blacks: A recent analysis of military recruits tested for exposure to the AIDS virus found the rate of infection among blacks was nearly four times higher than it was among whites. And according to federal officials, blacks, who make up only 12 per cent of the population, now account for 25 per cent of adult AIDS cases. Some experts have speculated that blacks are more vulnerable because of the high rates of IV drug use and because many live in urban areas where AIDS cases are concentrated.

Another group that could be especially vulnerable, Dowdle said, are sexually active adolescents. But in reaching this group, the federal government faces severe constraints. "Because this country does not have an aggressive sex education program, it does present some difficulties and breaks some new ground," Dowdle said.

Some other countries apparently have been less constrained in their approaches to AIDS prevention and education. Visitors to Germany report seeing graphic educational posters on AIDS displayed in subways. And cities in Australia and the Netherlands have been experimenting with making clean needles available to IV drug users. "We can't afford to be prudish and moralistic about this," Osborn said. "We're playing ostrich in the most intolerable way."

HOW EFFECTIVE?

Aside from the issue of social taboos, the PHS also faces uncertainties about the effectiveness of public education. "It has generally been the conventional wisdom that educational programs by themselves haven't been all that effective," Dowdle said.

The war on cigarette smoking is a favorite example in the public health community. Despite clear warnings from the surgeon general and a host of private groups during the past two decades, more than 30 per cent of adults still smoke, and the number of cigarettes sold every year continues to increase slightly. On the other hand, said Harvey V. Fineberg, dean of the Harvard University School of Public Health, more than 30 million people have stopped smoking during the same period, making the effort at least a "partial success."

Previous campaigns against venereal diseases have also had only limited success, said Allan Brandt, an assistant professor of history of medicine at Harvard Medical School and the author of a book on the social history of venereal diseases. In studying the military's attempt to control the spread of venereal diseases among soldiers, Brandt said he found that "the most restrictive measures have not been effective."

For example, an Army attempt to incarcerate prostitutes thought to be spreading disease during World War I had scant impact on the rates of transmission, he said. Education efforts "whose central focus is to say, 'Avoid sex'" have also been ineffective, he said. The most effective were measures "that recognized soldiers will have sex and taught them how to avoid getting sexually transmitted diseases." He cited the slogan directed at troops during World War II: "If you can't say 'no,' take a pro" -- a reference to prophylactics, such as condoms.

Dowdle and others contend the historical experience with venereal diseases and cigarettes may not be relevant to the AIDS epidemic because the

The National Journal, August 30, 1986

consequences are more immediate and more serious.

"We have no data, but there's no question that you get somebody's attention easier when you say, 'You're going to die with it,' than when you say, 'Don't get it, but if you do, go get a shot of penicillin,'" Dowdle said.

While the success in curbing the spread of the infection among gays appear to be a powerful vote for education efforts, it is unclear whether education would be as successful among people who don't personally know victims or perceive themselves to be at risk.

For education efforts to be effective, Fineberg said, the federal government first has to face up to the fact that a truly effective campaign requires far greater expenditures. "I don't think we've begun to treat education in the right order of magnitude," he said. "When Procter and Gamble introduced new liquid Tide, a product with the benefit of a household name already, they spent \$ 50 million-\$ 60 million to promote it. Crest spent \$ 30 million just to promote its new tartar control formula. Last year, the [PHS] had a budget of less than \$ 30 million for all of its AIDS education efforts, including counseling."

While defending PHS's efforts thus far, Dowdle agrees more needs to be done. "It's very clear we haven't done everything in the education field that we would like to do and should be doing," he said. But, he added, there is still a lot of uncertainty about a mass education campaign. "We need to bring in the people who do best at advertising and education. We're now doing the ground work to get these people involved." But, he said, "the money is not here for a large educational program right now."

Although it appears Congress will give the agency close to or more than the additional \$ 47 million it wants for education and prevention, a serious campaign, Fineberg argued, could easily require close to 10 times the current federal budget for education efforts. "Could you convince people they should use condoms? If you use \$ 250 million, you have a shot at it," he said. "We're talking serious money, but it's much less than what [the epidemic] is costing us and what it is going to cost."

GRAPHIC: Cover Design, no caption, Lucinda S. Levine; Picture 1, Walter R. Dowdle of Public Health Service, Money's not there for a large education effort. Shepard Sherbell/Picture Group; Illustration, Examples of Australian public education efforts on AIDS; Picture 2, Gary B. MacDonald of AIDS Action Council, We are mortgaging the nation's ability to cope with the crisis. Shepard Sherbell/Picture Group

LEVEL 1 - 104 OF 111 STORIES

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Los Angeles Times

May 21, 1986, Wednesday, Home Edition

SECTION: Part 1; Page 6; Column 5; National Desk

LENGTH: 864 words

HEADLINE: HEALTH UNIT WOULD NOTIFY AIDS VICTIMS' SEX PARTNERS

BYLINE: By MARLENE CIMONS, Times Staff Writer

DATELINE: WASHINGTON

BODY:

The Assn. of State and Territorial Health Officials will propose a series of far-reaching recommendations to curtail the AIDS epidemic, including recording the names of infected individuals and notifying their sexual contacts, The Times has learned.

The recommendations of the organization go beyond those released by the federal Public Health Service and oppose the position taken by the U.S. Conference of Local Health Officers.

Although its recommendations do not have the force of law, the organization's members -- the top health officers of every state -- have the authority to implement most public health policy in their individual states.

Criticism Expected

The guidelines are expected to draw substantial criticism from homosexual and civil rights groups, which oppose reporting the names of people with AIDS or of those infected with HTLV-III, the virus that causes the fatal illness.

The document calls gathering data to determine the extent of infection "fundamental to the control and prevention of disease" and encourages state and local public health agencies to develop systems that encourage the use of the AIDS antibody blood test on a voluntary basis to identify "those persons who are infected and thus potentially infectious."

The recommendations suggest also that contact notification be used as a way of "discreetly informing persons who may have been recently exposed, either sexually or by sharing needles, to someone who is HTLV-III antibody positive."

Dr. Alvin Novick, president of the American Assn. of Physicians for Human Rights, warned that many of the proposals could have "seriously damaging consequences that are totally unrelated to public health goals."

"We have to assess with the greatest possible caution what the consequences will be of any public health measure, since all public health measures, to some extent, conflict with personal liberties," he said.

But Kristine M. Gebbie, administrator of the Oregon State Health Division and head of the committee that drafted the recommendations, said that

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(c) 1986 Los Angeles Times, May 21, 1986

opponents are "overreacting" and had failed to recognize that the proposals are only "a framework -- a suggestion."

Local Attitudes a Factor

"We urge anybody attempting to use them to take into account the local attitudes of the high-risk groups in their communities," she said.

After emphasizing the public health community's "long-time history" of keeping records confidential, she added: "These are not radical new things."

The federal Public Health Service has said in its guidelines only that members of groups at risk of developing AIDS should voluntarily undergo the antibody test, which determines only whether an individual has been exposed to the virus. The U.S. Conference of Local Health Officers opposes reporting of test results "except in the context of epidemiological study" and makes no mention of contact tracing.

The state health officers' recommendations note that contact notification has been widely used to control other infectious diseases and has been shown to be effective "in situations where a treatment and cure can be offered."

Although it concedes that treatment is not available for AIDS, the report proposes that notification be used to educate those who may have been exposed on ways to prevent further infection to themselves or transmission to others. As of Monday, there were 20,766 AIDS cases and 11,384 deaths.

Strict Confidentiality

The recommendations emphasize strict confidentiality of recorded patient information and ask that state and local health agencies ensure that "safeguards are in place to preclude the inappropriate release of information, particularly personal identifying information."

However, the document opposes the concept of "anonymous" testing, the condition supported by gay rights groups.

"Although anonymity may still be a necessary option to consider for selected high-risk groups, it is not compatible with optimal surveillance (gathering of data) and should be avoided as a general rule," the report says.

Jeff Levi, executive director of the National Gay Task Force, predicted that the recommendations would be self-defeating and only discourage high-risk individuals from taking the test. "There is a justifiable fear in the gay community that any system that collects names can be abused," Levi said.

Anonymous Testing

Novick said that anonymous testing, on the other hand, would "allow people to change their behavior but protect them from inappropriate social punishment by careless or malicious revelation of their identity."

Gebbie said that the recommendations are not intended "to encourage large numbers of the gay community to be tested," adding: "For the gay community, the biggest issue is education."

(c) 1986 Los Angeles Times, May 21, 1986

"We want to encourage testing at the edges of that community -- at people who do not identify themselves as being at risk," she said.

Among them, she said, are "the occasional participant in gay sex who doesn't label it as a life style or the marital partner of a bisexual man, or the suburban housewife whose husband takes a lot of business trips and could have been with prostitutes or having gay encounters."

SUBJECT:

PRIVACY; ACQUIRED IMMUNE DEFICIENCY SYNDROME; UNITED STATES -- HEALTH;
CONFIDENTIALITY

LEVEL 1 - 105 OF 111 STORIES

The Associated Press

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September 26, 1985, Thursday, AM cycle

SECTION: Domestic News

LENGTH: 503 words

BYLINE: By WILLIAM C. CRUM, Associated Press Writer

DATELINE: PORTLAND, Ore.

KEYWORD:
Skin Selling*Brady
pre-
firing*

BODY:

A state official wants to fire the Oregon medical examiner for selling skin samples and pituitary glands from cadavers to finance office parties, but the examiner says he will fight to keep his job at a hearing next week.

Dr. William Brady is expected to appear Oct. 2 at the hearing scheduled by Health Division Administrator Kristine M. Gebbie.

Ms. Gebbie said Wednesday that she planned to fire Brady for selling the skin samples to research centers and using the proceeds for office parties and furniture. Later that day, she said she would hold the hearing to give Brady a chance to change her mind.

Brady, 53, was suspended June 21 from the job he has held for 16 years. He is one of the state's highest-paid employees with a salary of nearly \$71,000 a year.

Mary Lou Brady said her husband would not be available to comment until next week. His attorney, Ron Hoevet, said Brady would fight to retain his job.

Brady offered to resign when the charges surfaced, but Hoevet said he had withdrawn that offer.

"At the time he offered his resignation I'm certain that he was at a really low mental state," Hoevet said Wednesday. "He certainly feels now that termination is not the appropriate remedy."

The attorney said he was disappointed that next week's hearing appeared to be "window dressing."

"Kristine Gebbie made her decision without affording us any opportunity to tell our side and without talking to the medical examiner's advisory board," Hoevet said.

When Brady was suspended, he and Dr. William Montagna, former director of the Oregon Regional Primate Research Center, said the skin samples were taken from

The Associated Press, September 26, 1985

mangled victims of airplane or automobile crashes or from bodies that were to be cremated.

Montagna, 72, was director of the primate center from 1963 until 1980. He said he was thankful for the skin provided by Brady because it was extremely difficult to find the material elsewhere.

The Midwest Research Institute also paid for samples, records show.

Brady said in an interview in June that he had no regrets about aiding skin research.

Records provided by Brady showed \$11,500 was deposited into office bank accounts in Brady's name from September 1974 to June 1983.

Oregon law allows the removal of any body part by medical examiners. State Attorney General Dave Frohnmayer said Tuesday that no criminal charges would be filed because there was no evidence Brady used the money to enrich himself.

However, Frohnmayer said Brady could have to pay as much as \$16,000 in restitution to the state and could face an Oregon Ethics Commission investigation.

Also under fire is Brady's replacement, Multnomah County Medical Examiner Dr. Larry V. Lewman.

Ms. Gebbie said Lewman would be fired for allegedly using state facilities to perform private autopsies. He, too, was offered an opportunity to present his side at next Wednesday's hearing.

Ms. Gebbie said the problems in the medical examiner's office were the result of poor administration, as well as individual misconduct.

GRAPHIC: With Laserphoto

LEVEL 1 - 106 OF 111 STORIES

The Associated Press

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September 26, 1985, Thursday, PM cycle

SECTION: Domestic News

LENGTH: 400 words

BYLINE: By WILLIAM C. CRUM, Associated Press Writer

DATELINE: PORTLAND, Ore.

KEYWORD:

Skin Selling

BODY:

The state medical examiner, suspended last summer for selling skin samples from corpses and using the money for office parties, will be fired next week unless he can persuade a state official to reverse her decision.

Health Division Administrator Kristine M. Gebbie said Dr. William Brady would be able to tell his side of the story at an Oct. 2 hearing.

Ms. Gebbie said in a statement Wednesday that she intended to fire Brady for alleged misconduct in office. A few hours later, she said she would hold a hearing before making a final decision.

She said Brady sold skin samples from corpses and deposited the money in a bank account to pay for office parties, furniture and other items.

More than \$11,500 was deposited into office bank accounts in Brady's name from September 1974 to June 1983, according to records Brady provided. Records for other years were not available.

Also under fire is Brady's replacement, Multnomah County Medical Examiner Dr. Larry V. Lewman.

Ms. Gebbie said Lewman would be fired for allegedly using state facilities to perform private autopsies. He, too, was offered an opportunity to present his side at the Oct. 2 hearing.

She said Brady told her he would appear at the hearing and that Lewman said he would consider it. Ms. Gebbie said it would take a substantial revelation on the part of Brady or Lewman to persuade her to change her mind.

Brady, 53, has been state medical examiner for 16 years. Attempts to reach him Wednesday through his attorney, Ronald Hoevet, were unsuccessful because Hoevet was out of his office.

A woman who answered the telephone at the medical examiner's office Wednesday said Lewman was out of his office and unavailable for comment.

The Associated Press, September 26, 1985

Ms. Gebbie said the problems in the medical examiner's office were the result of poor administration, as well as individual misconduct.

Attorney General Dave Frohnmayer said Tuesday that no criminal charges would be filed against Brady.

Frohnmayer said while it was wrong for Brady to use money he got from selling body parts for office amenities, there was no evidence to show Brady used the money to enrich himself. Brady was suspended June 21.

However, Brady might have to pay up to \$16,000 in restitution to the state, and could be investigated by the Oregon Ethics Commission, Frohnmayer said.

Brady is one of the state's highest paid employees, making nearly \$71,000 per year.

LEVEL 1 - 107 OF 111 STORIES

Proprietary to the United Press International 1985

September 7, 1985, Saturday, BC cycle

SECTION: Regional News

DISTRIBUTION: Washington, Oregon

LENGTH: 431 words

HEADLINE: Probe of medical examiners widens, paper says

DATELINE: PORTLAND, Ore.

KEYWORD: Brady

BODY:

The state attorney general's investigation of Oregon's suspended state medical examiner, Dr. William J. Brady, has been expanded to include the activities of two other medical examiners, The Oregonian reported Saturday.

The paper, quoting "sources who asked not to be identified," said the investigation of Multnomah County Medical Examiner Dr. Larry V. Lewman and former Washington County Medical Examiner Dr. Ronald O'Halloran concerns private autopsies conducted since 1979, the earliest date for possible prosecution under the statute of limitations.

"Sources familiar with the investigation" told the newspaper that investigators were looking into whether the private autopsies were performed on public time and with public facilities -- practices which are against Oregon law.

In its own checks, The Oregonian reported finding that dozens of private autopsies were conducted by the pathologists for Washington state coroners and for the National Transportation Safety Board.

The records showed that much of the work was done in the Multnomah County morgue and that county- and state-employed pathologists and secretaries assisted with the work.

O'Halloran was laid off by Brady last spring and is now with the Ventura County, Calif., medical examiner's office. O'Halloran declined comment, citing Attorney General Dave Frohnmayer's investigation.

Lewman has been acting state medical examiner since Brady was suspended without pay June 21. He said the specialized nature of forensic pathology meant the medical examiners got lots of requests for assistance.

"The vast majority is from the state of Washington," he said. "We go up there after-hours and on weekends." Lewman said his use of the Multnomah County office for private work was "very infrequent."

Nevertheless, Deke Olmsted, director of justice services for the county, said that since the investigation, county officials have adopted a new policy regarding use of the office.

Proprietary to the United Press International, September 7, 1985

Olmsted said the county has signed a 'use agreement' with Lewman, charging him \$300 for private use of the office for the fiscal year that began July 1. A similar agreement would be required for any other pathologist who wanted to use the office,' he said.

Brady's suspension and the attorney general's investigation followed revelations that the medical examiner put money from the sale of autopsy reports and human tissue samples in a private bank account.

Brady declined comment this week on the private autopsies, saying State Health Division Administrator Kristine M. Gebbie had forbidden him to talk to the press.

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LEVEL 1 - 1 OF 299 STORIES

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Health Line

June 15, 1993

SECTION: THE PLAYING FIELD

LENGTH: 800 words

HEADLINE: WHO'S GETTING THE INK?: HILLARY AND THE POLITICS OF MEANING

BODY:

NEWSWEEK reports many staffers wish Hillary Rodham Clinton would spend more time managing day-to-day events at the WH. NEWSWEEK: "Clinton's decision to delegate health care reform to his wife disrupted the delicate balance between the couple. Because Hillary has a real job, she cannot devote the time she once did to her husband's problems. And he has suffered as a result" (Eleanor Clift, 6/21 issue). BUSINESS WEEK's Bruce Nussbaum: "The politics of meaning. If ever there was a phrase that reeked of New Age babble and existentialist blather, this is it. ... The words practically beg for dismissal. Not so fast. The politics of meaning has won a powerful convert: Hillary Rodham Clinton" (6/21 issue). TIKKUN's Michael Lerner: "From the moment that Hillary Clinton adopted the concept I had been developing in TIKKUN magazine for the past seven years ... there has been a campaign to ridicule our ideas. ... The attempt here is to cast us in the same mold that destroyed Jimmy Carter -- elitist pretenders assuming a higher moral plane than the rest of the American people and critiquing their 'malaise'" (WASH. POST, 6/13). N.Y. TIMES MAGAZINE: "The new first lady may or may not achieve her policy goals of realizing health care reform and a new spiritual 'politics of meaning.' But she has already succeeded in dramatizing how many Americans, and not just men, are still flumoxed by women occupying traditionally male turf" (Frank Rich, 6/13).

HEALY: WASH. POST examines Bernadine Healy's tenure at NIH, noting she "tended not to turn her back on any issue that promised controversy" and that she "may be most remembered for her role in the area of women's health." While critics faulted her for following the Bush admin.'s opposition to congressional guidelines for women's health research, Healy "proposed and put into place the Women's Health Initiative" -- a \$625M study of "the causes of disability and death in postmenopausal women." POST reports Healy will return to the Cleveland Clinic when she leaves NIH 6/30 and is considering running for Senate in '94 (Robin Herman, 6/15).

BENTSEN: BUSINESS WEEK writes Treas. Sec. Lloyd Bentsen "has unexpectedly found himself back in his old Hill haunts. He is serving as the administration's chief firefighter, arm-twister, and consensus builder." BUSINESS WEEK notes he "has been arguing internally that Hillary Rodham Clinton's sweeping (health) plan must be phased in to avoid hitting business with massive new costs" (Paul Magnusson/Mike McNamee, 6/21 issue).

AIDS CZAR: NATIONAL JOURNAL: "To the growing list of

Health Line, June 15, 1993

onetime Bill Clinton enthusiasts with bruised feelings, you could add AIDS activists. ... Much of the unhappiness has focused on Clinton's yet-unkept promise to appoint an AIDS policy director. ... It isn't that the administration hasn't tried. It's either offered the job to or had serious talks with at least half-dozen candidates. They've even enlisted a professional headhunter on the job: Tom Goodwin, who was an aide to now-HHS Sec. Donna Shalala during the Carter admin. Among those who have been approached or taken themselves out of the running: Kaiser Family Fdn.'s Mark Smith, Nat'l Commission on AIDS' David Rogers, fmr. WA State Health Dept.'s Kristine Gebbie, NYC Health Commis. Margaret Hamburg, fmr. Levi Strauss Pres. Lee Smith and Rep. Jim McDermott (D-WA) (Julie Kosterlitz, 6/12 issue).

LEVEL 1 - 3 OF 299 STORIES

Copyright 1993 The Seattle Times Company
The Seattle Times

January 4, 1993, Monday, Final Edition

SECTION: NORTHWEST; Pg. D5

LENGTH: 1111 words

HEADLINE: MANY LOWRY APPOINTEES WORKED FOR GARDNER

BYLINE: BY DAVID SCHAEFER

BODY:

A little more than a week before his inauguration, Gov.-elect Mike Lowry has made only a fraction of his executive appointments, and has drawn mostly from the ranks of outgoing Gov. Booth Gardner's administration.

But Lowry isn't worried about the faint criticism that he's moving too slowly or simply rearranging the titles of the same old Olympia insiders.

"This is a friendly takeover," said Bob Gogerty, head of Lowry's transition staff. "We are changing the direction of the ship but not turning it all the way around."

Lowry already has a budget director and several agency heads on board. He'll soon add a chief of staff and other agency directors - enough, Gogerty says, to form the core of a staff while he rounds out his cabinet.

In all, Lowry has 41 top appointments to make, including the heads of agencies and commissions, and about 300 appointments when college trustees and unpaid appointments are included.

So far, he's made seven, including five Gardner holdovers. They are:

-- Ann Daley, his pick for budget chief, who is currently executive director of the state Higher Education Coordinating Board.

-- As press secretary, Anne Fennessy, who was former Seattle Mayor Charles Royer's press secretary and now works for the Port of Seattle.

-- Evelyn Yenson, who Lowry said he'll reappoint as director of the lottery commission.

-- Vernon Stoner, Gardner's director of employment security, who would be reappointed.

-- Chase Riveland, to be reappointed as head of corrections.

-- Mary Riveland, who would remain director of licensing.

-- Margaret Stanely, who Lowry wants to remain director of the state's health-care authority.

The Seattle Times, January 4, 1993

In addition, Lowry wants Len McComb, Gardner's budget director, in his administration, although no post has been settled on. Gogerty said reports that McComb had been offered the key post as director of the Department of Social and Health Services were premature.

Jobs protecting the environment became a key campaign issue in the governor's race, focusing on Wildlife Administrator Curt Smitch.

Republican Ken Eikenberry, whom Lowry defeated for the job, said he would fire Smitch. Lowry has told Smitch "to stay for a while," Gogerty said. He gave Smitch a "50-50" chance of keeping the job.

"He's indicated he'd like to remain and was encouraged to apply for the job," said department spokesman Dave Workman. "He has no indication anyone else will be appointed."

A similar agenda faces Bob Turner, acting fisheries department director. Turner was appointed acting director when Joe Blum left the job earlier in the year.

Turner also has met with Lowry and officially applied to be reappointed, but Lowry is considering at least one other candidate.

The timing of the appointment is more important than some, said Tony Flor, department spokesman. Turner is preparing for negotiations with Canada in late January and early February over salmon runs.

Gogerty said Lowry also may take his time appointing an ecology director - the post is filled by an acting director - and may ask for a panel to review candidates for the job.

Gogerty said Lowry wants an ecology director "who does not have such a point of view that he can't do a balanced job. We have tough environmental laws. Now we need some certainty (about what developers and businesses can and can't do). It will be an administrative type, not an environmentalist or someone from the business community."

Like President-elect Bill Clinton, the new governor has said he wants his selections to display "cultural diversity," and is going through a painstaking parade of commissions and review boards for some of the choices. So far, he has chosen five women (including one Asian American) and two men (including one African American.)

Lowry has set his own deadline - that of his inauguration on Jan. 13 - for when he'd like to have "most" of his cabinet-level appointments made, according to transition spokesman Clarence Moriwaki.

Lowry's nominees for cabinet jobs have one advantage over those made at the federal level.

While nominees for federal posts must be confirmed by the U.S. Senate before they can take office, state officials are allowed to go to work as soon as the governor names them. They can be denied their posts only if the state Senate votes against confirmation. That happens even less often at the state than at the federal level, and with the Democrats in control of the Senate, isn't a serious threat this year.

The Seattle Times, January 4, 1993

What is more common is for the state Senate not to get around to the confirmation process. Currently, more than 100 people are serving in the Gardner administration even though the state Senate has never confirmed them.

Who sits in the cabinet is determined not by statute but by the governor. Gardner lists 26 people in his "executive cabinet," more than twice as many as in outgoing President Bush's.

----- HOW CABINET IS SHAPING UP

Here is a list of Gov. Booth Gardner's major state department directors or acting directors, with Gov.-elect Mike Lowry's appointments where available.

DEPARTMENT	UNDER GARDNER	UNDER LOWRY	
			. Chief of staff
	Denny Heck		. Labor & Industries
	Joe Dear		. Health
	Kristine Gebbie		. Community Development
	Barbara Gooding		. General Administration
		Wendy Holden	
	. Financial Management	Len McComb	Ann Daley
. Ecology	Fred Olson		
Corrections	Chase Riveland	Chase Riveland	. Licensing
	Mary Riveland	Mary Riveland	. Wildlife
	Curt Smith		. Employment Security
	Vernon Stoner	Vernon Stoner	. State Patrol
	George Tellevik		
Social & Health Services	Paul Trause		. Fisheries
	Bob Turner		. Lottery
	Evelyn Yenson	Evelyn Yenson	. Trade, Economic Devel.
			Paul Isaki
	. Health Care Authority		
Margaret Stanley	Margaret Stanley.		

LANGUAGE: ENGLISH

LEVEL 1 - 4 OF 299 STORIES

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USA TODAY

November 12, 1992, Thursday, FINAL EDITION

SECTION: NEWS; Pg. 11A

LENGTH: 1143 words

HEADLINE: The women endorsed for government jobs

KEYWORD: CLINTON ADMINISTRATION:CLINTON APPOINTMENT:CLINTON WOMEN

BODY:

MADELEINE KORBEL ALBRIGHT: Foreign policy expert, was adviser to Michael Dukakis and Walter Mondale.

HARRIET BABBITT: Lawyer, wife of former Arizona governor Bruce Babbitt.

BARBARA ALLEN BABCOCK: Lawyer, she was top Justice Department official under President Carter.

ELIZABETH BAGLEY: Georgetown University law professor, managing trustee of Democratic National Committee.

CAROL BELLAMY: Former New York state senator, managing director of public finance at the New York brokerage firm of Bear, Stearns and Co.

MARSHA BERZON: Lawyer.

ANNE BINGAMAN: Washington lawyer, wife of Sen. Jeff Bingaman, D-N.M., leads state fight for equal rights amendment.

BARBARA BLUM: Bank president, former deputy administrator of Environmental Protection Agency.

BROOKSLEY BORN: Washington lawyer with extensive experience in international law.

CLAUDINE BROWN: Deputy assistant secretary for arts and humanities and project director of African-American Institutional Study at the Smithsonian Institution.

KATHLEEN BROWN: Treasurer of California

CAROL BROWNER: Florida Secretary of environmental regulation, she has worked for Sen. Al Gore on environmental issues.

BETTY CASTOR: First woman named Florida education commissioner.

ADELE CHATFIELD-TAYLOR: President, American Academy in Rome, former National Endowment for Arts official.

ANTONIA HANDLER CHAYES: Air Force undersecretary in Carter administration.

USA TODAY, November 12, 1992

CONNIE CLAYTON: Philadelphia school superintendent.

JOHNETTA COLE: President, Spelman College. First African-American woman to hold job.

ROXANNE BARTON CONLIN: Lawyer, she was Democratic nominee for governor of Iowa; president of the Association of Trial Lawyers.

KATHLEEN COOPER: Exxon Corp. chief economist, director of the National Bureau of Economic Research.

GAIL DE PLANQUE: Nuclear Regulatory Commission member.

PATT DERIAN: Secretary of State for human rights under Carter in charge of policy on refugees, political asylum, prisoners of war and missing in action.

JOCELYN ELDERS: Arkansas health department director.

MARY JANE ENGLAND: Psychiatrist, president of Washington Business Group on Health.

ROSLYN PAYNE EPPS: President, District of Columbia Medical Society and professor, Howard University College of Medicine.

GERALDINE FERRARO: Former member of Congress, Democratic nominee for vice president, ran for Senate seat in New York.

EVELYN FOOTE: Retired Army brigadier general, inspector general.

CAROL TUCKER FOREMAN: Assistant Agriculture secretary under Carter. Her brother will be new governor of Arkansas.

MARY HATWOOD FUTRELL: Former president of National Education Association.

KRISTINE GEBBIE: Head of the Washington state health department.

RUTH BADER GINSBURG: Federal appeals court judge; former law professor, counsel to American Civil Liberties Union.

JAMIE GORELICK: Lawyer, leading authority on white-collar crime; was Carter administration Energy secretary counsel.

HANNAH GRAY: University of Chicago president.

LANI GUINIER: Law professor at University of Pennsylvania.

RUTH HARKIN: Lawyer, wife of Sen. Tom Harkin, D-Iowa.

KITTY CARLISLE HART: Chairwoman of New York State Council on the Arts.

ANNE HAWLEY: Director of Isabella Stewart Gardner Museum.

ALEXIS HERMAN: Managed Democratic National Convention.

USA TODAY, November 12, 1992

JOAN KELLY HORN: Member of Congress from Missouri, not re-elected.

MARLENE JOHNSON: Former Minnesota lieutenant governor; fellow, Universal Family Agenda Project, Center for Policy Alternatives.

ELAINE RUTH JONES: Deputy director, NAACP Legal Defense Fund.

ELIZABETH KENNAN: Mount Holyoke College president.

BARBARA KENNELLY: Member of the House from Connecticut; as a deputy majority whip, she is highest-ranking woman in House.

NANNERL OVERHOLSER KEOHANE: Wellesley College president.

LUELLA KLEIN: Chair, Department of Gynecology and Obstetrics, Grady Memorial Hospital, Atlanta.

MADELEINE KUNIN: Former Vermont governor and member of Clinton transition team.

JILL LONG: Member of House from Indiana; serves on Agriculture and Veterans Affairs Committees, Select Committee on Hunger.

OPHELIA LONG: Chief executive officer, Highland General Hospital, Oakland, Calif.

PAMELA MATSON: NASA terrestrial ecologist.

CYNTHIA MAYEDA: Dayton Hudson Foundation chair.

GABRIELLE KIRK MCDONALD: Lawyer, first African-American woman to serve as U.S. district judge for Southern District of Texas.

FLORETTA DUKES MCKENZIE: Former District of Columbia school superintendent; educational consultant.

RUTH MESSINGER: Manhattan (N.Y.) Borough president.

LENORE MILLER: President, Retail, Wholesale and Department Store Union; vice chair of President's Committee on Employment of People with Disabilities.

IRENE NATIVIDAD: Executive director of the Philippine American Foundation, director of the 1992 Global Forum of Women; chair National Commission on Working Women.

JANNE NOLAN: Brookings Institution expert on national security.

ELEANOR HOLMES NORTON: Just won re-election as District of Columbia's non-voting delegate in the House.

JANET NUZUM: International Trade Commission member.

JUNE OSBORN: Dean, University of Michigan School of Public Health; head of National Commission on AIDS.

USA TODAY, November 12, 1992

SALLY RIDE: First U.S. woman in space, director of the California Space Institute.

ALICE RIVLIN: Founder of Congressional Budget Office, now economic studies fellow at Brookings Institution.

BARBARA ROBERTS: Governor of Oregon.

DEBORAH SALE: Clinton campaign official.

ISABELLE SAWHILL: Director, The Urban Institute.

PATRICIA SCHROEDER: House member from Colorado, expert on defense, family issues.

DONNA SHALALA: Chancellor, University of Wisconsin-Madison.

NANCY SODERBERG: Advised Clinton on foreign policy and defense.

JOAN EDELMAN SPERO: American Express Corp. vice president.

PAULA STERN: Former chair of International Trade Commission.

KATHLEEN SULLIVAN: Harvard University Law School professor.

LINDA TARR-WHELAN: President, Center for Policy Alternatives.

VICTORIA JEAN TSCHINKEL: Was Florida environmental secretary.

LAURA TYSON: Clinton campaign adviser on trade, director University of California-Berkeley Institute of International Studies.

MAXINE WATERS: House member from California, active on urban, minority issues.

MITZI WERTHEIM: Defense expert, consultant.

ANNE WEXLER: Heads consulting company, was assistant to Carter.

KATHRYN WHITMIRE: Former Houston mayor.

JILL WINE-BANKS: Lawyer, was Watergate prosecutor.

HARRIETT WOODS: President, National Women's Political Caucus; ran for Senate.

LYNN YEAKEL: Unsuccessful Senate candidate from Pennsylvania, founder of Women's Way charity for women and families.

GRAPHIC: PHOTO; b/w, Michael Geissinger; PHOTO; b/w, AP; PHOTO; b/w, USA TODAY

CUTLINE: ALBRIGHT CUTLINE: HORN CUTLINE: RIDE

SUBJECT: WOMEN; PRESIDENCY; APPOINTMENT; GOVERNMENT

USA TODAY, November 12, 1992

NOTES: THE NEW ADMINISTRATION

LEVEL 1 - 5 OF 299 STORIES

Copyright 1992 American Political Network
Abortion Report

November 11, 1992

SECTION: FROM THE HOTLINE

LENGTH: 826 words

HEADLINE: WOMEN: POTENTIAL CABINET APPOINTEES

BODY:

The Coalition for Women's Appointments -- made up of task forces from over 50 women's organizations -- released a list of women "particularly appropriate" for appointments to Clinton's cabinet, transition team or Economic Security Council. The Coalition bases its list on a search of the fields of justice, education, economic/finance, enviro./energy, health/science/medicine, transportation, defense, security, international affairs, housing, labor, civil rights and the arts and humanities (Coalition release, 11/11). They are listed by state:

AZ	NY
Hattie Babbitt, atty	Carol Bellamy, financier
AR	Geraldine Ferraro, ex-Rep.
Jocelyn Elders, AR Health dir.	Kitty Carlisle Hart, Arts chr
CA	Ruth Messinger, Manh. pres.
Barbara Allen Babcock, law prof.	Lenore Miller, AFL-CIO
Marsha Berzon, atty	Deborah Sale, NY LG CoS
Kathleen Brown, State Treas.	Joan Edelman Spero, AMEX VP
Gphelia Long, hospital CEO	OR
Pamela Matson, NASA	Gov. Barbara Roberts
Sally Ride, astronaut	PA
Laura Tyson, Berkeley dept. dir.	Connie Clayton, school spt
Rep. Maxine Waters	Lani Guinier, law prof.
CO	Lynn Yeakel, Sen. nominee
Rep. Pat Schroeder	TX
CT	Kathleen Cooper, Exxon econ.
Rep. Barbara Kennelly	Gabrielle K. McDonald, prof.
FL	Kathy Whitmire, ex-Hstn mayor
Carol Browner, FL Enviro/Sec	VT
Betty Castor, FL ed Commis.	Madeline Kunin, ex-Gov.
Victoria Tschinkel, consultant	VA
GA	A. ChatfieldTaylor, acdmy pres
Johnnetta Cole, Spelman pres.	Patt Derian, human rts adviser
Luella Klein, hospital dept chair	WA
IL	Kristine Gebbie, WA Health/Sec
Hannah Gray, U Chicago pres	WI
Jill Wine-Banks, business	Donna Shalala, U W pres.
IN	DC
Rep. Jill Long	M. Korbel Albright, fndtn pres
IA	Elizabeth Bagley, law prof.
Roxanne Barton Conlin, atty	Barbara Blum, Adams Bank pres.
atty Ruth Harkin	Brooksley Born, atty
MD	Gail de Planque, Nuclear Cmsr
Evelyn Foote, ret. Brig, Gen.	Roslyn Payne Epps, DC Med pres

Abortion Report, November 11, 1992

Mitzi Wertheim, consultant	Carol Tucker Foreman, consltnt
MA	Mary Hatwood Futrell, prof.
Antonia Handler Chayes, cnsltnt	Ruth Bader Ginsburg, Apls Ct
Mary Jane England, health pro	Jamie Gorelick, DC Bar pres.
Anne Hawley, musuem dir	Alexis Herman, Clinton camp
MA cont.	DC cont.
Elixabeth Kennan, Mt.Holyoke pres.	Elaine Jones, NAACP Leg. Def.
Nannerl Keohane, Wellesly pres.	F. Dukes-McKenzie, educ. cnslt
Kathleen Sullivan, law prof.	Janne Nolan, Brookings fellow
	E. Holmes Norton, DC Delegate
	Alice Rivlin, Brookings fellow
MI	Isabelle Sawhill, Urban Inst.
June Osborn, U MI Med. dean	Nancy Soderberg, for. pol. adv
	Paula Stern, consultant
MN	Linda Tarr-Whelan, fndatn pres
Marlene Johnson, ex-LG	Janet Nuzum, US Trade Commis.
Cynthia Mayeda, foundation chair	Anne Wexler, gov't relations
	Irene Natividad, business
MO	
Rep. Joan Kelly Horn	
Harriett Woods, NWPC pres.	
NM	
Anne Bingaman, atty	

	President	Total Appointees	Total Women	Percentage
Carter		919	124	13.5%
Reagan		2,349	277	12%
Bush ('89-91)		903	181	20%

The coalition submitted 227 names to the Bush admin. in 1989 and by the end of his first year in office he appointed 80 women; 37 (44%) nominated by the coalition.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: November 11, 1992

LEVEL 1 - 7 OF 299 STORIES

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November 11, 1992, Wednesday, BC cycle

SECTION: Financial Report. Energy News.

LENGTH: 227 words

HEADLINE: GROUP SUGGESTS WOMEN FOR TOP JOBS IN CLINTON GOV'T

DATELINE: WASHINGTON, NOV 11, REUTER

BODY:

Coalition for Women's Appointments offered a list of 10 women for top-level jobs in the Agriculture, Interior and Energy departments or the Environmental Protection Agency in the Clinton administration.

Members of the coalition include League of Women Voters, National Womens Political Caucus, American Association of University Women, National Abortion Rights Action League and National Organization for Women Legal Defense and Education Fund.

Oregon Gov Barbara Roberts was considered best positioned for an Interior post.

Three women seemed best suited for Agriculture slots: Rep Jill Long, D-Ind, attorney Ruth Harkin and lobbyist Carol Tucker Foreman, who was an assistant agriculture secretary under President Carter.

The coalition did not suggest specific posts but said the women were worthy of senior policy-making or cabinet posts.

Also listed were bank president Barbara Blum, Carol Browner, Florida secretary of environmental regulation, Gail de Pianque, member Nuclear Regulatory Commission, Kristine Gebbie, head of Washington state Health Department, Pamela Matson, NASA scientist and Victoria Jean Tschinkel, environmental consultant.

Long is a member of the House Agriculture Committee. Harkin, wife of Sen Tom Harkin, D-Iowa, has worked at USDA and is a partner in the Washington law firm of Akin, Gump, Strauss, Hauer and Feld.



Coalition
for
Women's
Appointments



LEVEL 1 - 14 OF 299 STORIES

Copyright 1992 The Seattle Times Company
The Seattle Times

March 23, 1992, Monday, Final Edition

SECTION: NORTHWEST; Pg. B1

LENGTH: 616 words

HEADLINE: CERTIFIED AIDS-FREE? WELL... -- EXPERTS ATTACK PLANS TO MARKET
'HIV-NEGATIVE' CARDS

BYLINE: BY WARREN KING

BODY:

A St. Louis company's plans to market in this state cards certifying a person is free of the AIDS virus have prompted warnings from local health officials.

"It gives people the false assurance that they can do anything they want in exposing themselves to those who wave cards, and that's completely untrue," said Kristine Gebbie, secretary of the state Department of Health.

For a \$ 29.95 fee, the company - "Partners for AIDS-Free America" - sends a laminated "HIV Negative Certification Card" with your photo and a sticker for your driver's license. The applicant must send a form signed by any AIDS-testing facility official, in the facility's letterhead envelope.

The problem, health officials emphasize, is that a person can be free of the AIDS virus - HIV - one day and be infected the next after engaging in unsafe sex, sharing needles or being otherwise exposed. Besides, they said, a person can be infected but not produce antibodies (detected by the test) for six months or more.

But the company's chairman, Eric Janssen, said the card mainly encourages individuals to be tested every six months.

The Seattle-King County Health Department has a program encouraging those at risk for AIDS to have regular testing.

"Ignorance is fueling much of this disease. Ninety percent of those who have HIV don't know they have it," said Janssen, who says his major work in the past has been as a builder and developer.

Dr. Bob Wood, Seattle-King County AIDS Control Director, said no one knows how many people are unaware of their HIV status, but studies indicate it is a little more than half of the 1.5 million believed to be infected in the U.S.

Janssen says his major objective is to help stop the spread of AIDS, especially because public-health officials have been unsuccessful.

At least one other company tried briefly, and unsuccessfully, to sell such cards in the Seattle area several years ago.

The Seattle Times, March 23, 1992

Janssen said he has already advertised his cards in seven cities on cable-television stations and plans to market them worldwide. He said he doesn't know yet when he will start his campaign in Washington state.

Several Seattle-area residents purchased the cards after reading a Seattle Gay News story warning about them, Janssen said.

The company charges \$ 19.95 for the certification card renewal each six months.

State regulations prohibit anyone from issuing a certificate implying an individual is free of any sexually transmitted disease. But state officials aren't sure the company's card would come under the regulation because it says simply that the individual was HIV negative on the test date.

Bill Williams, state assistant attorney general, said his office will watch to see if the company's advertising implies its card carriers are disease-free, which would be an unfair business practice. And State Rep. Cal Anderson, D-Seattle, said that if the law doesn't cover such cards, he will introduce legislation that does.

Health officials also worry that applications for the cards could be falsified, even though Janssen said the company verifies all applications.

"What's to keep somebody from having a buddy in a lab sign the application," said Dr. Hunter Handsfield, director of sexually transmitted disease control for the Seattle-King County Health Department.

At one point, the HIV-negative-card application suggests that applicants can get a free HIV test by donating blood. But blood banks have strongly discouraged that, not wanting to attract people at high risk for AIDS.

Janssen said that suggestion is being removed.

GRAPHIC: PHOTO THIS IS THE CARD, FRONT AND BACK, THAT "PARTNERSHIP FOR AIDS-FREE AMERICA" PLANS TO SELL IN THIS STATE.

LANGUAGE: ENGLISH

LEVEL 1 - 19 OF 299 STORIES

Copyright 1991 The Seattle Times Company
The Seattle Times

October 4, 1991, Friday, Final Edition

SECTION: NORTHWEST; Pg. C1

LENGTH: 642 words

HEADLINE: ANTI-120 AD DENOUNCED AS A LIE -- OFFICIAL AGREES TAX CLAIM IS FALSE

BYLINE: BY SUSAN GILMORE

BODY:

Sponsors of an initiative that would guarantee abortion rights in Washington state have asked that the opposition's television ad be taken off the air.

"The public shouldn't be given distortions about what 120 does," said Belle Taylor McGhee, spokeswoman for Yes on 120. "It's a red herring. The ad is patently false."

But opponents of the initiative are standing by the ad, asserting the public should have a chance to weigh the issue.

Controversy has swirled around the 30-second campaign spot since it began airing this week on 17 stations around the state. It depicts two couples at a backyard barbecue talking about the abortion issue.

"You guys taking away women's choice here?" asks one woman.

"Nah, I'm all for women's choice. I just don't like the government tell'n me I have to pay for it," the man replies.

Adds the second man: "Yeah, can ya believe it? They wanna raise our taxes by - what - 60 million dollars? So we can pay for all those abortions . . . maybe even for wealthy women."

It ends with a woman saying, "That's highway robbery."

The exchange refers to a section of Initiative 120 that would require that if the state provides maternity services for women, it must also provide "substantially equivalent benefits, services or information" if they want to abort their pregnancies. It's something the state now provides to poor women as a policy, but the initiative would make it law.

No money is mentioned in the initiative. But last year the state funded 7,584 abortions at a cost of \$ 2.6 million. During the same time it paid for 23,463 deliveries of babies, at a cost of \$ 62.6 million. The difference - \$ 60 million - is the figure referred to in the TV ad and what opponents say the state would be obliged to pay in abortion costs.

Backers of the initiative say it is ludicrous to suggest that the measure will cost taxpayers \$ 60 million, particularly when the cost of an abortion is

The Seattle Times, October 4, 1991

about one-tenth the cost of maternity care.

"There is no provision to raise taxes any time by any means," said Taylor McGhee. "And the state provides maternity care only for income-eligible individuals, expressly excluding wealthy women."

State officials, who have been reviewing the measure, agree. "There's nothing in the initiative that talks about it as a tax measure," said Kristine Gebbie, director of the state Department of Health, adding "the state standards for support for prenatal care clearly rule out wealthy women being eligible for state support."

But Ken Vanderhoef, president of Human Life, a group that is fighting Initiative 120, defended the ad, asserting that the phrase "substantially equivalent benefits" must carry a price. The initiative does not define what that means, but requires the state to pay for it, Vanderhoef said.

"Clearly the people who drafted it don't want to talk about the financial implications," he said. "Let the public debate this. If they think it's a red herring, the public is smart enough to reject it."

Operators of Seattle television stations, meanwhile, said they were swamped with calls questioning the anti-120 ad.

"We have asked for some substantiation in the ad and have not received it so we haven't run the ad yet," said Patrick Scott, general manager of KOMO. KIRO-TV, meanwhile, will continue to run the ad until it can get more information from sponsors and weigh its accuracy, said Glenn Wright, executive vice president and general manager of the station.

KING said it will continue to air the ad. "We're trying to stay out of being the censor in the campaign," said program director Craig Smith. "We believe in robust debate and we felt the spot should continue to run as part of the ongoing campaign."

The initiative would embody into state law the provisions of the U.S. Supreme Court's 1973 Roe vs. Wade decision legalizing abortion.

LANGUAGE: ENGLISH

LEVEL 1 - 23 OF 299 STORIES

The Associated Press

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May 24, 1991, Friday, PM cycle

SECTION: Domestic News

LENGTH: 822 words

HEADLINE: Clinics Say They'll Forfeit Federal Money Rather Than Keep Silent

BYLINE: By CATHERINE CROCKER, Associated Press Writer

KEYWORD: Scotus-Abortion Reax

BODY:

Family planning clinics around the country say they'll forfeit millions of dollars in federal money rather than abide by a government ban on abortion counseling.

"Our principles are not for sale," Jill June, head of Iowa's Planned Parenthood affiliate, said Thursday after the U.S. Supreme Court ruled 5-4 that clinics using federal funds cannot discuss abortion with their patients.

Abortion foes hailed the ruling as a step toward reversing the landmark Roe v. Wade decision legalizing abortion in 1973.

"It's about time," said Dottie Roberts of Family Action, an anti-abortion group based in Lake Stevens, Wash. "The general public is fed up with the biggest disaster of sex education any civilized society has seen."

"It can no longer be presumed by the abortion industry that the nation's highest court is in their pocket," said Arlene Champoux of Massachusetts Citizens for Life.

But family-planning officials said the ruling would mean two standards of care - one for the poor, one for the rich - and prevent doctors from fulfilling their ethical duty to inform patients fully of their medical options.

Others said some clinics that forgo federal dollars might have to cut services or close.

The high court on Thursday upheld regulations issued by the Reagan administration in 1988 that say federally funded clinics may not discuss abortion with pregnant women or tell them where to get one.

The federal government supports about 4,000 clinics serving more than 4 million poor women each year.

Faye Wattleton, president of Planned Parenthood Federation of America, said her organization's network of clinics would continue to counsel on abortion. She said she expects Congress will enact legislation to counter the decision.

The Associated Press, May 24, 1991

In California, a spokeswoman for the state Health and Welfare Agency said Gov. Pete Wilson would use state money if necessary to protect more than 200 clinics that serve 400,000 poor women. The clinics receive about \$9.6 million in federal money.

"The governor is so committed to preventive prenatal services, I can't imagine him not bending over backwards to make sure the funds get there," said Kassy Perry.

In Washington state, Health Secretary Kristine Gebbie said state government there would do the same. Washington has 23 family planning agencies.

The Reagan administration regulations were challenged by the city and state of New York and by Dr. Irving Rust, medical director of a clinic in New York City's South Bronx. They were put on hold until the issue was resolved in court. Now they can be enforced.

The clinic that lost the challenge said it too will quit taking federal money rather than keep silent about women's legal options.

"I am being asked to be ... a puppet for the government, rather than a professional with a code of ethics about how I counsel human beings," said Jeannine Michael, director of Planned Parenthood's Bronx clinic.

Michael said the clinic gets about \$450,000 a year in federal funds, or 27 percent of its budget. She said she hoped that "people across the country will rise up and make up the difference" in donations.

One clinic patron said she supported the decision to quit taking federal dollars.

"We come here because we need help," said Brenda Alston, 29. "There's no need in coming if you can't talk about the things you want to talk about."

Elsewhere, Pam Dooley, executive director of Planned Parenthood of Detroit, said she'll drop \$76,000 in federal funds, about 6 percent of the organization's budget.

But John Jakubczyk, general counsel for Arizona Right to Life, argued that "it is not the role of the taxpayers and the federal government to support by federal funds family planning clinics that are actually abortion-referral services."

Planned Parenthood in the Chicago area planned to decide by the end of this week whether to reject \$400,000 for its five clinics, said spokeswoman Sara Knaub.

"Our patients will continue to receive accurate and complete answers to questions about their health care and medical treatment," even if it means loss of federal funds, said Gwen Chaplin, director of Planned Parenthood of Central Washington. The organization gets \$408,000, or 26 percent of its funding, from the federal government.

Dinah Farrington, executive director of Indiana's Planned Parenthood, said the ruling could force clinics to withhold life-saving information.

The Associated Press, May 24, 1991

"The really dreadful part of this is, if a woman had an ectopic pregnancy, which would be life-threatening, you couldn't tell her about abortion," she said. "All you could do is send her to an emergency room."

"It is a restriction on the free speech of doctors," said Howard Simon, executive director of the American Civil Liberties Union in Michigan.

"If the pregnancy is health-endangering and abortion may be advised, the doctor cannot say that. That is limiting the information given women and (is) mandated medical malpractice."

LEVEL 1 - 24 OF 299 STORIES

Copyright 1991 The Atlanta Constitution
The Atlanta Journal and Constitution

May 24, 1991

SECTION: NATIONAL NEWS; SECTION A; PAGE 01

LENGTH: 1236 words

HEADLINE: Clinics vow to counsel on abortion; Family-planning officials to defy ban, forfeit millions in federal aid

BYLINE: From staff and wire reports

KEYWORD: abortion; women; rights; courts; rulings; government; aid; facilities; families; reaction

BODY:

Family-planning clinics around the country say they'll forfeit millions of dollars in federal money rather than abide by a government ban on abortion counseling.

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The federal government supports about 4,000 clinics serving more than 4 million poor women each year.

Faye Wattleton, president of Planned Parenthood Federation of America, said her organization's network of clinics would continue to counsel on abortion.

"We're deeply disappointed by this decision," said Kay Scott, executive director of Planned Parenthood of the Atlanta Area, which used about \$ 184,000 in federal funds to serve more than 10,000 women last year.

1991 The Atlanta Journal and Constitution, May 24, 1991

She said her agency plans to continue including abortion in its list of options for pregnant women at least until officials get a legal interpretation of the ruling.

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Meanwhile, abortion rights groups vowed to press for legislation that would nullify the court's decision.

1991 The Atlanta Journal and Constitution, May 24, 1991

Justice David H. Souter, who voted with the majority in the 5-4 decision, confirmed the "worst fears" of feminists, said Patricia Ireland, executive vice president of the National Organization for Women. "He provided the swing vote against women's abortion rights and in favor of censoring free speech between a woman and her doctor," she said.

"We urge Congress to swiftly enact legislation to right this wrong," said Joan Bronk, president of the National Council of Jewish Women.

Legislation that would nullify the disputed regulations already is pending in Congress. Rep. Patricia Schroeder (D-Colo.) said that if such a bill were passed only to be vetoed by President Bush, "We'll make a heck of an issue out of it in the next election."

"When David Souter showed his true colors today, the majority of the Supreme Court put Roe v. Wade in immediate peril," said Judith Lichtman, president of the Women's Legal Defense Fund.

Groups opposed to abortion hailed Justice Souter's vote and called the ruling a step in their direction.

The court "has rejected the bizarre concept that the Constitution or medical ethics require that abortion be treated the same as contraception," said Douglas Johnson, legislative director of the National Right to Life Committee. He said the group is "delighted" that Justice Souter joined the majority.

Chief Justice William H. Rehnquist, writing the majority opinion, rejected arguments that regulations written by the federal Department of Health and Human Services violate the First Amendment right to free speech as well as abortion rights.

"The government has no constitutional duty to subsidize an activity merely because the activity is constitutionally protected," Justice Rehnquist wrote.

The ruling is a victory for the Bush administration, which defended the controversial restrictions and which supports a reversal of the court's Roe v. Wade decision.

The case centers on a federal family-planning program enacted in 1970 by Congress as Title X of the Public Health Service Act.

The program has always been barred from using federal money to perform abortions, but until 1988, women visiting the clinics could receive abortion information and referrals. In that year, the Reagan administration issued regulations prohibiting the clinics from encouraging or even mentioning abortion as an option for ending an unwanted pregnancy.

The regulations, not enforced because of the court challenge, said women who asked about an abortion at a federally funded clinic were to be told that the staff "does not consider abortion an appropriate method of family planning."

"This decision is callous and will have a devastating impact on the health and well-being of women who rely on federally supported health care facilities," declared Kate Michelman, executive director of the National Abortion Rights Action League.

1991 The Atlanta Journal and Constitution, May 24, 1991

Of the four justices voting in the minority, three wrote dissents giving an assortment of reasons why federal family-counseling centers should be able to dispense advice about abortions.

GRAPHIC: The last five paragraphs did not appear in the final edition. Chart: The rest of the story In other decisions Thursday, the U.S. Supreme Court: - Ruled unanimously in a Wisconsin case that a person awarded the family home in a divorce decree cannot deprive an ex-spouse of a share of the home's worth by declaring bankruptcy and quashing a lien on the property. - Ruled 7-2 in a Florida case that when police are allowed by an owner to search a car, they generally do not need separate permission or a court warrant to search luggage or other closed containers inside the car. - Overturned 6-3 the extortion and tax evasion convictions of a former West Virginia legislator, blunting the government's primary weapon to fight local political corruption. - Gave public officials more protection from lawsuits accusing them of violating individuals' rights, killing 6-3 a suit by a government psychologist who says his ex-boss slandered him.

LEVEL 1 - 43 OF 299 STORIES

Copyright 1991 The Seattle Times Company
The Seattle Times

February 14, 1991, Thursday, Final Edition

SECTION: NORTHWEST; Pg. B1

LENGTH: 592 words

HEADLINE: AT GARDNER FUND-RAISER, WORKERS PAY BOSS -- TOP STATE EMPLOYEES
CONTRIBUTE TO RE-ELECTION EFFORT

BYLINE: BY JIM SIMON

DATELINE: OLYMPIA

BODY:

A black-tie fund-raiser netted Gov. Booth Gardner at least a \$ 300,000 head start toward his 1992 re-election campaign, with a good-sized chunk of donations coming from the state's top employees.

According to Public Disclosure Commission (PDC) records, several members of Gardner's Cabinet and top staff appointments donated \$ 1,000 to attend a campaign gala at the Washington State Convention Center last month.

Among the listed donors were Washington State Patrol Chief George Tellvik, Secretary of Health Kristine Gebbie, Labor and Industries Department director Joe Dear, wildlife director Curt Smith, Retirement Systems director George Northcroft, personnel director Dee Henderson and National Guard head Gregory Barlow.

In addition, Gardner's chief of staff, Denny Heck, and budget director, Len McComb, each contributed \$ 1,000. Deputy chief of staff Dean Foster and his wife Sharon, a lobbyist, gave a combined \$ 1,000.

"Given my background, I look at this as union dues," said Dear, a former labor official. "There's absolutely no pressure to give. But I believe in what Booth is doing and I'm able to contribute."

While the price tag may have been steeper than normal, political contributions from employees to their bosses is nothing new in Olympia. Partisan staff members in the Legislature often attend fund-raisers or contribute to campaigns and caucus war chests.

Martin Flynn, spokesman for the Senate Republicans, said he doesn't know the frequency of such contributions in his caucus. But he said the GOP neither prohibits nor encourages staffers to donate.

Dan Youmans, Gardner's spokesman, said the governor's office practices the same policy.

"People contribute because they want to. Nobody was asked," said Youmans, who paid \$ 500 to attend the January event. "This is a political job, I'm a Democrat and proud to support Democrats. And obviously I contribute because I think Booth should be governor."

The Seattle Times, February 14, 1991

The event's organizer, Seattle public-affairs consultant Ron Dotzauer, said about \$ 450,000 worth of tickets were sold to the event. More than 75 percent will go into Gardner's campaign coffers after expenses are paid, he said.

Dotzauer said a complete list of those who attended the fund-raiser hasn't been filed yet with the PDC, making it impossible to determine how many state officials donated.

Gardner's advisers say the governor plans to pursue a third term in 1992. However, there is speculation he might consider a U.S. Senate campaign if incumbent Brock Adams decides not to run again.

The fund-raiser demonstrated Gardner's ability to pull in cash from across the political spectrum. State officials provided just a small percentage of the total take, Dotzauer said.

Donors included many of the state's largest corporations, including Boeing, Safeco Insurance Co., Washington Natural Gas and US West. Top unions, the Washington State Medical Association, timber companies, political-action committees and the Seattle Mariners also contributed.

Gardner also received \$ 1,000 from Grover and Associates, a Portland management-consulting firm that has won nearly \$ 1 million worth of state contracts during the past six years.

Other state officials who contributed at least \$ 500 include agriculture director Alan Pettibone, licensing director Mary Faulk, Community Development director Chuck Clarke and lottery director Evelyn Sun.

Listed donors also include the husband of ecology director Christine Gregoire, the state Health Care Authority director and several members of Gardner's staff.

LANGUAGE: ENGLISH

LEVEL 1 - 59 OF 299 STORIES

Proprietary to the United Press International 1990

July 13, 1990, Friday, BC cycle

SECTION: Regional News

DISTRIBUTION: Washington

LENGTH: 192 words

HEADLINE: Birth certificates stolen from health office

DATELINE: OLYMPIA, Wash.

KEYWORD: CERTIFICATES

BODY:

Someone has stolen four years worth of birth certificates and other documents from Clark County health offices, possibly to establish false identities, health officials said Friday.

Department of Health Secretary Kristine Gebbie said the stolen documents include birth certificates from the years 1953 (last names A-K), 1956 (A-G), 1971 (H-N) and 1972 (all last names).

Also stolen -- between 5 p.m. Wednesday and 8 a.m. Thursday -- were blank certification paper, blank death certificates, a notary seal and a copying machine.

"The burglars apparently knew exactly what they want," Gebbie said of the theft from the Southwest Washington Health District Office in Vancouver. "It is speculation, but the theft could be tied to some effort to establish false identities or citizenship."

Luckily for the state and local officials, copies of all birth certificates are on record in Olympia.

Gebbie said anyone presented with a Clark County birth certificate from those years should notify either the vital records office of the Southwest Washington Health District at 696-8414 or the state's Center for Health Statistics at 753-5936.

LEVEL 1 - 60 OF 299 STORIES

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The Seattle Times

April 1, 1990, Sunday, Final Edition

SECTION: NORTHWEST; Pg. B2

LENGTH: 1589 words

HEADLINE: 'GETTING BLINDSIDED' ON HANFORD ISSUES -- STATE OFFICIALS EXPRESS
DISMAY AND CONCERN OVER DOE REVELATIONS

BYLINE: BY ELOUISE SCHUMACHER

BODY:

The state's relationship with the Department of Energy was strained last week with revelations about Hanford's potentially explosive storage tanks and signs that the federal government is reluctant to fully pay for cleanup at the nuclear reservation.

The events illustrate the difficulty the state has in monitoring what happens at the 560-square-mile nuclear reservation near Richland in Eastern Washington. While state monitoring has increased dramatically in the last couple of years, citizen-watchdog groups question whether the efforts are enough to ensure public safety and health.

"Why do we keep getting blindsided on issues?" asked Al Conklin of the state Office of Radiation Protection in the Department of Health. "The DOE has to learn it cannot operate in a vacuum on Hanford and that the state has to assure that public safety is protected."

The state agencies of Ecology and Health have responsibility for tracking Hanford issues and monitoring cleanup. This spring the Department of Ecology will establish a Hanford-oversight office in the Tri-Cities and will hire 12 people; 39 employees now are in the nuclear and mixed-waste program in Olympia with a budget of about \$ 3 million.

The new Department of Health has about 20 employees involved in Hanford issues, director Kristine Gebbie said. Most of those are with the Office of Radiation Protection, with two workers assigned to monitoring at Hanford.

The state's effort, though much larger than in previous years, still is no match to Hanford's 14,000 employees and \$ 850 million annual budget.

"There is no way that the state can watchdog every issue at Hanford; there are just simply too many sites, and the reservation is too large," said Roger Stanley, manager of Ecology's nuclear and mixed-waste program. Stanley was one of the first state employees to visit Hanford as a regulator, and that didn't happen until 1984.

"By and large, the responsibility for raising issues has to come through Westinghouse (the main contractor at Hanford) and the DOE," Stanley said. "There is no way we can have a huge staff of hundreds of people to try to keep up on all the issues."

The Seattle Times, April 1, 1990

Gerald Pollet, director of Heart of America Northwest, compares the state to "a Third World country trying to regulate an Exxon, except it's an Exxon that makes something far more dangerous than oil spills." Pollet's group has lobbied for cleanup appropriations.

"Right now the state is in a David-and-Goliath role with DOE," said Lindy Cater, director of the Hanford Education Action League in Spokane. "Washington is understaffed and underfunded when it comes to handling this oversight role adequately."

The DOE's apparent balking at paying for cleanup angers state officials and watchdog groups, and the startling news about tank problems prompts questions about whether the old culture of secrecy is still alive.

Gov. Booth Gardner said in a letter to Energy Secretary James Watkins last week that news of a hydrogen buildup in nuclear-waste tanks is the latest in a series of events that is "deadly to the credibility of the Department of Energy."

It was the second time in six months that the DOE has admitted that chemicals added to the tanks, which contain 45 years' worth of bomb-fuel production waste, could explode under certain conditions. If a catastrophic accident were to happen, radioactive and chemical waste would be expelled into the air and could contaminate workers and nearby residents.

A timely cleanup of those 177 storage tanks and the rest of Hanford's mess also could be in jeopardy. Watkins hinted at a congressional hearing last week that the federal government needs to renegotiate its 10-month-old agreement with the state because cleanup costs are too high.

The state says the DOE is asking for \$ 245 million less than what will be needed next year to meet cleanup milestones. An aide to Gardner says if the DOE doesn't live up to its end of the 30-year, multibillion-dollar cleanup deal, the state will be forced to sue the federal government.

HEAL's Cater, a member of the state Nuclear Waste Advisory Council, worries that the state is so concerned about cooperating with the DOE on cleanup issues that its aggressive watchdog role is being pushed aside.

"We don't think the state is being aggressive enough," Cater said. "And the dilemma is the state is all we've really got here to maintain an institutional oversight at Hanford."

In his letter, Gardner told Watkins that "your call for a cultural change emphasizing safety and candid behavior in the Department of Energy has not reached all levels of the agency at Hanford. . . . This pattern undercuts the progress we have made at Hanford. It stymies our efforts to resolve nuclear-waste issues."

Ken Morgan, DOE spokesman in Richland, said Hanford officials had no comment on Gardner's letter, "because it is correspondence between the governor and Watkins." Morgan said, though, that state officials are notified as soon as the DOE learns of problems at Hanford.

The Seattle Times, April 1, 1990

State officials say the cleanup agreement calls for additional federal funding to keep tabs on Hanford, like the oversight office in Eastern Washington.

But Stanley, one of the chief negotiators of last May's agreement, said that implementation of the accord is going to be very difficult because of yearly funding pressures. The DOE, as all other federal agencies, is under intense pressure to reduce spending at a time when the cost of Hanford cleanup has risen from \$ 267 million last year to more than \$ 600 million next year.

And while the state worries about the DOE trying to get out of the cleanup agreement, issues such as the exploding tanks crop up unexpectedly.

U.S. Rep. Norm Dicks, D-Bremerton, told Watkins at a congressional hearing last week that news of the hydrogen buildup "landed like a bomb in the state of Washington. . . . I can't stress how much these revelations do to change the image, the feeling that problem areas continue to be disclosed.

"When something like this comes up, that really does hurt us out there in the state," Dicks said.

Dan Silver, Hanford adviser to Gardner, wonders "what other safety issues are dormant. This is very, very troubling. This is not the way to do business."

Gardner told Watkins what is needed is a "thorough, independent and public review of the procedures and management structure for handling health and safety issues at Hanford.

"What we need is really very simple," Gardner wrote. "We need to know all there is to know about Hanford problems. We need to be assured that the Department of Energy is vigorously pursuing all leads regarding potential safety and health problems.

"Involving the state of Washington more actively in these issues would greatly improve the way the Department of Energy conducts its business at Hanford," Gardner told the cabinet official.

Bob Cook, nuclear engineer in Richland and former Nuclear Regulatory Commission official at Hanford, said the on-site state Ecology office will make a difference in improving oversight, but "it should have been done 10 to 15 years ago. The state needs to get tough on Hanford."

Conklin of the health office says there is no way the state can guarantee there will be no other Hanford surprises, though in a recent meeting in Richland Westinghouse and Hanford officials promised to do better.

"All the state can do is try with our limited resources," Conklin said. "We'll give it an honest effort, but we have to count on the DOE to be open with us."

HOW SOME WASTE MATERIALS ARE STORED AT HANFORD

Single-wall tanks: Hanford's 149 single-wall tanks contain

The Seattle Times, April 1, 1990

radioactive and chemical waste. No new material is added to the storage tanks. They were constructed between 1944 and 1964. A number of vents and monitors keep tabs on Hanford's 149 single-wall tanks.

Double-wall tanks: Hanford has 28 double-wall tanks, each of which contain 1 million gallons of highly radioactive and chemical waste from nuclear weapons production. While all single-shell tanks are below ground, some of the double-wall tanks are built above ground. A number of vents and monitors keep tabs on these tanks.

THE PROBLEM IN TANK 101-SY

A buildup of explosive hydrogen in the Hanford storage tanks was first detected in April 1977 in a double-wall tank called 101-SY. The buried tank contains 1.07 million gallons of chemical and radioactive waste. The hydrogen, created by decaying organic matter, is trapped in a thick slurry beneath a hardened crust, and at times it puffs up. The pressure under the crust has caused the liquid to rise a maximum of 33 inches. The growth and collapse of the waste surface was seen in March 1981, and the first release of gases through a system of filters was in July 1983.

Source: Department of Energy documents.

GRAPHIC: ILLUSTRATION ED WALKER / SEATTLE TIMES: HOW SOME WASTE MATERIALS ARE STORED AT HANFORD: (SEE END OF TEXT FOR TEXT USED WITH DRAWINGS) ED WALKER / SEATTLE TIMES: THE PROBLEM IN TANK 101-SY: (SEE END OF TEXT FOR TEXT USED WITH DRAWING)

LANGUAGE: ENGLISH

DoB
nuclear
worker
health

1

LEVEL 1 - 62 OF 299 STORIES

The Associated Press

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March 28, 1990, Wednesday, PM cycle

SECTION: Washington Dateline

LENGTH: 638 words

HEADLINE: Watkins Gives up Responsibility for Nuclear Worker Health Studies

BYLINE: By ROBERT BURNS, Associated Press Writer

DATELINE: WASHINGTON

KEYWORD: Radiation-Workers

BODY:

The Energy Department is giving up responsibility for studying long-term health risks for workers at nuclear weapons plants, but Secretary James D. Watkins says he'll increase daily monitoring of the employees.

Watkins announced Tuesday he has begun negotiations for the Department of Health and Human Services to take over the long-term health studies, which seek to answer such questions as whether exposure to low-level radiation causes increased cancer risks.

The move reflected growing complaints from Congress, labor unions and communities near weapons plants that the Energy Department, which owns the facilities, cannot be trusted to perform objective studies of possible health hazards.

Last month, the author of a federal study that found a unusually high rate of cancers among workers at the Rocky Flats nuclear weapons plant in Colorado charged that Energy Department officials had pressured him to water down his findings in 1986 and 1987.

The allegation by Gregg Wilkinson, a former epidemiologist at the Los Alamos National Laboratory in New Mexico, which designs nuclear weapons, is under investigation by the Energy Department's inspector general.

Watkins' decision was prompted by a panel of health physics experts, which said in a report released Tuesday that the department should monitor workers' health but should cede responsibility to another federal agency for studying long-term health issues.

The panel, headed by Kristine Gebbie, the secretary of health for the state of Washington, said the public does not trust the Energy Department to do its own studies.

"Because the department's role is to promote energy production, there is an inherent potential conflict between immediate production goals and health and

The Associated Press, March 28, 1990

safety goals," the report said.

"To restore public trust, to assure the highest scientific quality, and to assure the independence of investigators, the department needs an independent system," it added.

The panel also recommended that the Energy Department spend more time studying health risks from worker exposure to non-nuclear hazards at the weapons plants, such as toxic chemicals and beryllium, which are used in weapons manufacturing.

A recent study said 12 people who were exposed to beryllium while working at Rocky Flats have contracted an incurable lung disease. They were among 750 employees at the plant who have handled beryllium, a metal used in making plutonium triggers.

Ms. Gebbie said her panel saw indications that beryllium exposure could be a problem at other weapons plants. It recommended immediate action to study the problem.

Watkins said he talked Tuesday with HHS Secretary Louis Sullivan about switching the long-range epidemiological work to his department.

"He's ready to go," Watkins said, adding that he hoped the Energy Department could conclude a "memorandum of understanding" with Sullivan's department within one month on terms of the transfer.

Watkins initially resisted efforts in Congress to take away his control over the health studies. But in his public meeting with Ms. Gebbie's panel, he said, "Research of this nature is better suited for an agency that regularly addresses such issues."

Watkins stressed that his department would retain responsibility for protecting plant workers' health and for minimizing exposure to hazardous materials. He said he already had taken steps to improve day-to-day health monitoring.

The secretary also announced that President Bush was nominating a health physics expert to fill the vacant position of assistant energy secretary for environment, safety and health, which holds responsibility for nuclear worker health issues.

The nominee, Harry Pettengill, said in a brief interview Tuesday that he has worked in the department's office of environment, safety and health for 1 years.

LEVEL 1 - 70 OF 299 STORIES

Proprietary to the United Press International 1990

February 27, 1990, Tuesday, BC cycle

SECTION: Regional News

DISTRIBUTION: Oregon, Washington

LENGTH: 303 words

HEADLINE: Gebbie wants Hanford study to continue

DATELINE: SPOKANE, Wash.

KEYWORD: HANFORD

BODY:

Washington Health Secretary Kristine Gebbie says a study of Cold War radiation releases at the Hanford nuclear reservation should continue, though a federal panel has recommended the Energy Department no longer finance such research.

Gebbie, chairwoman of Energy Secretary James Watkins' panel reviewing radiation studies at DOE sites around the nation, said the panel decided Saturday that the research should be shifted to a federal agency with less potential for a conflict of interest.

The nine-member Secretarial Panel for the Evaluation of Epidemiologic Research Activities reached the decision Saturday at a meeting in Columbia, S.C. A draft report on the decision is to be released March 5.

"We moved towards a general consensus," Gebbie told The Spokane Spokesman-Review Tuesday. "We agreed that the large research projects should be, as a block, contracted over to the Department of Health and Human Services. We didn't deal yet with the specifics of the work in progress, whether these studies should be transferred immediately or over time."

Gebbie said the committee wants none of the major projects, including the Hanford study, to be discontinued or derailed by the recommendation.

John Till, who oversees the Hanford study being conducted by a government contractor, said some \$625,000 in annual funding for the project should originate from an agency other than the Energy Department.

"I have made it very clear to Congress and to this panel that I would like support for the (study) put in another agency's hands," Till said.

"Future dose reconstruction and health studies related to major DOE facilities should be managed by agencies outside the Department of Energy. The questions of conflict of interest and public perception are difficult to overcome," Till said.

LEVEL 1 - 71 OF 299 STORIES

Proprietary to the United Press International 1990

February 25, 1990, Sunday, BC cycle

SECTION: Regional News

DISTRIBUTION: Oregon, Washington

LENGTH: 176 words

HEADLINE: Gardner cited for women appointments to cabinet positions

DATELINE: WASHINGTON

KEYWORD: GARDNER

BODY:

The National Women's Political Caucus cited Washington Gov. Booth Gardner Sunday for his appointments of women department heads.

Washington had the second-highest number of women cabinet-level appointments in the country -- 36.4 percent -- in 1989, caucus officials said.

Only Maryland Gov. William Schaefer had a higher percentage of women appointments -- 38.9 percent, they said.

Oregon Gov. Neil Goldschmidt was 14th nationally at 16.7 percent, the organization said.

Gardner's appointments of women have increased from 26.1 percent in 1987, Washington State Women's Political Caucus Chairwoman Melissa Thompson said.

"The caliber of the women in his cabinet is clear testimony that finding qualified women is not a significant problem," she said.

Women department heads appointed by Gardner include Christine Gregoire of the Department of Ecology, Kristine Gebbie of the Health Department, Wendy Holden of General Administration, Mary Faulk of the Licensing Department and Paula O'Conner of the Washington Liquor Control Board.

LEVEL 1 - 72 OF 299 STORIES

Proprietary to the United Press International 1990

February 23, 1990, Friday, BC cycle

SECTION: Regional News

DISTRIBUTION: Washington, Oregon

LENGTH: 230 words

HEADLINE: Health Division veteran named to head agency

DATELINE: PORTLAND, Ore.

KEYWORD: HEALTH

BODY:

A six-year veteran of the Oregon Health Division was appointed Friday to head the agency, replacing a woman who quit last fall to take a similar job in Washington state.

Michael Skeels was named division administrator by Department of Human Resources Director Kevin Concannon, who oversees the health agency.

Skeels, 41, was the division's assistant administrator for the Public Health Laboratory, where he was responsible for the agency's programs dealing with AIDS, other sexually transmitted diseases and epidemiology. He was also responsible for the division's Center for Health Statistics and the state medical examiner.

Before joining the Health Division six years ago, Skeels worked for health agencies in Montana and New Mexico.

"Michael is a very able, conscientious scientist as well as a proven administrator," Concannon said in a statement. "Both are crucial characteristics for public health in the 1990s."

Skeels will replace Kristine Gebbie, who quit last fall as division administrator to become director of the Washington Department of Health. During her tenure, Gebbie gained a national reputation as an expert on measures designed to slow the spread of AIDS.

Since Gebbie's departure, Assistant Administrator Donna Clark has led the division. She will now return to the agency's number-two job.

Skeels will be paid \$62,700 a year.

LEVEL 1 - 91 OF 299 STORIES

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October 7, 1989, Saturday, Orange County Edition

SECTION: Part 1; Page 19A; Column 1; Metro Desk

LENGTH: 706 words

HEADLINE: NATIONAL CONFERENCE CALLS FOR BETTER AIDS TRAINING IN NURSING SCHOOLS

BYLINE: By MARLENE CIMONS, Times Staff Writer

DATELINE: WASHINGTON

BODY:

A national conference that drew together a broad cross section of the nursing profession called this week for major changes in the way nurses approach AIDS, including development of a model AIDS curriculum for every nursing school in the nation.

"There is no real standard yet for what nurses need to know about AIDS infection," said Kristine Gebbie, secretary of health for the state of Washington and chairwoman of the federally sponsored conference.

"We want to see faculty beefed up and the content laid out so that we can say every nurse in this country is prepared," Gebbie said.

The 95 participants at Wednesday's meeting represented key nursing organizations from across the country. They were asked by the U.S. Public Health Service to develop a national strategy for nurses to deal with the AIDS epidemic.

Their recommendations do not have the force of law. Nevertheless, workshop participants -- including representatives of the American Nurses Assn., the major professional organization for registered nurses, and the National League for Nursing, which accredits nursing schools -- are expected to wield considerable influence.

"This report will go out to the profession as a whole," said Gebbie, a nurse who served on former President Ronald Reagan's AIDS panel. "We want to mobilize the profession. We expect everyone to go back to their boards with it."

She said it is essential that nursing schools establish a model curriculum for AIDS, such as those established for other diseases and conditions. "For example, there is a standard set of stuff about newborn babies that every school in the country teaches," Gebbie said. "You can't graduate from any nursing school without learning this material. But there is no similar standard for what nurses need to know about HIV (human immunodeficiency virus) infection."

Large cities that are centers of the epidemic already have developed such curricula in many of their schools, she said. But, "if you enrolled in a school of nursing in the middle of the country, where (AIDS) cases are lower, you might never see an AIDS-infected patient while you were a student and you might not have a faculty member who had ever cared for a patient with AIDS or HIV

(c) 1989 Los Angeles Times, October 7, 1989

infection."

Workshop participants recommended that nurses be included in AIDS policy-making at all levels, from hospitals to city, state and federal governments.

"Nurses have been at the heart of the response to this epidemic," Gebbie said. "This is a disease that demands intensive nursing response. Also, nurses are out in the community where prevention happens. They are often turned to with questions."

The report also urges that nurses be trained to "take AIDS risk into consideration when evaluating their patients," even those they treat for conditions unrelated to AIDS.

"That means every nurse has to learn and understand how to talk about sexual activity and not be afraid to explore issues of drug abuse and homosexuality," Gebbie said.

"For many of us in nursing school, if we spent five minutes on human sexuality, it was like getting an extracurricular course. It just wasn't talked about," she said. "We need to teach nurses about that. We have to become accustomed to treating patients who live in non-traditional families."

In that context, nurses also must know how and where to refer patients at risk for HIV for counseling, testing and other AIDS services, she said.

Finally, the group recommended that more comprehensive research be conducted into how to care for patients who suffer from the range of ailments associated with AIDS.

"Nurses know a lot about how to care for someone with weight loss, or someone with severe diarrhea, or someone who has a body image disturbance, but not a case where you have all systems failing at once," Gebbie said.

At the meeting's end, Dr. James O. Mason, assistant secretary for health, honored 10 nurses, including one from Los Angeles, for their work with AIDS patients.

Among those who received the Public Health Service award for "selfless dedication, compassionate service and outstanding leadership in providing nursing care" to people with AIDS was Erna Ferraro, a patient case manager with the Los Angeles County-USC Medical Center.

CONFERENCES; OCCUPATIONAL TRAINING; NURSES; ACQUIRED IMMUNE DEFICIENCY SYNDROME

*nurses
school
conferences*

LEVEL 1 - 99 OF 299 STORIES

Copyright (c) 1989 The Times Mirror Company;
Los Angeles Times

August 19, 1989, Saturday, Southland Edition

SECTION: Part 1; Page 18; Column 1; National Desk

LENGTH: 97 words

HEADLINE: HEAD OF ENERGY DEPT. EVALUATION TEAM PICKED

BYLINE: From Associated Press

DATELINE: WASHINGTON

BODY:

Energy Secretary James D. Watkins has named Kristine Gebbie, administrator of the Oregon Health Division, to head a group of independent experts to evaluate the agency's health research program.

The nine-member group has been chartered to study every aspect of the department's epidemiological research activities, including its attempts to determine the health effects on department workers exposed to low-level radiation at nuclear facilities.

Watkins has asked the group to provide an interim report on budget and staffing matters by Nov. 1 and a final report by March 15.

Appointment; Wire

LEVEL 1 - 100 OF 299 STORIES

The Associated Press

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August 18, 1989, Friday, PM cycle

SECTION: Washington Dateline

*DoE
health
review*

LENGTH: 682 words

HEADLINE: Watkins Names Advisers on Epidemiological Program

DATELINE: WASHINGTON

KEYWORD: Washington in Brief

BODY:

Kristine Gebbie, administrator of the Oregon Health Division, has been selected to head a group of independent experts to evaluate the Energy Department's health research program.

The nine-member group has been chartered to study every aspect of the department's epidemiological research activities, including its attempts to determine the health effects on department workers exposed to low-level radiation at nuclear facilities.

Energy Secretary James D. Watkins announced the panel members in a written statement Thursday.

The other members of the panel besides Gebbie are Molly Coye, New Jersey Commissioner of Health; Mark Cullen, associate professor of medicine and epidemiology at Yale University School of Medicine; Clark Heath Jr., vice president for epidemiology and statistics at the American Cancer Society; and Mark Rothstein, professor of law and director of the Health Law Institute at the University of Houston Law Center.

Also, Michael Silverstein, assistant director of the United Auto Workers' health and safety department; Lee Stauffer, associate professor at the University of Minnesota School of Public Health; Thomas Vernon, executive director of the Colorado Department of Health; and Bailus Walker, professor of environmental health and toxicology at the State University of New York at Albany.

Watkins has asked the group to provide an interim report on budget and staffing matters by Nov. 1 and a final report on the rest of the epidemiology program by March 15.

FAA Seeking \$240,000 From Texas Company

WASHINGTON (AP) - The Federal Aviation Administration is accusing a Texas company of improperly shipping hazardous materials on a passenger jet and says

The Associated Press, August 18, 1989

it is seeking a record \$240,000 in penalties.

The FAA on Thursday said a shipment of chemicals by Textile Treatments International of Austin resulted in a cargo-hold fire that forced the pilot to order an emergency evacuation when the plane landed in Nashville, Tenn. Several passengers and flight crew members were injured.

"We consider this a very serious incident," said FAA spokesman John Leyden. "This is the largest fine we've ever asked for in a hazardous materials case."

Hugh Lowe, an attorney representing the company, said it would contest the proposed fines.

Leyden said the company's options include paying the fine or asking for a hearing before an administrative law judge at the Department of Transportation. Should the company refuse to pay, government attorneys could file suit in federal court.

According to the FAA, the Austin firm violated federal rules on both labeling and packaging of hazardous chemicals used for "stone-washing" fabric. Included was five gallons of a hydrogen peroxide solution banned from passenger and cargo-only flights.

EPA Accused of Contributing to Air Pollution

WASHINGTON (AP) - An environmental group has accused the Environmental Protection Agency of contributing to increased air pollution by promoting the burning of toxic wastes.

The National Toxics Campaign Fund, a private organization that focuses on toxic pollution issues, said at a news conference outside the agency's headquarters Thursday that EPA's policies will "encourage more toxic waste production."

The EPA issued a statement saying the group "seriously distorts" the agency's role in the disposal of such wastes.

"The only thing we're prompting is waste reduction," said EPA spokeswoman Robin Woods. "We're encouraging (states) to consider all waste reduction opportunities. Secondly we're looking at them to look at existing (disposal) facilities out of state. And as a last resort build new facilities."

She said that the EPA requires strict emission controls when toxic wastes are burned.

The environmental group said the EPA does not focus enough in getting companies and industrial plants to invest in technology that would reduce toxic emissions.

Instead, the critics maintained, agency policy requires state and local officials to develop new toxic disposal facilities such as additional landfills or incinerators.

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LEVEL 1 - 1 OF 1 STORY

The Associated Press

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September 26, 1985, Thursday, AM cycle

SECTION: Domestic News

LENGTH: 503 words

BYLINE: By WILLIAM C. CRUM, Associated Press Writer

DATELINE: PORTLAND, Ore.

KEYWORD:
Skin Selling

BODY:

A state official wants to fire the Oregon medical examiner for selling skin samples and pituitary glands from cadavers to finance office parties, but the examiner says he will fight to keep his job at a hearing next week.

Dr. William Brady is expected to appear Oct. 2 at the hearing scheduled by Health Division Administrator Kristine M. Gebbie.

Ms. Gebbie said Wednesday that she planned to fire Brady for selling the skin samples to research centers and using the proceeds for office parties and furniture. Later that day, she said she would hold the hearing to give Brady a chance to change her mind.

Brady, 53, was suspended June 21 from the job he has held for 16 years. He is one of the state's highest-paid employees with a salary of nearly \$71,000 a year.

Mary Lou Brady said her husband would not be available to comment until next week. His attorney, Ron Hoevet, said Brady would fight to retain his job.

Brady offered to resign when the charges surfaced, but Hoevet said he had withdrawn that offer.

"At the time he offered his resignation I'm certain that he was at a really low mental state," Hoevet said Wednesday. "He certainly feels now that termination is not the appropriate remedy."

The attorney said he was disappointed that next week's hearing appeared to be "window dressing."

"Kristine Gebbie made her decision without affording us any opportunity to tell our side and without talking to the medical examiner's advisory board," Hoevet said.

When Brady was suspended, he and Dr. William Montagna, former director of the Oregon Regional Primate Research Center, said the skin samples were taken from

The Associated Press, September 26, 1985

mangled victims of airplane or automobile crashes or from bodies that were to be cremated.

Montagna, 72, was director of the primate center from 1963 until 1980. He said he was thankful for the skin provided by Brady because it was extremely difficult to find the material elsewhere.

The Midwest Research Institute also paid for samples, records show.

Brady said in an interview in June that he had no regrets about aiding skin research.

Records provided by Brady showed \$11,500 was deposited into office bank accounts in Brady's name from September 1974 to June 1983.

Oregon law allows the removal of any body part by medical examiners. State Attorney General Dave Frohnmayer said Tuesday that no criminal charges would be filed because there was no evidence Brady used the money to enrich himself.

However, Frohnmayer said Brady could have to pay as much as \$16,000 in restitution to the state and could face an Oregon Ethics Commission investigation.

Also under fire is Brady's replacement, Multnomah County Medical Examiner Dr. Larry V. Lewman.

Ms. Gebbie said Lewman would be fired for allegedly using state facilities to perform private autopsies. He, too, was offered an opportunity to present his side at next Wednesday's hearing.

Ms. Gebbie said the problems in the medical examiner's office were the result of poor administration, as well as individual misconduct.

GRAPHIC: With Laserphoto


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LEVEL 1 - 6 OF 111 STORIES

Copyright 1992 The National Journal, Inc.
The National Journal

November 28, 1992

SECTION: HEALTH; Vol. 24, No. 48; Pg. 2723

LENGTH: 2708 words

HEADLINE: Attacking AIDS

BYLINE: BY JULIE KOSTERLITZ

BODY:

Clinton's pronouncements have brought a cautious optimism to public health workers and others who fight the disease. Though gun-shy from years of political controversy, they're pleased because Clinton's policy proposals closely track the consensus that has emerged from their ranks. He has promised to implement the recommendations of the blue-ribbon National Commission on AIDS -- among other things, to increase spending on research, prevention and care; to beef up AIDS education; and to fight discrimination against victims.

"The difference is the honesty about the problem," said Kristine M. Gebbie, secretary of the Washington state health department who served on the Presidential Commission on AIDS, a forerunner of the present commission. The moralism of the Religious Right stifled progress during the Reagan and Bush years, Gebbie said. "People have consumed energy trying to cope with the barriers erected, trying to end-run them, rather than turning their energies to preventing the spread of the epidemic."

But even as they cheer Clinton's arrival, AIDS warriors face a new challenge. "It is a very different mind-set to focus on more-positive accomplishments," said Jeffrey A. Levi, policy director of the AIDS Action Council, a Washington umbrella group for AIDS organizations. "I think we're all excited but a little scared. Now we have an Administration willing to pay attention to what we're proposing. With that comes far greater responsibility to get it right."

While an AIDS war conjures up visions of platoons of white-coated researchers, the biggest battles in Clinton's war may be fought outside the laboratory -- in the realms of health care and prevention. There will be plenty of obstacles. Money is tight, and prevention requires confronting sexual behaviors and drug abuse that make mainstream America queasy.

There's also the problem of unrealistic expectations fueled by 12 years of pent-up demand. Clinton promised an "AIDS czar" and a "Manhattan Project" to fight the disease. But no one seems to know what these promises mean. In the gay community -- where the epidemic has taken a heavy emotional toll -- expectations are running high. "I can't tell you how much hope there is," Mixner said. There has even been talk of recruiting Gen. H. Norman Schwarzkopf, the Persian ...

LEVEL 1 - 12 OF 111 STORIES

Copyright 1992 PR Newswire Association, Inc.
PR Newswire

August 31, 1992, Monday

SECTION: State and Regional News

DISTRIBUTION: TO STATE EDITOR

LENGTH: 495 words

HEADLINE: CDC AWARDS WASHINGTON \$1 MILLION FOR IMMUNIZATIONS

DATELINE: OLYMPIA, Wash., Aug. 31

KEYWORD: bc-CDC-awards-Washington

"Our plan will include partnerships with local health departments and other health care providers in nearly every community in the state, along with developing innovative approaches to community-specific barriers to immunization, such as after-hours clinics and collaborating with the private sector," said State Health Secretary Kristine M. Gebbie. "As a result, many, many more young children will be immunized, thereby reducing medical costs for treating vaccine-preventable diseases."

The state agency will also work with state and local health care organizations on a public awareness campaign on the importance of immunizing children and will begin developing efforts to track immunizations of preschoolers to assess preschool immunization levels.

Of the \$1,036,750 for Washington, \$281,242 will be earmarked for King County and Seattle. Additional funding will be awarded over the next three years, and possibly through the year 2000, based on the state's success in raising the levels of immunizations among young children.

The state health agency has already established Washington Immunization 2000, a coalition involving public health, the medical and business communities and religious, social and civic organizations. Members of this coalition, including Group Health Cooperative and Children's Hospital and Medical Center in Seattle, are committed to achieving the goal of 90 percent immunizations and are soliciting additional funds toward that goal.

Many childhood diseases, such as measles, have been staging a comeback across the nation in recent years. In 1990, there were more than 350 measles cases, including 2 deaths in Washington, part of a nationwide outbreak totaling nearly 28,000 cases among children and adults.

LEVEL 1 - 14 OF 111 STORIES

Copyright 1992 PR Newswire Association, Inc.
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August 20, 1992, Thursday

SECTION: State and Regional News

DISTRIBUTION: TO STATE AND MEDICAL EDITORS

LENGTH: 881 words

HEADLINE: WASHINGTON STATE DEPARTMENT OF HEALTH: HIV INFECTION DOUBLES AMONG
WOMEN IN WASHINGTON STATE

DATELINE: OLYMPIA, Wash., Aug. 20

KEYWORD: bc-Health-HIV-study

The number of women carrying the AIDS virus at the time of giving birth has doubled statewide between 1989 and 1991, and, in Western Washington's urban areas, the rate of HIV infection among child-bearing women has increased as much as six-fold, according to state and local health officials.

In addition, a report published by the Washington State Department of Health and the Seattle/King County Department of Public Health indicates the rate of infection among child-bearing African-American women is more than 10 times higher than that of white women.

"The most disturbing aspect of this report is that the majority of women identified as infected with HIV reside in urban areas in Western Washington, where AIDS education and prevention efforts are among the strongest in the state," said State Health Secretary Kristine M. Gebbie. "Clearly, the message about how to prevent HIV infection has not changed the behavior of persons at risk, especially women of color."

LEVEL 1 - 15 OF 111 STORIES

Copyright 1992 The National Journal, Inc.
The National Journal

July 25, 1992

SECTION: HEALTH; Vol. 24, No. 3D; Pg. 1727

LENGTH: 4651 words

HEADLINE: AIDS Wars

BYLINE: BY JULIE KOSTERLITZ

DATELINE: ATLANTA

BODY:

Adding to the difficulty has been the realization that Washington politics -- a malady to which the CDC's scientists had long thought themselves immune -- has increasingly infected this lush and leafy campus on the northern outskirts of this southern city.

Under two successive Republican Administrations, many scientists engaged in the fight to stem the spread of AIDS have felt that sound public health policy has been subverted by the narrowly defined moral concerns of the politically influential religious right.

So it was with mixed emotions that public health experts around the country greeted the appointment in early 1990 of William L. Roper to head the CDC. As an outsider and a veteran Reagan-Bush political appointee, Roper seems closely tied to Administration policies. But he's also a rarity among physicians with backgrounds in public health: someone who has acquired clout at the highest levels of government. He served two tours of duty as a White House adviser and a stint as head of the Health Care Financing Administration (HCFA), which oversees the massive medicare and medicaid programs.

"With his White House background, he arrived amid a fairly high level of suspicion that he would go too far to politicize an agency which had always held itself above the political fray -- sometimes to its own detriment," said Kristine M. Gebbie, secretary of the Washington state health department. Would Roper use his political pull to help his scientific confreres, observers wondered, or simply place his scientific credentials at the service of his political masters?

For the most part, Roper's White House ties have proved to be a boon to the CDC. To the delight of the public health establishment, Roper has brought higher visibility and -- despite a climate of fiscal austerity -- a major influx of money for a host of long-ignored prevention programs, from children's immunizations to breast and cervical cancer screening. For the first time in memory, the past two presidential budget proposals have contained chapters devoted exclusively to disease prevention issues.

Roper has reached out to private health groups and lured Washington bigwigs, including former White House policy adviser James P. Pinkerton and Sen. Tom Harkin, D-Iowa, chairman of the Appropriations subcommittee that handles the CDC's budget, to Atlanta for first-hand looks at the agency. He has also

The National Journal, July 25, 1992

devoted time to less sexy chores, such as shoring up relations with hard-pressed state and county public health departments on the front lines of fighting disease.

But when it comes to the war on AIDS, many experts and activists argue that Roper's Washington connections haven't helped, and may even be hurting. Recent CDC policy decisions on AIDS education and prevention activities have drawn sharp fire from critics, who say the agency is being held on a short political leash in its efforts to deal with the epidemic.

The critics say they're not sure whether Roper is acting on his own or under constraints imposed upon him, but whatever the case, they argue, the result is the same. "The ...

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Copyright 1992 PR Newswire Association, Inc.
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May 7, 1992, Thursday

SECTION: State and Regional News

DISTRIBUTION: TO STATE AND MEDICAL EDITORS

LENGTH: 372 words

HEADLINE: DEPARTMENT OF HEALTH: FAMILY PLANNING SERVICES IN WASHINGTON WILL NOT
CHANGE DESPITE FEDERAL REQUIREMENTS

DATELINE: OLYMPIA, Wash., May 7

KEYWORD: bc-Family-Planning-Srvcs

Treatment, care and counseling for women at family planning clinics in Washington state will not change, despite grant federal regulations allowing only physicians to advise patients on abortion, the Washington State Department of Health said today.

State Health Secretary Kristine M. Gebbie has announced the State Department of Health will work with local family planning programs to establish procedures ensuring that the determination of pregnancy and any subsequent counseling is state-funded, not federally-funded.

"Our message to the women of Washington is that all women receiving family planning services will continue to receive the full range of treatment, care and counseling," Gebbie said. "It's business as usual. We cannot let these federal requirements under the so-called 'gag rule' prevent pregnant women from having complete information on their options."

LEVEL 1 - 88 OF 111 STORIES

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The New York Times

November 25, 1987, Wednesday, Late City Final Edition

SECTION: Section B; Page 11, Column 2; National Desk

LENGTH: 277 words

HEADLINE: Leaders Debating AIDS Tests

EYLINE: AP

DATELINE: WASHINGTON, Nov. 24

BODY:

The chairman of the American Medical Association and a member of the President's AIDS commission debated today the wisdom of widespread mandatory testing to determine if people are infected with the AIDS virus.

The A.M.A. chairman, Dr. Alan R. Nelson, a Salt Lake City internist, said the organization opposed such tests because they would yield too many falsely positive results and would not be a good allocation of medical resources.

But the commission member, Cory Servaas, publisher of The Saturday Evening Post, asked why the nation's doctors were not testing all their patients at no charge and why the medical association was not pressing such an approach.

Mrs. Servaas cited the Defense Department's AIDS testing program, which she said had an extremely low rate of falsely positive results.

Accuracy Is Said to Vary

Officials who run the program have said their high accuracy rate is a result of strict monitoring of the private laboratories that conduct the tests. Dr. Nelson said several studies had showed that the accuracy rate varied widely among the private laboratories performing the tests.

A new member of the President's commission, Kristine M. Gebbie, head of Oregon's State Health Division, called Mrs. Servaas's remarks "misleading." Commission members should avoid giving misleading information during commission meetings, Ms. Gebbie said.

Later, Mrs. Servaas sought volunteers to go with her to New York to ask magazines to publish surveys on how the American public is dealing with AIDS, acquired immune deficiency syndrome, and what the public wants done about it in areas like sex education.

No one volunteered.


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Copyright 1992 PR Newswire Association, Inc.
PR Newswire

March 2, 1992, Monday

SECTION: State and Regional News

DISTRIBUTION: TO STATE EDITOR

LENGTH: 328 words

HEADLINE: SENATE BUDGET WOULD 'CRIPPLE' STATE PROGRAM AGAINST INCOMPETENT,
UNETHICAL HEALTH PROFESSIONALS

DATELINE: OLYMPIA, Wash., March 2

KEYWORD: bc-health-program-budget

... statewide, leading to nearly 650 actions against health and medical professionals. Of these, about 400 were in King County alone.

"This budget cut would cripple our program to protect the public from unethical and dishonest health and medical personnel," said State Health Secretary Kristine M. Gebbie. "The reductions also would significantly disable our efforts in responding to emergencies, such as the Sudafed tampering last year."

Among the other potential effects of the Senate budget:

- Eliminate reviews of physician malpractice cases;
- Decrease the number of hearings by disciplinary boards, which issue final ...

LEVEL 1 - 26 OF 111 STORIES

Copyright 1992 PR Newswire Association, Inc.
PR Newswire

January 28, 1992, Tuesday

SECTION: State and Regional News

DISTRIBUTION: TO STATE AND MEDICAL EDITORS

LENGTH: 353 words

HEADLINE: WASHINGTON'S FIRST LADY PROVIDES FUNDS TO LA CLINICA FOR IMMUNIZATIONS

DATELINE: PASCO, Wash., Jan. 28

KEYWORD: bc-LaClinica-Immunizatio

... Washington state that year. Many of those infected were adults.

"There is a whole generation of parents and young children who are unaware of the serious complications of vaccine-preventable diseases, like deafness, blindness, mental retardation, or even death," said State Health Secretary Kristine M. Gebbie, who accompanied Gardner.

The clinic also will use a portion of the funds to develop a "foto novela," a publication common in Mexico that uses photos and dialogue. The publication will be designed for parents of children and will stress the importance of having ...

LEVEL 1 - 40 OF 111 STORIES

Copyright 1991 PR Newswire Association, Inc.
PR Newswire

July 16, 1991, Tuesday

SECTION: State and Regional News

DISTRIBUTION: TO CITY AND MEDICAL EDITORS

LENGTH: 390 words

HEADLINE: STATE HEALTH SECRETARY ASKS GOVERNOR'S AIDS COUNCIL TO ANALYZE NEW AIDS GUIDELINES FOR HEALTH PROFESSIONALS

DATELINE: OLYMPIA, Wash., July 16

KEYWORD: bc-Aids-Guidelines

State Health Secretary Kristine M. Gebbie has asked the Governor's Advisory Council on HIV/AIDS to analyze new federal guidelines for health professionals infected with the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and to advise her on how current recommendations would be applied in Washington ...

get full article what her view?

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Copyright 1990 PR Newswire Association, Inc.
PR Newswire

June 22, 1990, Friday

DISTRIBUTION: TO STATE AND ASSIGNMENT DESKS AND HEALTH EDITOR

LENGTH: 425 words

HEADLINE: WASHINGTON STUDENTS AMONG BEST EDUCATED ON HIV, THE AIDS VIRUS

DATELINE: OLYMPIA, Wash., June 22

KEYWORD: WASH. STUDENTS AMONG BEST EDUCATED ON HIV, THE AIDS VIRUS

... addition, nearly 100 percent of the students answered correctly that intravenous drug use and having sexual intercourse without a condom can transmit HIV.

"It appears the state's universal education program in schools is working and working effectively," said Kristine M. Gebbie, secretary of the State Department of Health. "This doesn't mean we can relax. Greater knowledge is the beginning step toward the responsible behavior choices necessary to reduce transmission of the disease."

The Omnibus AIDS Bill passed by the State Legislature two years ago ...

A large handwritten scribble consisting of several vertical loops, with an arrow pointing to the left towards the text area.

LEVEL 1 - 80 OF 111 STORIES

Copyright 1988 Facts on File, Inc.
Facts on File World News Digest

August 5, 1988

SECTION: UNITED STATES; AIDS

PAGE: Pg. 573 A3

LENGTH: 402 words

HEADLINE: Reagan Sidesteps Own Commission

BODY:

... presented to the press by Dr. Ian MacDonald, head of the President's drug abuse office. He said a federal antidiscrimination law was unnecessary because 36 states already had some form of antidiscrimination measures.

Several commission members expressed dismay. One of them, Kristine M. Gebbie, said, "It sounds like somebody missed the point we were trying to make." Another, Frank Lilly, said he was "terribly disappointed" but added, "I guess I shouldn't be surprised. Ronald Reagan has stalled for seven years. Surely no ..."

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Copyright 1991 The Seattle Times Company
The Seattle Times

July 17, 1991, Wednesday, Final Edition

SECTION: EDITORIAL; Pg. A9

LENGTH: 428 words

HEADLINE: A PERSONAL RIGHT THAT CANNOT BE DENIED

BYLINE: BY KRISTINE M. GEBBIE

BODY:

IT'S BEEN nearly two months since the Supreme Court upheld the constitutionality of a federal regulation prohibiting family planning agencies that accept federal funds from informing women about abortion.

It remains uncertain how that ruling will be put into practice and whether careful bookkeeping on how federal funds are spent will satisfy the Department of Health and Human Services.

Tomorrow, members of major women's rights organizations and their supporters will converge on our nation's capital, lobbying for legislation to overturn the court's decision.

Abortion is one of the options available to a woman who finds herself pregnant. Every woman has the right to choose which courses of action fit her life the best. To make that choice, she must have all information available about her options, and those options should be presented to her by health professionals who are knowledgeable and caring.

I am responsible for health programs serving the nearly 5 million residents of our state. That responsibility includes providing accurate and timely information about personal choices individuals must make on health and illness care, including contraception and pregnancy.

All women are entitled to the same information.

More than 100,000 women in Washington use publicly funded family planning clinics. Many of these women have low, fixed incomes. Some do not speak English as a primary language. These clinics are their major sources of information about a wide range of personal-health matters.

The providers of care at these clinics are professionals who expect to honestly answer all patient questions.

Those supporting the court's ruling argue that it will result in fewer abortions. They are wrong. The ruling will increase the rates of unwanted pregnancy, unwanted children, and abortion. Some clinics will be forced to close because accepting federal funding with the restrictions would violate their ethics.

The Seattle Times, July 17, 1991

Women - and men - will be denied contraception services and information. Some of the women who become pregnant will seek avenues for abortions; others will give birth to children who are unwanted and at risk for many problems. This state has a reputation for protecting individual rights. Those rights should not be compromised by withholding information about legal and, in most cases, safe options for terminating a pregnancy.

Kristine M. Gebbie is secretary of the Washington State Department of Health.

GRAPHIC: PHOTO TIMES FILE: TWO DEMONSTRATORS ON OPPOSITE SIDES OF THE ISSUE IN DOWNTOWN SEATTLE LAST YEAR.

LANGUAGE: ENGLISH

TYPE: OP-ED

LEVEL 1 - 58 OF 111 STORIES

Copyright 1990 PR Newswire Association, Inc.
PR Newswire

November 28, 1990, Wednesday

SECTION: State and Regional News

DISTRIBUTION: TO CITY AND MEDICAL EDITORS

LENGTH: 568 words

HEADLINE: WOMEN AND AIDS: HEALTH CARE CHALLENGE OF THE '90S

DATELINE: by Kristine M. Gebbie, secretary, Washington State Department of Health

KEYWORD: bc-women-aids-challenge

BODY:

Significant advancements have been made in AIDS education and care since the epidemic began in the early 1980's, but these efforts are not enough.

Dec. 1 is World AIDS Day. This day is set aside by the World Health Organization (WHO) to bring attention to the human immunodeficiency virus (HIV) infection and the disease it causes, AIDS. And, because the impact of AIDS on women is significant, this year's theme for World AIDS Day is "Women and AIDS."

In a telephone survey for the first State Health Report, 880 Washington residents agreed that the incidence of infectious diseases, including HIV/AIDS and other sexually transmitted diseases (STDs) is second only to substance abuse as the primary health problem in our state. Substance abuse and AIDS/STDs are, of course, interrelated.

"Women are the key to achieving health for all," said Dr. Hiroshi Nakajimi, director-general of the World Health Organization. Throughout the world, women play a crucial role in preventing HIV infection and increasing awareness of the disease within their families and communities. As they have been so often, they are educators, caretakers, health workers and caregiving mothers. Yet often their status within the family and society heightens their vulnerability to infection and limits their ability to increase their own knowledge of the subject and thereby protect themselves and their children.

Women with AIDS are often isolated and have difficulty finding a support system. Minority women, particularly migrant workers in rural areas, are especially vulnerable, having inadequate or nonexistent access to illness care. The World Health Organization estimates that 52.3 percent of women with AIDS are black, and 19.8 percent are Hispanic. These figures are highly disproportionate to the U.S. population, which is about 11.5 percent black and 6.4 percent Hispanic.

Only 2 percent of the participants in studies that evaluate the effectiveness of new AIDS medications and therapies are women. The period of time from infection to symptoms is shorter for women than for men. Today, the average HIV-infected woman dies within 6 months of being diagnosed with AIDS; the overall average is 20 months.

The current picture of women and AIDS is bleak. AIDS is the number one killer of young black women in the states of New York and

1990 PR Newswire, November 28, 1990

New Jersey. AIDS is the eighth leading cause of death among women of childbearing age, and is expected to be in the top five by next year. Accessible and affordable prenatal care is important for all women, and critical for those living with HIV or AIDS. In the United States, every day another baby is diagnosed as having AIDS, acquired from its mother in the womb, at birth, or during breastfeeding. If the current trend continues, soon it will be two babies each day.

Washington AIDS cases are increasing, and with earlier diagnoses and improved treatment, the need for medical and social services for AIDS patients and their families is also increasing. As each of us is affected by this devastating disease, we must each take an active role in the education, support and health care effort.

Washington is responding to AIDS. We need the informed support of all Washingtonians to do more.

CONTACT: Dean R. Owen of the Washington State Department of Health, 206-753-3934

ORGANIZATION: Washington State Department of Health

GEOGRAPHIC: Washington

women
and
AIDS

LEVEL 1 - 99 OF 111 STORIES

Proprietary to the United Press International 1987

March 19, 1987, Thursday, BC cycle

SECTION: Regional News

DISTRIBUTION: Oregon

LENGTH: 229 words

DATELINE: PORTLAND, Ore.

KEYWORD: Brady

BODY:

Federal Magistrate William Dale has been asked by the state to set aside a \$300,000 judgement awarded by a U.S. District Court Jury March 4 to former state Medical Examiner Dr. William Brady.

Assistant Attorney General Stephen D. Krohn said in motions filed late Wednesday that if the judgment is not set aside the state wants a new trial.

Krohn called the judgment "excessive... (and) against the clear weight of the evidence."

Jurors awarded Brady, 55, the judgment after deciding that Kristine M. Gebbie, state Health Division administrator, violated his rights to due process when she fired him in October of 1985 amid allegations of wrongdoing in the medical examiner's office.

A state Justice Department investigation found that Brady had kept a private office fund for office equipment and parties. It also found he conducted private autopsies on public time.

Bernard Jolles, Brady's attorney, argued to jurors that Brady's dismissal without giving him a hearing to dispute the allegations had ruined his professional reputation and peace of mind.

Krohn argued in his motion for a new trial that instructions to the jury had been improper and that Dale had erred in certain rulings related to testimony by a state witness.

Krohn also said Dale should not have allowed Jolles to discuss the calculation of damages in his closing arguments to the jury.

LEVEL 1 - 100 OF 111 STORIES

Proprietary to the United Press International 1987

March 4, 1987, Wednesday, BC cycle

SECTION: Regional News

DISTRIBUTION: Washington, Oregon

LENGTH: 357 words

DATELINE: PORTLAND, Ore.

KEYWORD: Brady

BODY:

Jury deliberation began Wednesday on a \$2.5 million lawsuit brought by former State Medical Examiner William Brady, who contends his firing damaged his reputation and caused him deep depression and mental anguish.

Brady is suing State Health Administrator Kristine M. Gebbie, claiming his constitutional rights were violated when she did not give him a hearing before firing him in October 1985 after findings of irregularities in the medical examiner's office.

In final arguments before U.S. Magistrate William M. Dale Tuesday, Brady's lawyer Bernard Jolles said the firing crippled his ability to earn a living as a pathologist and affected him emotionally. Jolles also said that Brady never benefited from the \$13,000 from the sale of autopsy material, where it was reported the money was used for office furniture and staff holiday parties.

~~Assistant Attorney General Stephen Krohn, Gebbie's lawyer, argued that Brady's reputation was not hurt since his income last year of \$96,000 was more than the \$73,200 he earned annually in the state post. He also said Brady violated state conflict of interest policy by conducting private autopsies on public time using state equipment, and that he billed the state for toxicology tests for private autopsies.~~

Jolles said that state investigators never would have been able to track fund expenditures if Brady had not kept meticulous records of the account. He argued that this was not the behavior of a man pursuing an illegal path.

He also contended that Brady had received permission to conduct the private autopsies from a previous superior and violated no conflict code. He said the medical examiner routinely worked 55-60 hour weeks for the state.

Jolles said that the toxicology billings, eight over a six-year period, were "accidents."

~~Krohn in his rebuttal said that the office furniture purchased with the fund included a television set, a popcorn popper, a love seat, three chrome chairs and picture frames. He also said that Gebbie's news release on Brady's discharge which used the words "breach of public trust and confidence," did not ruin the pathologist's reputation.~~

LEVEL 1 - 105 OF 111 STORIES

The Associated Press

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September 26, 1985, Thursday, AM cycle

SECTION: Domestic News

LENGTH: 503 words

BYLINE: By WILLIAM C. CRUM, Associated Press Writer

DATELINE: PORTLAND, Ore.

KEYWORD:
Skin Selling

BODY:

A state official wants to fire the Oregon medical examiner for selling skin samples and pituitary glands from cadavers to finance office parties, but the examiner says he will fight to keep his job at a hearing next week.

Dr. William Brady is expected to appear Oct. 2 at the hearing scheduled by Health Division Administrator Kristine M. Gebbie.

Ms. Gebbie said Wednesday that she planned to fire Brady for selling the skin samples to research centers and using the proceeds for office parties and furniture. Later that day, she said she would hold the hearing to give Brady a chance to change her mind.

Brady, 53, was suspended June 21 from the job he has held for 16 years. He is one of the state's highest-paid employees with a salary of nearly \$71,000 a year.

Mary Lou Brady said her husband would not be available to comment until next week. His attorney, Ron Hoevet, said Brady would fight to retain his job.

Brady offered to resign when the charges surfaced, but Hoevet said he had withdrawn that offer.

"At the time he offered his resignation I'm certain that he was at a really low mental state," Hoevet said Wednesday. "He certainly feels now that termination is not the appropriate remedy."

The attorney said he was disappointed that next week's hearing appeared to be "window dressing."

"Kristine Gebbie made her decision without affording us any opportunity to tell our side and without talking to the medical examiner's advisory board," Hoevet said.

When Brady was suspended, he and Dr. William Montagna, former director of the Oregon Regional Primate Research Center, said the skin samples were taken from

The Associated Press, September 26, 1985

mangled victims of airplane or automobile crashes or from bodies that were to be cremated.

Montagna, 72, was director of the primate center from 1963 until 1980. He said he was thankful for the skin provided by Brady because it was extremely difficult to find the material elsewhere.

The Midwest Research Institute also paid for samples, records show.

Brady said in an interview in June that he had no regrets about aiding skin research.

Records provided by Brady showed \$11,500 was deposited into office bank accounts in Brady's name from September 1974 to June 1983.

Oregon law allows the removal of any body part by medical examiners. State Attorney General Dave Frohnmayer said Tuesday that no criminal charges would be filed because there was no evidence Brady used the money to enrich himself.

However, Frohnmayer said Brady could have to pay as much as \$16,000 in restitution to the state and could face an Oregon Ethics Commission investigation.

Also under fire is Brady's replacement, Multnomah County Medical Examiner Dr. Larry V. Lewman.

Ms. Gebbie said Lewman would be fired for allegedly using state facilities to perform private autopsies. He, too, was offered an opportunity to present his side at next Wednesday's hearing.

Ms. Gebbie said the problems in the medical examiner's office were the result of poor administration, as well as individual misconduct.

GRAPHIC: With Laserphoto

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1985 U.S. Department of Health and Human Services;
Public Health Reports

Public Health Rep 1985; 100: 611-612

November 1985 / December 1985

SECTION: SPECIAL SECTION: CONFERENCE ON THE PREVENTION OF INJURIES

LENGTH: 1126 words

TITLE: Collaborative Opportunities: the View of the Association of State and Territorial Health Officials

AUTHOR: Kristine Gebbie, RN, Oregon Department of Human Resources, State Health Division, 925 State Office Building, Box 231, Portland, OR 97207
(President, Association of State and Territorial Health Officials)

TEXT:

THE ASSOCIATION of State and Territorial Health Officials represents the nation's 50 chief public health officials and their counterparts from the seven territories. Although the State and territorial health agencies differ in organization, resources, expectations, and contributions, they have many common issues and concerns.

A State health agency has at least three functions: it is a source of information, a policy director, and a service provider. As a source of information, the State health agency is charged with pooling local information for statewide uses -- for example, statistics on births, deaths, and diseases in the community. The State health agency also provides technical assistance for general areas of public health and for specific targeted areas in that State.

As a policy director, the State health agency proposes and implements policy, often with the help of a public health board; more typically, the State health agency proposes policy to the legislature and governor.

Perhaps the most varied role of the State health agency is that of a provider of direct services, because programs and responsibilities vary significantly from State to State.

Interest in Injuries

For many public health officials, injury control differs from other, more traditional public health programs because responsibility for injury control is not clearly delineated. The prevention or control of traffic-related injuries may be the responsibility of a highway traffic safety commission, the department of transportation, the department of motor vehicles, or the State police department. Work-related injuries are generally of primary concern to the occupational safety and health program, which may be located in a workers' compensation department or a bureau of labor. The monitoring and followup of recreation-related injuries may be the responsibility of the fish and game commission, the department of parks, or the department of tourism and recreation. The safety of consumer products may be under the jurisdiction of the State's department of commerce or the attorney general. The old adage "Everybody's business is nobody's business" may describe an all-too-frequent

situation.

Apart from the structural issue, attention to injury control has been slow to develop in many States. The organizational structure of many State health agencies dates from an earlier part of the century when infectious diseases were the single largest cause of death, and it was essential to have a program that could respond rapidly to disease outbreaks or be accountable for environmental regulations that would prevent such outbreaks. Changing this structure to make injury prevention a focal point has been slow, primarily because of the conception that "injury" is not an "illness." Public health officials must point out that protecting the health of citizens includes all causes of disease and mortality.

Finally, injury control is a fragmented problem. Once we moved beyond traffic-related injuries and deaths, the statistics indicate many groups of injuries, each with a separate cause. Deciding how to use scarce resources on these multiple causes of injury is not easy.

State health officials are becoming more aware that injury control must become an ongoing process. At least two factors have been strong influences in this growing awareness. The first is that when mortality information is now reported, the item "years of productive life lost" is routinely included. This has underscored the fact that although we have remarkably reduced some causes of early mortality, we have a long way to go before the leading cause of death is exhaustion at the age of 110! The second factor is the influence of community groups such as Mothers Against Drunk Driving. Without the vigor and focus provided by a group such as this, I doubt that we would have come as far as we have in the last 18 months in raising the public's awareness and in attempting to reduce alcohol-related traffic deaths.

What Is Being Done to Reduce Injuries

Many primary and secondary prevention activities are under way. Among the most common are the child seat restraint programs. In many instances the State health agency is not the direct provider of the child seats but is a focal point and coordinator, with the actual service being provided by local health departments, hospitals, and other groups. Primary prevention is also incorporated into well-child care, with many States providing materials and information on in-home safety. States that strongly emphasize health care in the home and the care of the elderly have incorporated home safety programs in their organization. A number of State health agencies are participating in programs to reduce the temperature of home water heaters. Ensuring the safe construction of facilities such as swimming pools and residential care facilities is another injury prevention activity. Secondary intervention programs include the provision of poison control information centers, emergency medical services, and trauma systems.

What Is the Potential?

The potential for State health agencies in injury control collaboration can be summarized in four areas.

* Data system development. Better data systems are the key to understanding injuries and building systems for their control. State health agencies should build needed data systems into existing local and State reporting systems. We

DHHS, PHS, Public Health Reports, November 1985

must look for opportunities to improve other data sets to avoid burdening our system.

- * Intrastate communications. Each State health agency should communicate with all agencies in that State that are involved in injury control.

- * Provision of a focal point. If injury control is agreed upon as a priority, the State health agency must provide a focal point, a funnel, for information and technical assistance.

- * Collaboration in training and research. State health agencies are in a good position to collaborate with training and research institutions. They can provide field placement services for persons being trained in injury control, and they can provide data for all sorts of injury control research. Likewise, training and research institutions should offer short-term courses or rotations for staff members of State health agencies to ensure that they have the latest information on injury control.

Over the last year, at least six national or regional meetings have been held regarding potential public health activities in injury prevention and control. This widespread interest reflects our collective attempt to reconsider the basic priorities of public health in this country and to refocus our efforts in the light of current information.

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Different Views

The President's Commission on AIDS: What Did It Do?

KRISTINE M. GEBBIE

Introduction

It can be hard to comment on something you have experienced intimately as one of the 13 members of the Presidential Commission on the HIV Epidemic.

The distance of several months is helpful, however, and it has been educational for me to reflect on the process.

The Commission was made up of 13 individuals. By non-mutually exclusive categories, we were eight men, five women, one Black, one gay, five physicians, two nurses, two academics, one minister, one legislator, one publisher, five business executives, one government official, one sailor; geographically, seven from New York/Washington, three from the Midwest, two from the West Coast, one Southerner. There is no way we could be representative of the nation, but we tried to be conscious of all segments of our society. Several were entities "known" to the Reagan Administration, some not; some had congressional support, some were known to their colleagues, some were a category about which it could be said "we've got to have one of them," etc. What I brought to the Commission's process was exposure to the public health system, separation of illness care from prevention, and perhaps some broadening of awareness of the complexity of experience with human immunodeficiency virus (HIV) and public health policy within state health officials association, and in my own State. Perhaps it is important that I did *not* come from New York, California, Florida, New Jersey, Texas. Many people do not identify with those states, and although they have led in this epidemic (both in problem and solutions) their experience must be translated to be useful to others.

The charge to the Commission was enormous: "advise the President and Secretary of Health and Human Service and other relevant cabinet heads on public health dangers including medical, legal, ethical, social and economic impact, from the spread of the HIV and resulting illnesses."¹ Specific areas requested included: "recommend measures that Federal, State and local officials can take to protect the public . . . to assist in finding a cure and . . . to care for those who have the disease."¹ The Commission was further charged to "evaluate efforts by educational institutions . . . analyze efforts currently underway by Federal, State, local authorities, examine long term impact on care system . . . review U.S. history of dealing with communicable disease . . . evaluate research activities . . . identify future areas of research . . . examine policies for development of drugs . . .

assess progression of AIDS among the general population and subgroups . . . study legal and ethical issues . . . review the role of the US in the international pandemic."¹

The Chairman, when I was appointed, was an Admiral asked by his Commander-in-Chief to complete a mission. There were two key elements on which he insisted: 1) credible testimony in public hearings would be the basis for recommendations (rather than any preconceived ideologies of Commissioners); and 2) the regular appearance of HIV-infected persons would put more abstract issues into the human perspective.

Things the Commission did not do

It did not do much, if anything, to bring the President into the HIV response, possibly because he is so shielded by the conservative voice. To no avail, we criticized the Reagan Administration, suggested attitudes and approaches not comfortable to its leaders, asked for monies that had not been authorized. It was probably too much to hope that there would be a sudden turn around. Yet it might have been a nice finish if we at least could have met in the Rose Garden.

Neither did we break the Congressional log jam or budget. There was no immediate action to pass the Americans with Disabilities Act² or pour monies into drug treatment. Yet the Commission was clear that both actions were critical first steps. A word about each:

- The Americans with Disabilities Act recommendation was the cause of the most serious disagreement in the final report, with a split vote. I believe the debate was not about fighting or not fighting discrimination, but on this particular act as the vehicle. It takes a broad, "civil rights" approach to *all* disabilities, not setting the HIV-infected apart. The majority of the Commissioners viewed it as the most equitable and efficacious way to proceed. Chief opposition comes from the business community which saw this approach as "too costly."
- Massive increase in drug treatment (to the level sometimes called "on demand") requires re-thinking substance abuse as a chronic condition which may need treatments at several points in an individual's life. We must become serious about attacking addictions with *all* available weapons, not just police action and "just say no" campaigns.

We did not really resolve what I think is going to be a major subject of debate in the coming months: the appropriate response to a health care worker exposed to a potentially infectious substance, and the appropriate behavior of an infected health care worker. The Commission report includes some nice paragraphs on the subject, talking about "workers' right to know" (long a favorite public health phrase), confidentiality, prospective policies regarding infected workers. Listening to physicians, nurses, EMT's (emergency medical technicians), their spouses, lovers, employers over the past few weeks, it becomes clear to me that this issue is far from

Address reprint requests to Kristine M. Gebbie, Assistant Director, Human Resources, and Administration, Health Division, Oregon Department of Human Resources, P.O. Box 231, Portland, OR 97207. This paper, submitted to the Journal January 4, 1989, was revised and accepted for publication February 14, 1989.

Editor's Note: See also other papers in Different Views Section, pp 868-882, and editorial, p 821, this issue.

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settled. It is precisely here that "they" become "us" and our intellectual solutions become gut-wrenching crises. "What's good for the goose is good for the gander" is not sufficient to clarify our concerns or our policies. Strong advocates for informed consent to testing start working on exceptions; strong advocates for right-to-work start discussing risks to patients or employers; all of the contradictory view-points and proposals are borne in upon us in a vivid manner. I believe even those institutions which think they have it settled will go through several changes before we have collectively sorted it all out.

Yet with all this we may have taken some of the wind out of the sails of extremists in Congress by failing to give them any additional weapons, and that is progress of a sort. In fact, we did not provide a blueprint for extremists of any stripe. Not surprising on the left, since I defined the radical left wing of the group in a perspective friends and family find most amusing. For example, one organization claiming to represent American women is suing the Commission for information to prove we were coerced and manipulated by liberal groups into ignoring their testimony on the need for an all-female blood supply to assure the safety of transfusions.

Although we did not avoid all the hard words like "condom," we made some careful decisions about how to use them so that we did not detract from the main point of the report with tempests in teapots of various kinds. It is possible to recommend appropriate access to services and education without debating such side issues as whether slang names for condoms belong on subway posters. These need local debate and decision, and could have diverted us unnecessarily.

What the Commission did

The Commission translated the epidemic into language which is accessible for many citizens. Having worked on both this Commission and the Institute Of Medicine AIDS Oversight Committee, updating *Confronting AIDS*,³ I am quite conscious of the differences. There is a substantial difference between the intellectual understanding of the AIDS epidemic achieved by most public health officials, medical scientists and policy makers (even those with deep emotional involvement in the epidemic), and the gut reaction of so many lay persons who experience a mix of fear, fascination, and denial that has nothing to do with logic or facts. The Commission forced witnesses to speak plain English not "laboratory" or "bureaucratese." Having the editor of the *Saturday Evening Post* on the Commission helped remind us of the concerns and fears of a readership which could serve as a metaphor for "the public" that others of us might have ignored or failed to identify at all. Not that the report will become best seller at the supermarket checkout stand. But any individual—be they county commissioner, hospital board of trustees member, school board member, minister, business person, parent seriously struggling to identify a next step, or to decide how to vote on a policy—should be able to find, in plain English, guidance on what would be the appropriate and effective thing to do.

Further, what those folks will find is supportive of the essential role played by our nation's public health system, and should reinforce the appropriate use of the system to understand the epidemic and to prevent its further spread. I say that, knowing that some portions of the report do not match the current practices of many state and local health agencies. The use of HIV testing, the inauguration of HIV reporting and partner notification systems, the wide extension of prevention education in our school systems, are still the subject of debate.

But the report is consistent with valid public health principles, and recognizes the role of local decision-making in translating ideas to action. Use of the report as a resource document with policy makers at the local level will, I believe, serve to improve rather than weaken the system.

The Commission articulated a social contract applicable to conditions of public health importance: the absolute obligation of society to provide care in a non-discriminatory manner; the obligation of official agencies to apply their skills and expertise promptly and effectively; and an equally firm expectation that the affected (in this case, the infected) will do all possible to prevent further spread. This interaction is not plain in much of the AIDS/HIV rhetoric, which pushes one side of the equation or the other.

The Commission challenged the Reagan Administration's (and many people's) narrow view of the epidemic. I believe there was a fond hope on the part of many that the report would highlight some hitherto ignored fact about the virus, suggest removing one or two bureaucratic roadblocks (fire 'X', reshape bureau 'Z'), and announce that the epidemic would end by Christmas of 1990. Instead, to borrow a phrase from Admiral Watkins, we looked at the American system through the "lens of the HIV" and found gaping holes, huge problems. We said that if this country does not do something about all of these problems, it will never stop the epidemic. What were these things? The least of them are the difficult bureaucratic hurdles of competing cabinet secretaries, Office of Management and Budget roadblocks, and limited staff in key agencies. More important is our failure to offer each child born a comprehensive health and health education program which would provide the basis for a healthy adult life; our failure to construct a coherent system of delivering illness care services, and of paying for those services; and our failure to really understand the dangers of creating a permanent underclass, a drug-linked culture which does not participate in the ordinary obligations and benefits of our social system. These are huge criticisms. In some cases we were able to crystalize a possible program to change what is going on (e.g., in regard to a comprehensive school health program), but in others we only pointed out the concern (e.g., illness care financing) and recognized its relationship to AIDS.

We were not over-extending our reach, or abrogating our responsibilities given the charge to us. We had to open the door to the discussion, but we were limited by knowledge gaps, by our time frame, and by the complexity of the task.

The bureaucracies, especially the federal ones, were pushed hard. In some cases, we saw changes even as we were meeting, with issues resolved, concerns clarified, action occurring. But many of the problems remain. Some astute political scientist could distill much from a study of how various agencies worked or failed to work with the Commission. The Agency for International Development apparently confused us with Congress and was so busy "selling" the line that the Reagan Administration had its act together and needed no more money that its representatives could not answer the simple question asked on behalf of the President, "what would you do if you had no fiscal or manpower constraints?" On the other hand the Food and Drug Administration and the National Institutes of Health tried to take every opportunity to push a general agenda of agency improvements within the AIDS focus. Some interactions with the Centers for Disease Control may have reflected issues recently raised by the Institute of Medicine's recent report on the Future of Public Health.⁴ We are not really sure how to balance our role as scientists and healers with our roles as an arm of government

DIFFERENT VIEWS

in the political arena. The very bureaucratic response of the Reagan Administration to our report (which sounds like a cross index of all 600 recommendations, concluding that 40 percent are already underway) may in part be the bureaucracies fighting back. It is very hard to just say "ok we've taken our knocks, let's get on with it." It may be especially hard to do so in the present Department of Health and Human Services which seems to lack central focus and direction as far as the AIDS/HIV epidemic is concerned.

The door to local effort was kept open as the Commission tried to acknowledge the unique nature of the epidemic in each town or country or state. We saw the national role as setting some goals, and providing some resources (research findings, personnel, cash) but we underscored the need to select carefully the blend of education, service, volunteerism, and official action that would take each jurisdiction farthest. I think this disappointed some to whom a single national answer is so appealing. But one of the enduring lessons of public health is that solutions must be tailored to circumstances, and that local "ownership" of both problem and solution are essential to long-term success. We tried hard to remove those barriers that prevent every citizen from understanding that this is *our* problem, not just a problem for some "other" people who are somehow not like me by virtue of race or sexual orientation or addiction or criminality or whatever.

Some people have, I think, tried to use the "well, just how many cases are there?" debate to avoid dealing with the epidemic. This diversion was a part of the Commission dynamics, as well. Some witnesses indicated that "unless you can tell me with certainty *exactly* how cases are infected right now, I can't do anything." Because the seroprevalence question is an intriguing one, and many of us *would* really like to know the answer, we are diverted from the larger tasks. The report tries to separate the issues, saying both "find out" and "get on with the job." The group most disadvantaged by the lack of precision is the actuarial fraternity as it tries to predict illness care costs in one, five, ten, or twenty years. I am sympathetic to their concern but, for most of us, an error of even a substantial magnitude means little. We know what we need to know to get on with both our preventive mission and our caregiving mission. I am especially concerned to emphasize what the report said on behalf of our children. We know what our next generation needs to know, believe, and practice in order to avoid this disease. We bear the burden if we fail to provide them with what is necessary.

There has been some action in Congress. For example, two components of the most recent HIV Act⁵ passed relate to our activities directly; the creation of a new Commission, and the use of a formula to determine the distribution of funds to state programs. The Commission was put in the Act in conference, with little fanfare, but is important. It provides an extra-administration platform for continuing observation of the epidemic and our response over the next two years, a critical period for focusing our energies and systematically consolidating our attack. The formula was added with little debate, but I am a bit concerned about it. The formula proposed in the Commission report¹ was based on several factors. First, just getting state and local agencies out of competition, and able to rely on funding over a period of time, but more importantly, recognizing that some basic activities, such as education, have to be in place regardless of the current rate of infection. In fact, some of the prevention activities may be even more critical in today's low incidence states than in high incidence states. The enacted formula puts all the emphasis on currently reported cases of AIDS, a

marker which is dated in comparison to the spread of the virus, and is most pertinent to distributing illness care funding, (though even there, it is in error because of migration). I am anxious to see how the formula is interpreted by federal agencies, assuming an appropriation is matched to the bill by the next Congress. I suspect there will be a number of changes suggested almost immediately.

Another and very significant legislative marker of the impact of the Commission will be the state legislatures. The Commission's report reinforced the idea that the state is the foundation of our public health system, and made a number of direct recommendations for state law improvements. These included such topics as confidentiality of public health and medical records; due process protection in any law authorizing restrictive public health orders (quarantine); standard of practice for physicians, nurses, dentists in state practice acts; and criminal justice or practices when the accused or convicted is seropositive. I would not be surprised to see dozens of bills across the states receiving attention in the coming months. I hope they also include appropriations.

All jurisdictions have been forced to steal resources from other under-funded public health programs to react to HIV. Important as HIV is, it does not justify abandoning our efforts to stop other sexually transmitted diseases, lower infant mortality, decrease injuries, eliminate tobacco-caused diseases, and support our entire public into a vigorous old age. In some localities, the only resources for HIV-related programming are federal grants and the re-directed time of existing staff. This disease will be with us for a long time and must be better accommodated than that. On the other hand, where the AIDS program has grown huge (an immense proportion of CDC's staff and monies now go to HIV) we must look at rearranging the proportions to reflect the reality of threats to health. It is probably not that HIV gets too much, but that other issues get too little. The Commission made the point repeatedly, with regard to the Centers for Disease Control, the National Institutes of Health, the Food and Drug Administration, State and local jurisdictions. It is clearly an issue the Reagan Administration ignored.

As with so many events, we did many things, not all of which are yet evident, and not all of which may be weighed as positive. On balance, I think this Commission did an incredible job. The opportunity to be the identified "public health person" on the Presidential Commission on the HIV epidemic was an extraordinary experience for me. I learned so much about what we can do, but also of how much we have yet to do. That "yet to do" includes *much* more work letting public health's constituency, the people of the United States, know that we are here, that we are a prepared and competent force which accepts our charge to preserve, promote and protect the health of the people. Working together, we can build on this one event, not only to halt the spread of the HIV, but to opportunistically correct some of those flaws in the system revealed through the lens of the epidemic.

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AIDS AND GOVERNMENT: REGULATION OF SEXUAL BEHAVIOR*

Kristine M. Gebbie**

The epidemic of infection by the human immunodeficiency virus ("HIV"), commonly called the AIDS epidemic, has frightened and challenged us, made us aware of our vulnerability, and pushed our capacity to manage threats to our well-being. It also has raised many important issues in American life: What is the role of the federal government in financing and solving health-related emergencies? Should we fight drug abuse with treatment or imprisonment? What is the best method of paying for illness treatment? Tonight I am going to focus on one area: the role of government in influencing sexual behavior. It is my contention that "influencing" is a more appropriate term than "regulating," but there are still many questions. Is it appropriate for the apparatus of government to intrude into one of the most intimate areas of human life and, if so, in what way? Are all choices about sexual behavior strictly private, and to be based on privately acquired information or not?

I will speak of "government" generically—state, local, federal; executive and legislative; and occasionally a specific agency or activity.

People expect public health agencies to stop epidemics. Some people who do not know much about public health have been somewhat surprised that there are government agencies available to respond to the HIV epidemic. The circumstances in the early years of this outbreak, in fact, resemble those at the turn of the century when many public health laws were enacted, though the diseases then were smallpox and cholera.

Some have been very critical that public health officials did not respond rapidly enough. There is some validity to this, but I believe one reason for the slower response is that the methods of stopping this epidemic are not technological. If what were needed were clinics where a "magic bullet" could be handed out, the entire social apparatus would respond readily; it fits our bias that shiny things fix problems. In the AIDS situation, however, we must find a way to support sustained changes in behavior in an intimate, private, essential part of life, and do so without irreparably violating social norms.

Let me be clear that I will not be talking about government's role in using existing law to deal with such things as child sexual abuse, nor do I have any clear view of how to deal with prostitution. I am concerned about what govern-

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ment should do to reduce the "common, ordinary spread" of this disease.

The HIV is a retrovirus which is spread from an infected person to another uninfected individual through some direct contact which allows infected blood or other infected cells to be passed from the infected individual to the uninfected individual. That this was a virus, and a sexually transmitted one, was suspected early and fairly quickly confirmed.

Careful analysis of the over 70,000 cases of AIDS which have occurred in the United States thus far has shown that the routes of transmission are sexual activity with the exchange of semen and those activities in which blood is transferred from one individual to another, such as the sharing of "works" for the illicit injection of drugs or the transfusion of blood products. Studies of those infected but not yet ill (estimated at one million persons nationwide) confirm these findings. (The virus can be isolated from other body fluids, at low concentrations, and there are scattered reports of other transmissions such as mother to infant by breast milk.)

The blood products-associated transmission of HIV has been almost entirely eliminated by the screening of donated blood and the heat treatment of products used for hemophilia. The spread of HIV infection through drug use practices is not as easily stopped, but will not be the subject of this discussion.

I will be focusing on sexually transmitted HIV infection. I want to underscore that I mean both heterosexual and homosexual transmission. It is an historical quirk that the gay community was affected first so severely, because of the rapid spread of disease among that portion of the gay community in which multiple, anonymous sex partners were common. (This spread has been well documented in works such as *And the Band Played On*.)

This presentation is not an overview of the life-cycle of the retrovirus or of the symptomatology associated with clinical HIV infection or AIDS. As a responsible public health official, I have as my goal the end of transmission of HIV from the currently infected to the currently uninfected. Once the virus is transmitted, prevention has failed. The very important issues of providing adequate support, counseling, and eventual medical treatment are of broad societal concern, but will not be discussed here.

To stop sexual transmission, all persons capable of sexual activity must either:

1. Reach a decision to abstain entirely from physical sexual acts,
2. Enter into (or remain in) a mutually binding lifetime monogamous relationship, or
3. Have a limited number of partners, engage in sexual acts in which the likelihood of transmission of virus is low, including acts such as "petting" or mutual masturbation, or use condoms.

There are two distinct groups that need to consider and make the behavioral choices I have outlined:

1. Those persons already sexually active who need to shift to or be sustained in wise (or wiser) choices about number of partners or choice of pleasurable acts, and

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2. Those persons not yet sexually active who are about to become so, generally thought of as teenagers or pre-teens who are being educated and socialized about appropriate choices.

Most of the issues I will raise apply to both groups, albeit a bit differently to each.

As a general rule, sex is viewed as a private matter. In the late twentieth century, the United States still carries a large burden of attitudes toward sexual behavior carried over from the Victorian era (for example, ruling out any open talk of sexual topics). Many of today's adults grew up in a world in which even accurate discussion of basic sexual anatomy was difficult.

We have learned something about the positive potential of more open discussion. We have seen the reduction in teenage pregnancy and delay in sexual activity when there is open access to accurate information for teens and preteens, and the plummeting rates of syphilis and gonorrhea in gay communities where safer sex is a socially acceptable topic. We are not yet comfortable translating this knowledge to wide-spread policy, however.

On the other hand, we live in a world in which sex readily is exploited for commercial reasons, in which sex is used to sell almost any kind of product, and in which entertainment of all kinds frequently depicts sexual activity as pleasant, appropriate, and rewarding for people of all ages, and under all sorts of circumstances, with very little acknowledgment of the consequences of multiple sexual partners, sex without protective steps such as the use of condoms, and sex prior to adulthood.

As a public health official, I am responsible to the citizens of my state to preserve, protect, and promote their health. Because that includes stopping HIV infection, I must work with citizens to change sexual practices. That means understanding better how our society views the appropriate role of government in discussing sexual activity, in exploring choices about the sexual side of human nature, and in sustaining practices which reduce the likelihood of disease transmission. Note I said "reduce": we have yet to eliminate any sexually transmitted diseases, even those for which there is a cure, and I do not imagine we will stop completely HIV transmission in my lifetime.

While I represent the public health sector, it is important to understand that other public agencies are involved. The principal agency available in the community for education, particularly of the young, is the public school. Most public health departments have working relationships with schools, and where the target audience is youngsters, the schools often are involved. For example, having reached the public policy decision that all children should be immunized, the school becomes the point of control by verifying that children are fully immunized before being permitted to enter the school situation. Many of us are concerned about the burdens placed on schools today and have listened to or even participated in conversations about allowing schools to get on with their role of teaching the basics well rather than burdening them with other tasks. It is my perception that schools exist to serve the function of providing society with well-prepared

adults, that is, prepared to take their places in society as effective community members. That means more than education in the basic skills of reading, writing, and arithmetic. It includes training in the skills necessary for a full and active participation in society. Protection of the health of one's body seems to me to fit that definition of a necessary skill and, therefore, something that should be supported as a role of the schools. In fact, the Presidential Commission on the HIV Epidemic took a very strong stand in declaring that a full program of health education should be available for all children from their earliest entry into an organized education system at preschool or kindergarten through their completion of high school or college.

Not all citizens agree with that view or with the view that there is a governmental role in changing the sexual practices of adults. I have been asked often, "Hasn't every adult learned from the evening news what is needed to stop this epidemic?" And the answer is "no": more than "the news" is required to teach us to eat properly, stop smoking, buckle our seat belts, and stop putting waste chemicals into our water. Nor are "those at risk" a self-contained community apart from "us" who could be allowed to meet their fate without bothering the rest of "us." We are a society of the whole and must respond to all. The Presidential Commission was very clear that government has an active role in supporting adult sexual behavior change, without the convenience of a universal adult school system through which we all pass.

There are many important questions in setting out our public policy in this area. I will discuss three of them tonight.

First, *What do we know about the sexual behavior of our citizens?* Each of us knows what our own sexual behavior is and at least some, if not all, of the sexual behavior of our partner or partners. We may know something about the information concerning sex provided to our own children, or provided to us by our own parents. We may know something about the sex lives of our nearest friends. But what we know about the range of human sexual behavior is extremely limited.

The major study on which we draw to define the presence of homosexuality, bisexuality, or heterosexuality is the Kinsey Report, which is forty years old and was flawed procedurally when it was done. There is such a fascination with the technological research necessary to understand HIV and its effects on the body in order to find medical treatments that the funding for additional social research on sexual practices and on our ability to influence changes in sexual practices has been woefully inadequate.

In fact, those in our society who make a career of studying sexuality often have been the butt of jokes. From the testimony of Masters and Johnson in front of the Presidential Commission, I deduce that at least one reason for their failure to submit their findings to peer-reviewed journals was their experience of being attacked and criticized for their research. Research about sexual choices may sound like voyeurism to some and may verge on the kind of research that has won Senator Proxmire's Golden Fleece Award in Congress. We see social

and behavioral sciences as "soft" and do not honor them as we do biology or chemistry.

If we are to accomplish the task of appropriate education about both the physical side of sex and the psychological and sociological information that will allow our citizens to make wise choices for a lifetime, we must have a better understanding of the subgroups of our population, as divided by differences in sexual activity, choice of sexual partners, and the like. Beyond the facts of how many people currently do what, we must have a sound research base on whether the use of audiovisual materials, speakers, demonstrations, in-home education, at-work education, et cetera, are the ways to foster healthier behavior choices. This research will mean increasing the expenditure of research money, and the source of most research money today is our government.

There is limited support to spend more money on understanding the what, how, and why of sexual choices, though the National Academy of Sciences, among others, does support such an investment. For example, collectively we have only a dim understanding of the existence of homosexuality, and many persons continue to see it as an explicitly chosen deviance which can be avoided or abandoned. There is only limited understanding of same sex partner attraction as something which simply is a fact for some proportion (perhaps ten percent) of the human species. One of the least understood areas is homosexuality in adolescence, a critical period in shaping lifetime sexual activity decisions.

The second question: *How do we talk about sex?* Some citizens seem to want public health protection only in the form of locking up "them," the infected. There is a place for quarantine, more properly called a restrictive public health order, but it is limited and for rare events. But most people seem to want information about how they can protect themselves. However, they do not always like it very well when those messages are embarrassing or distressing. A number of us who speak a lot about this epidemic have identified what we call the "AIDS Twitch." It may already have happened here, tonight. It generally occurs either the first time homosexuality is openly acknowledged as a part of society which must be taken into account in dealing with this epidemic, or the first time words such as "semen," "masturbation," "condom," "vaginal secretions" are used. It involves being mildly embarrassed for the speaker who stupidly has violated a social norm, and looking around to see who else is getting red in the face.

Because of our societal inhibitions, the early explanations about transmission of HIV were couched in general language; "body fluid exchange" is a good example. The use of this phrase led to the early perception that anything damp coming from a human body was capable of transmitting the disease, and a good deal of energy has been expended clarifying the fact that only two bodily fluids, blood and semen, contain sufficient concentrations of the virus to be effective transmitters of the disease.

As a second example, the terms "safe sex" or "safer sex" were used to describe sex in which "body fluids" are not exchanged. The general phrase is

ineffective in conveying the information that intimacy is possible between two people, but that very specific precautions need to be taken against the transmission of semen or blood. Those precautions include the use of condoms and the avoidance of activities that might lead to bleeding.

The phrase "Just Say 'No'" has been joked about a great deal. The phrase has some validity for a small child learning that touching of the body by a stranger is something to which one should say "no," and learning that exploration of physical intimacy with another person is something that should be avoided until an older age. But "Just Say 'No'" unsupported by adequate information about the forces that operate physiologically and sociologically on adolescents in our society is inappropriate.

On the other hand, most of us do not want to turn on the evening news and get a detailed visual anatomy lesson. In fact, television news may not be the best place to convey appropriate sexual information. Contrary to some popular opinion, not all Americans rely on the six o'clock news for all required facts about a subject. Nor do we want detailed information on topics such as mutual masturbation taught in grade school.

Education must occur in many places. The school *can* teach basic biology, in appropriate language for various levels of development. Schools also can help teach some of the psychology and sociology of human interaction associated with beginning to understand oneself as a sexual being. But what goes on in the school must be supported by what goes on in the home, what goes on in the church, what goes on in the social club, and what is portrayed on television and in the movies. These re-enforcers go far beyond what government ever can and should do to shape behavior.

Almost more complex than the issue of how to teach young people is the challenge of informing those who already have begun sexual activity. Here it might be helpful to reflect on how difficult it is to change behavior that is associated with any deep human drive. My favorite example, because it is socially acceptable to discuss it, is my own personal attempts to change my eating habits over time. Some of you may have made attempts to break a smoking addiction or control a drinking problem. In all cases, very open explorations of the patterns of behavior involved and of the driving and supporting forces are necessary before one can begin to learn new patterns of food intake, relief of tension, or interaction with other human beings. The safer sex message for sexually active adults has to come at times and places and in language that will be useful for individuals who are trying, not always eagerly, to change a very basic behavior pattern. Research is beginning, such as that by the Gay Men's Health Crisis in New York, which shows that specifically erotic video tape materials are very helpful in teaching safer sex practices in some detail to gay men whose practices have been risky. This material would be labeled pornographic by many in our social system and a few politicians have made a great deal of political hay out of assuring us that our tax dollars are not "misspent" in this terrible way.

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How can government, in pursuit of keeping all persons healthy, adequately provide the level of information needed by these various subgroups in our society without violating the norms of others? Can government only support messages that are so acceptable that they are too bland and vague to be useful? I do not think that is effective. Many of us have found that working carefully with local groups sometimes can yield citizen support for appropriately specific material targeted at the subgroups. But the process is not simple.

The third question: *Whose values shape the material?* I have talked mostly about the anatomical facts involved and the difficulties in choosing language appropriate to them. A second major area of concern is that of values associated with sexual behavior as it is and as it might become. Many of us were raised in a world which assumed that the ideal person was one who remained a virgin until marriage at which time he or she entered into a lifetime heterosexual contract with a single partner who likewise assumed monogamy as a way of life. We know that millions of people in this country have more than one sex partner, are sexually active before marriage or never marry, and have partners of the same sex in addition to or instead of partners of the opposite sex. We may accept these variations as normal or as less than ideal options exercised from time to time. While those choices might not be appropriate for all, some of them may be the preferred or only options for some others.

Many of the arguments about appropriate government involvement in education to prevent further transmission of HIV have concerned whether the only way education can be provided is to wrap it carefully in a package of exclusive support for adult, lifetime, monogamous, legally recognized heterosexual relationships. While there may be several positive results of such a relationship (no sexually transmitted diseases, no teen pregnancy, no unmarried mothers or fathers), and that option certainly has been sustained as a pattern in our society for a long time, it is clearly not the life choice for all individuals in this country today. By becoming too committed to that single message we may exclude from our audience persons who, for a variety of reasons, have made other choices. A message laden with unacceptable values may be a message totally ignored. And it is possible to reduce the spread of HIV without that single option being forced on everyone. It also is important to remember that there are not two mutually exclusive groups—a "we" who are pure, to be protected, and a "they" who deserve their fate if they will not accept our values. How can we support wise, or wiser, choices in those who are not in lifetime heterosexual monogamous relationships? Do we, by acknowledging the existence of serial monogamy or homosexual activity, "promote" either? As pointed out earlier, the continual use of sexual imagery in the media seems to say that our society tolerates a good deal of openness on a variety of sexual activities as long as one does not talk about them explicitly. To stop HIV we must be able to speak explicitly to all groups of sexually active individuals and to do so in a language that will be effective. Is this a flouting of our basic values or is it an acknowledgment of the value of all life?

While a state may demonstrate an openness to multiple values in acting to protect life, there still are potential problems. A state school board may require AIDS prevention education in every district at every grade level, or a legislature may fund "outreach education for groups at high risk." Someone will have to translate those decisions into lesson plans acceptable in each classroom, or decide what form of media to use in outreach. For example, Oregon has funding for education in the gay community, and in consultation with gay leaders has funded a poster design contest to identify a message that would foster mutual support among gay men. The winning design, "We Can Live Together—The Best Weapon We Have Against AIDS Is Ourselves," shows two nicely dressed young men in a park, one with his arm flung across the other's sweated shoulder. The transit advertising company pulled the poster because of public outcry at this "flaunting" of homosexuality. Yet a Sunday paper, in the same week, ran multiple advertisements for shirts, soda pop, beer, et cetera, showing men in positions at least as intimate. The reference to AIDS made sex too explicit for some individual values.

I hope that all of this discussion has raised more questions than it has provided answers. That is my intent. Government in this country is, I am happy to say, a function of the people. Government activity, including research on sex or education about AIDS, requires money. The expenditure of tax money follows the enactment of law. In my experience as a public official, law follows, rather than leads, practice. Once the general populace decides to accomplish something, the law will follow, as opposed to a few people deciding what is needed and then using the law to coerce everyone else. That means if we want public agencies to be fully and adequately funded to provide the education needed to support changed sexual behavior over time, citizens must change their understanding of sexual behavior in our society and support an active public involvement in helping each other make wise sexual choices. Therefore, it is necessary that you understand these issues and your own value choices, that you believe that appropriate education is needed, that you want to know, and that you want support in making wise changes before the government can take appropriate action, whatever that may be.

As a public health official, I only can hope that this happens relatively quickly. As I said earlier, we already have over 70,000 persons diagnosed with the disease AIDS, and our best calculation is that a million people are infected with the virus. There is no way I can snap my fingers and have the infection confined to those million people. Out of those million, at least one, as I speak, is engaged in a sexual act which will transmit the virus to another individual. That infected individual, who will not know he or she is infected, will go on to infect yet another or others. The chain will continue until we can get adequate information to every single citizen, young or old, straight or gay. And not "just the facts," but a message of understanding about being sexual creatures with choices to make.

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As a surrogate for all public health officials, I can assure you that I can do my job only with your help, with your expectation that I will be frank and honest, that I will be able to work with schools, with businesses, and with civic groups to present information acknowledging society's rich diversity and the good and bad choices currently being made by people. Assaulting individuals with information randomly, wildly, or intrusively will be ineffective. We must make it available in a way that catches people's attention, engages their consideration of their own behavior, and encourages them to make wise choices and to sustain those changes over time. Government has this role in influencing, not regulating, the sexual behavior of citizens.

If we can find a way to do that successfully with this epidemic, we may also find that we have made a dent in several other persistent problems in our society today. It is not a technological fix, nor an easy one. I invite you to become partners in the process of using our public resources wisely to support private choices which lead to health.

Thank you.

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People expect public health agencies to stop epidemics. Some people who do not know much about public health have been somewhat surprised that there are government agencies available to respond to the HIV epidemic. The circumstances in the early years of this outbreak, in fact, resemble those at the turn of the century when many public health laws were enacted, though the diseases then were smallpox and cholera.

Some have been very critical that public health officials did not respond rapidly enough. There is some validity to this, but I believe one reason for the slower response is that the methods of stopping this epidemic are not technological. If what were needed were clinics where a "magic bullet" could be handed out, the entire social apparatus would respond readily; it fits our bias that shiny things fix problems. In the AIDS situation, however, we must find a way to support sustained changes in behavior in an intimate, private, essential part of life, and do so without irreparably violating social norms.

Let me be clear that I will not be talking about government's role in using existing law to deal with such things as child sexual abuse, nor do I have any clear view of how to deal with prostitution. I am concerned about what govern-

* The 1988 John B. Gage Lecture, University of Missouri - Kansas City School of Law, September 29, 1988.

** Administrator, Oregon Health Division; member, Presidential Commission on the Human Immunodeficiency Virus Epidemic; B.S.N., 1965, St. Olaf College; M.N., 1968, U.C.L.A.

ment should do to reduce the "common, ordinary spread" of this disease.

The HIV is a retrovirus which is spread from an infected person to another uninfected individual through some direct contact which allows infected blood or other infected cells to be passed from the infected individual to the uninfected individual. That this was a virus, and a sexually transmitted one, was suspected early and fairly quickly confirmed.

Careful analysis of the over 70,000 cases of AIDS which have occurred in the United States thus far has shown that the routes of transmission are sexual activity with the exchange of semen and those activities in which blood is transferred from one individual to another, such as the sharing of "works" for the illicit injection of drugs or the transfusion of blood products. Studies of those infected but not yet ill (estimated at one million persons nationwide) confirm these findings. (The virus can be isolated from other body fluids, at low concentrations, and there are scattered reports of other transmissions such as mother to infant by breast milk.)

The blood products-associated transmission of HIV has been almost entirely eliminated by the screening of donated blood and the heat treatment of products used for hemophilia. The spread of HIV infection through drug use practices is not as easily stopped, but will not be the subject of this discussion.

I will be focusing on sexually transmitted HIV infection. I want to underscore that I mean both heterosexual and homosexual transmission. It is an historical quirk that the gay community was affected first so severely, because of the rapid spread of disease among that portion of the gay community in which multiple, anonymous sex partners were common. (This spread has been well documented in works such as *And the Band Played On*.)

This presentation is not an overview of the life-cycle of the retrovirus or of the symptomatology associated with clinical HIV infection or AIDS. As a responsible public health official, I have as my goal the end of transmission of HIV from the currently infected to the currently uninfected. Once the virus is transmitted, prevention has failed. The very important issues of providing adequate support, counseling, and eventual medical treatment are of broad societal concern, but will not be discussed here.

To stop sexual transmission, *all* persons capable of sexual activity must either:

1. Reach a decision to abstain entirely from physical sexual acts,
2. Enter into (or remain in) a mutually binding lifetime monogamous relationship, or
3. Have a limited number of partners, engage in sexual acts in which the likelihood of transmission of virus is low, including acts such as "petting" or mutual masturbation, or use condoms.

There are two distinct groups that need to consider and make the behavioral choices I have outlined:

1. Those persons already sexually active who need to shift to or be sustained in wise (or wiser) choices about number of partners or choice of pleasurable acts, and

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2. Those persons not yet sexually active who are about to become so, generally thought of as teenagers or pre-teens who are being educated and socialized about appropriate choices.

Most of the issues I will raise apply to both groups, albeit a bit differently to each.

As a general rule, sex is viewed as a private matter. In the late twentieth century, the United States still carries a large burden of attitudes toward sexual behavior carried over from the Victorian era (for example, ruling out any open talk of sexual topics). Many of today's adults grew up in a world in which even accurate discussion of basic sexual anatomy was difficult.

We have learned something about the positive potential of more open discussion. We have seen the reduction in teenage pregnancy and delay in sexual activity when there is open access to accurate information for teens and preteens, and the plummeting rates of syphilis and gonorrhea in gay communities where safer sex is a socially acceptable topic. We are not yet comfortable translating this knowledge to wide-spread policy, however.

On the other hand, we live in a world in which sex readily is exploited for commercial reasons, in which sex is used to sell almost any kind of product, and in which entertainment of all kinds frequently depicts sexual activity as pleasant, appropriate, and rewarding for people of all ages, and under all sorts of circumstances, with very little acknowledgment of the consequences of multiple sexual partners, sex without protective steps such as the use of condoms, and sex prior to adulthood.

As a public health official, I am responsible to the citizens of my state to preserve, protect, and promote their health. Because that includes stopping HIV infection, I must work with citizens to change sexual practices. That means understanding better how our society views the appropriate role of government in discussing sexual activity, in exploring choices about the sexual side of human nature, and in sustaining practices which reduce the likelihood of disease transmission. Note I said "reduce": we have yet to eliminate any sexually transmitted diseases, even those for which there is a cure, and I do not imagine we will stop completely HIV transmission in my lifetime.

While I represent the public health sector, it is important to understand that other public agencies are involved. The principal agency available in the community for education, particularly of the young, is the public school. Most public health departments have working relationships with schools, and where the target audience is youngsters, the schools often are involved. For example, having reached the public policy decision that all children should be immunized, the school becomes the point of control by verifying that children are fully immunized before being permitted to enter the school situation. Many of us are concerned about the burdens placed on schools today and have listened to or even participated in conversations about allowing schools to get on with their role of teaching the basics well rather than burdening them with other tasks. It is my perception that schools exist to serve the function of providing society with well-prepared

adults, that is, prepared to take their places in society as effective community members. That means more than education in the basic skills of reading, writing, and arithmetic. It includes training in the skills necessary for a full and active participation in society. Protection of the health of one's body seems to me to fit that definition of a necessary skill and, therefore, something that should be supported as a role of the schools. In fact, the Presidential Commission on the HIV Epidemic took a very strong stand in declaring that a full program of health education should be available for all children from their earliest entry into an organized education system at preschool or kindergarten through their completion of high school or college.

Not all citizens agree with that view or with the view that there is a governmental role in changing the sexual practices of adults. I have been asked often, "Hasn't every adult learned from the evening news what is needed to stop this epidemic?" And the answer is "no": more than "the news" is required to teach us to eat properly, stop smoking, buckle our seat belts, and stop putting waste chemicals into our water. Nor are "those at risk" a self-contained community apart from "us" who could be allowed to meet their fate without bothering the rest of "us." We are a society of the whole and must respond to all. The Presidential Commission was very clear that government has an active role in supporting adult sexual behavior change, without the convenience of a universal adult school system through which we all pass.

There are many important questions in setting out our public policy in this area. I will discuss three of them tonight.

First, *What do we know about the sexual behavior of our citizens?* Each of us knows what our own sexual behavior is and at least some, if not all, of the sexual behavior of our partner or partners. We may know something about the information concerning sex provided to our own children, or provided to us by our own parents. We may know something about the sex lives of our nearest friends. But what we know about the range of human sexual behavior is extremely limited.

The major study on which we draw to define the presence of homosexuality, bisexuality, or heterosexuality is the Kinsey Report, which is forty years old and was flawed procedurally when it was done. There is such a fascination with the technological research necessary to understand HIV and its effects on the body in order to find medical treatments that the funding for additional social research on sexual practices and on our ability to influence changes in sexual practices has been woefully inadequate.

In fact, those in our society who make a career of studying sexuality often have been the butt of jokes. From the testimony of Masters and Johnson in front of the Presidential Commission, I deduce that at least one reason for their failure to submit their findings to peer-reviewed journals was their experience of being attacked and criticized for their research. Research about sexual choices may sound like voyeurism to some and may verge on the kind of research that has won Senator Proxmire's Golden Fleece Award in Congress. We see social

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and behavioral sciences as "soft" and do not honor them as we do biology or chemistry.

If we are to accomplish the task of appropriate education about both the physical side of sex and the psychological and sociological information that will allow our citizens to make wise choices for a lifetime, we must have a better understanding of the subgroups of our population, as divided by differences in sexual activity, choice of sexual partners, and the like. Beyond the facts of how many people currently do what, we must have a sound research base on whether the use of audiovisual materials, speakers, demonstrations, in-home education, at-work education, et cetera, are the ways to foster healthier behavior choices. This research will mean increasing the expenditure of research money, and the source of most research money today is our government.

There is limited support to spend more money on understanding the what, how, and why of sexual choices, though the National Academy of Sciences, among others, does support such an investment. For example, collectively we have only a dim understanding of the existence of homosexuality, and many persons continue to see it as an explicitly chosen deviance which can be avoided or abandoned. There is only limited understanding of same sex partner attraction as something which simply is a fact for some proportion (perhaps ten percent) of the human species. One of the least understood areas is homosexuality in adolescence, a critical period in shaping lifetime sexual activity decisions.

The second question: *How do we talk about sex?* Some citizens seem to want public health protection only in the form of locking up "them," the infected. There is a place for quarantine, more properly called a restrictive public health order, but it is limited and for rare events. But most people seem to want information about how they can protect themselves. However, they do not always like it very well when those messages are embarrassing or distressing. A number of us who speak a lot about this epidemic have identified what we call the "AIDS Twitch." It may already have happened here, tonight. It generally occurs either the first time homosexuality is openly acknowledged as a part of society which must be taken into account in dealing with this epidemic, or the first time words such as "semen," "masturbation," "condom," "vaginal secretions" are used. It involves being mildly embarrassed for the speaker who stupidly has violated a social norm, and looking around to see who else is getting red in the face.

Because of our societal inhibitions, the early explanations about transmission of HIV were couched in general language; "body fluid exchange" is a good example. The use of this phrase led to the early perception that anything damp coming from a human body was capable of transmitting the disease, and a good deal of energy has been expended clarifying the fact that only two bodily fluids, blood and semen, contain sufficient concentrations of the virus to be effective transmitters of the disease.

As a second example, the terms "safe sex" or "safer sex" were used to describe sex in which "body fluids" are not exchanged. The general phrase is

ineffective in conveying the information that intimacy is possible between two people, but that very specific precautions need to be taken against the transmission of semen or blood. Those precautions include the use of condoms and the avoidance of activities that might lead to bleeding.

The phrase "Just Say 'No'" has been joked about a great deal. The phrase has some validity for a small child learning that touching of the body by a stranger is something to which one should say "no," and learning that exploration of physical intimacy with another person is something that should be avoided until an older age. But "Just Say 'No'" unsupported by adequate information about the forces that operate physiologically and sociologically on adolescents in our society is inappropriate.

On the other hand, most of us do not want to turn on the evening news and get a detailed visual anatomy lesson. In fact, television news may not be the best place to convey appropriate sexual information. Contrary to some popular opinion, not all Americans rely on the six o'clock news for all required facts about a subject. Nor do we want detailed information on topics such as mutual masturbation taught in grade school.

Education must occur in many places. The school *can* teach basic biology, in appropriate language for various levels of development. Schools also can help teach some of the psychology and sociology of human interaction associated with beginning to understand oneself as a sexual being. But what goes on in the school must be supported by what goes on in the home, what goes on in the church, what goes on in the social club, and what is portrayed on television and in the movies. These re-enforcers go far beyond what government ever can and should do to shape behavior.

Almost more complex than the issue of how to teach young people is the challenge of informing those who already have begun sexual activity. Here it might be helpful to reflect on how difficult it is to change behavior that is associated with any deep human drive. My favorite example, because it is socially acceptable to discuss it, is my own personal attempts to change my eating habits over time. Some of you may have made attempts to break a smoking addiction or control a drinking problem. In all cases, very open explorations of the patterns of behavior involved and of the driving and supporting forces are necessary before one can begin to learn new patterns of food intake, relief of tension, or interaction with other human beings. The safer sex message for sexually active adults has to come at times and places and in language that will be useful for individuals who are trying, not always eagerly, to change a very basic behavior pattern. Research is beginning, such as that by the Gay Men's Health Crisis in New York, which shows that specifically erotic video tape materials are very helpful in teaching safer sex practices in some detail to gay men whose practices have been risky. This material would be labeled pornographic by many in our social system and a few politicians have made a great deal of political hay out of assuring us that our tax dollars are not "misspent" in this terrible way.

intimacy is possible between two people. It can be taken against the transmission of the use of condoms and the learning.

It is about a great deal. The phrase "that touching of the body by a doctor," and learning that exploration of something that should be avoided is supported by adequate information and sociologically on adolescents in

It is not to turn on the evening news, television news may not be the solution. Contrary to some popular block news for all required facts and information on topics such as mutual

school can teach basic biology, development. Schools also can help human interaction associated with learning. But what goes on in the home, what goes on in the street is portrayed on television and what government ever can and

How to teach young people is the problem. It has begun sexual activity. Here it is to change behavior that is the example, because it is socially unacceptable to change my eating habits is to break a smoking addiction. When open explorations of the patterns supporting forces are necessary food intake, relief of tension, or sex message for sexually active language that will be useful for to change a very basic behavior. The Gay Men's Health Crisis in video tape materials are very difficult to gay men whose practices are pornographic by many in our great deal of political hay out there" in this terrible way.

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How can government, in pursuit of keeping all persons healthy, adequately provide the level of information needed by these various subgroups in our society without violating the norms of others? Can government only support messages that are so acceptable that they are too bland and vague to be useful? I do not think that is effective. Many of us have found that working carefully with local groups sometimes can yield citizen support for appropriately specific material targeted at the subgroups. But the process is not simple.

The third question: *Whose values shape the material?* I have talked mostly about the anatomical facts involved and the difficulties in choosing language appropriate to them. A second major area of concern is that of values associated with sexual behavior as it is and as it might become. Many of us were raised in a world which assumed that the ideal person was one who remained a virgin until marriage at which time he or she entered into a lifetime heterosexual contract with a single partner who likewise assumed monogamy as a way of life. We know that millions of people in this country have more than one sex partner, are sexually active before marriage or never marry, and have partners of the same sex in addition to or instead of partners of the opposite sex. We may accept these variations as normal or as less than ideal options exercised from time to time. While those choices might not be appropriate for all, some of them may be the preferred or only options for some others.

Many of the arguments about appropriate government involvement in education to prevent further transmission of HIV have concerned whether the only way education can be provided is to wrap it carefully in a package of exclusive support for adult, lifetime, monogamous, legally recognized heterosexual relationships. While there may be several positive results of such a relationship (no sexually transmitted diseases, no teen pregnancy, no unmarried mothers or fathers), and that option certainly has been sustained as a pattern in our society for a long time, it is clearly not the life choice for all individuals in this country today. By becoming too committed to that single message we may exclude from our audience persons who, for a variety of reasons, have made other choices. A message laden with unacceptable values may be a message totally ignored. And it is possible to reduce the spread of HIV without that single option being forced on everyone. It also is important to remember that there are not two mutually exclusive groups—a "we" who are pure, to be protected, and a "they" who deserve their fate if they will not accept our values. How can we support wise, or wiser, choices in those who are not in lifetime heterosexual monogamous relationships? Do we, by acknowledging the existence of serial monogamy or homosexual activity, "promote" either? As pointed out earlier, the continual use of sexual imagery in the media seems to say that our society tolerates a good deal of openness on a variety of sexual activities as long as one does not talk about them explicitly. To stop HIV we must be able to speak explicitly to all groups of sexually active individuals and to do so in a language that will be effective. Is this a flouting of our basic values or is it an acknowledgment of the value of all life?

While a state may demonstrate an openness to multiple values in acting to protect life, there still are potential problems. A state school board may require AIDS prevention education in every district at every grade level, or a legislature may fund "outreach education for groups at high risk." Someone will have to translate those decisions into lesson plans acceptable in each classroom, or decide what form of media to use in outreach. For example, Oregon has funding for education in the gay community, and in consultation with gay leaders has funded a poster design contest to identify a message that would foster mutual support among gay men. The winning design, "We Can Live Together—The Best Weapon We Have Against AIDS Is Ourselves," shows two nicely dressed young men in a park, one with his arm flung across the other's sweated shoulder. The transit advertising company pulled the poster because of public outcry at this "flaunting" of homosexuality. Yet a Sunday paper, in the same week, ran multiple advertisements for shirts, soda pop, beer, et cetera, showing men in positions at least as intimate. The reference to AIDS made sex too explicit for some individual values.

I hope that all of this discussion has raised more questions than it has provided answers. That is my intent. Government in this country is, I am happy to say, a function of the people. Government activity, including research on sex or education about AIDS, requires money. The expenditure of tax money follows the enactment of law. In my experience as a public official, law follows, rather than leads, practice. Once the general populace decides to accomplish something, the law will follow, as opposed to a few people deciding what is needed and then using the law to coerce everyone else. That means if we want public agencies to be fully and adequately funded to provide the education needed to support changed sexual behavior over time, citizens must change their understanding of sexual behavior in our society and support an active public involvement in helping each other make wise sexual choices. Therefore, it is necessary that you understand these issues and your own value choices, that you believe that appropriate education is needed, that you want to know, and that you want support in making wise changes before the government can take appropriate action, whatever that may be.

As a public health official, I only can hope that this happens relatively quickly. As I said earlier, we already have over 70,000 persons diagnosed with the disease AIDS, and our best calculation is that a million people are infected with the virus. There is no way I can snap my fingers and have the infection confined to those million people. Out of those million, at least one, as I speak, is engaged in a sexual act which will transmit the virus to another individual. That infected individual, who will not know he or she is infected, will go on to infect yet another or others. The chain will continue until we can get adequate information to every single citizen, young or old, straight or gay. And not "just the facts," but a message of understanding about being sexual creatures with choices to make.

As a surrogate for my job only with you honest, that I will be a groups to present information and bad choices current information randomly, it available in a way that of their own behavior, those changes over time the sexual behavior of

If we can find a also find that we have society today. It is not become partners in the private choices which le

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raised more questions than it has. If the government in this country is, I am happy to see activity, including research on sex, the expenditure of tax money follows the public official, law follows, rather than the public decides to accomplish something, people deciding what is needed and what means if we want public agencies to provide the education needed to support must change their understanding of active public involvement in helping. It is necessary that you understand that you believe that appropriate action, and that you want support in to take appropriate action, whatever

hope that this happens relatively over 70,000 persons diagnosed with that a million people are infected on my fingers and have the infection a million, at least one, as I speak, to the virus to another individual. If he or she is infected, will go on to continue until we can get adequate tested, straight or gay. And not "just about being sexual creatures with

As a surrogate for all public health officials, I can assure you that I can do my job only with your help, with your expectation that I will be frank and honest, that I will be able to work with schools, with businesses, and with civic groups to present information acknowledging society's rich diversity and the good and bad choices currently being made by people. Assaulting individuals with information randomly, wildly, or intrusively will be ineffective. We must make it available in a way that catches people's attention, engages their consideration of their own behavior, and encourages them to make wise choices and to sustain those changes over time. Government has this role in influencing, not regulating, the sexual behavior of citizens.

If we can find a way to do that successfully with this epidemic, we may also find that we have made a dent in several other persistent problems in our society today. It is not a technological fix, nor an easy one. I invite you to become partners in the process of using our public resources wisely to support private choices which lead to health.

Thank you.

Different Views

The President's Commission on AIDS: What Did It Do?

KRISTINE M. GEBBIE

Introduction

It can be hard to comment on something you have experienced intimately as one of the 13 members of the Presidential Commission on the HIV Epidemic.

The distance of several months is helpful, however, and it has been educational for me to reflect on the process.

The Commission was made up of 13 individuals. By non-mutually exclusive categories, we were eight men, five women, one Black, one gay, five physicians, two nurses, two academics, one minister, one legislator, one publisher, five business executives, one government official, one sailor; geographically, seven from New York/Washington, three from the Midwest, two from the West Coast, one Southerner. There is no way we could be representative of the nation, but we tried to be conscious of all segments of our society. Several were entities "known" to the Reagan Administration, some not; some had congressional support, some were known to their colleagues, some were a category about which it could be said "we've got to have one of them," etc. What I brought to the Commission's process was exposure to the public health system, separation of illness care from prevention, and perhaps some broadening of awareness of the complexity of experience with human immunodeficiency virus (HIV) and public health policy within state health officials association, and in my own State. Perhaps it is important that I did *not* come from New York, California, Florida, New Jersey, Texas. Many people do not identify with those states, and although they have led in this epidemic (both in problem and solutions) their experience must be translated to be useful to others.

The charge to the Commission was enormous: "advise the President and Secretary of Health and Human Service and other relevant cabinet heads on public health dangers including medical, legal, ethical, social and economic impact, from the spread of the HIV and resulting illnesses."¹ Specific areas requested included: "recommend measures that Federal, State and local officials can take to protect the public . . . to assist in finding a cure and . . . to care for those who have the disease."¹ The Commission was further charged to "evaluate efforts by educational institutions . . . analyze efforts currently underway by Federal, State, local authorities, examine long term impact on care system . . . review U.S. history of dealing with communicable disease . . . evaluate research activities . . . identify future areas of research . . . examine policies for development of drugs . . .

assess progression of AIDS among the general population and subgroups . . . study legal and ethical issues . . . review the role of the US in the international pandemic."¹

The Chairman, when I was appointed, was an Admiral asked by his Commander-in-Chief to complete a mission. There were two key elements on which he insisted: 1) credible testimony in public hearings would be the basis for recommendations (rather than any preconceived ideologies of Commissioners); and 2) the regular appearance of HIV-infected persons would put more abstract issues into the human perspective.

Things the Commission did not do

It did not do much, if anything, to bring the President into the HIV response, possibly because he is so shielded by the conservative voice. To no avail, we criticized the Reagan Administration, suggested attitudes and approaches not comfortable to its leaders, asked for monies that had not been authorized. It was probably too much to hope that there would be a sudden turn around. Yet it might have been a nice finish if we at least could have met in the Rose Garden.

Neither did we break the Congressional log jam or budget. There was no immediate action to pass the Americans with Disabilities Act² or pour monies into drug treatment. Yet the Commission was clear that both actions were critical first steps. A word about each:

- The Americans with Disabilities Act recommendation was the cause of the most serious disagreement in the final report, with a split vote. I believe the debate was not about fighting or not fighting discrimination, but on this particular act as the vehicle. It takes a broad, "civil rights" approach to *all* disabilities, not setting the HIV-infected apart. The majority of the Commissioners viewed it as the most equitable and efficacious way to proceed. Chief opposition comes from the business community which saw this approach as "too costly."
- Massive increase in drug treatment (to the level sometimes called "on demand") requires re-thinking substance abuse as a chronic condition which may need treatments at several points in an individual's life. We must become serious about attacking addictions with *all* available weapons, not just police action and "just say no" campaigns.

We did not really resolve what I think is going to be a major subject of debate in the coming months: the appropriate response to a health care worker exposed to a potentially infectious substance, and the appropriate behavior of an infected health care worker. The Commission report includes some nice paragraphs on the subject, talking about "workers' right to know" (long a favorite public health phrase), confidentiality, prospective policies regarding infected workers. Listening to physicians, nurses, EMT's (emergency medical technicians), their spouses, lovers, employers over the past few weeks, it becomes clear to me that this issue is far from

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settled. It is precisely here that "they" become "us" and our intellectual solutions become gut-wrenching crises. "What's good for the goose is good for the gander" is not sufficient to clarify our concerns or our policies. Strong advocates for informed consent to testing start working on exceptions; strong advocates for right-to-work start discussing risks to patients or employers; all of the contradictory view-points and proposals are borne in upon us in a vivid manner. I believe even those institutions which think they have it settled will go through several changes before we have collectively sorted it all out.

Yet with all this we may have taken some of the wind out of the sails of extremists in Congress by failing to give them any additional weapons, and that is progress of a sort. In fact, we did not provide a blueprint for extremists of any stripe. Not surprising on the left, since I defined the radical left wing of the group in a perspective friends and family find most amusing. For example, one organization claiming to represent American women is suing the Commission for information to prove we were coerced and manipulated by liberal groups into ignoring their testimony on the need for an all-female blood supply to assure the safety of transfusions.

Although we did not avoid all the hard words like "condom," we made some careful decisions about how to use them so that we did not detract from the main point of the report with teapots in teapots of various kinds. It is possible to recommend appropriate access to services and education without debating such side issues as whether slang names for condoms belong on subway posters. These need local debate and decision, and could have diverted us unnecessarily.

What the Commission did

The Commission translated the epidemic into language which is accessible for many citizens. Having worked on both this Commission and the Institute Of Medicine AIDS Oversight Committee, updating *Confronting AIDS*,³ I am quite conscious of the differences. There is a substantial difference between the intellectual understanding of the AIDS epidemic achieved by most public health officials, medical scientists and policy makers (even those with deep emotional involvement in the epidemic), and the gut reaction of so many lay persons who experience a mix of fear, fascination, and denial that has nothing to do with logic or facts. The Commission forced witnesses to speak plain English not "laboratory" or "bureaucratese." Having the editor of the *Saturday Evening Post* on the Commission helped remind us of the concerns and fears of a readership which could serve as a metaphor for "the public" that others of us might have ignored or failed to identify at all. Not that the report will become best seller at the supermarket checkout stand. But any individual—be they county commissioner, hospital board of trustees member, school board member, minister, business person, parent seriously struggling to identify a next step, or to decide how to vote on a policy—should be able to find, in plain English, guidance on what would be the appropriate and effective thing to do.

Further, what those folks will find is supportive of the essential role played by our nation's public health system, and should reinforce the appropriate use of the system to understand the epidemic and to prevent its further spread. I say that, knowing that some portions of the report do not match the current practices of many state and local health agencies. The use of HIV testing, the inauguration of HIV reporting and partner notification systems, the wide extension of prevention education in our school systems, are still the subject of debate.

But the report is consistent with valid public health principles, and recognizes the role of local decision-making in translating ideas to action. Use of the report as a resource document with policy makers at the local level will, I believe, serve to improve rather than weaken the system.

The Commission articulated a social contract applicable to conditions of public health importance: the absolute obligation of society to provide care in a non-discriminatory manner; the obligation of official agencies to apply their skills and expertise promptly and effectively; and an equally firm expectation that the affected (in this case, the infected) will do all possible to prevent further spread. This interaction is not plain in much of the AIDS/HIV rhetoric, which pushes one side of the equation or the other.

The Commission challenged the Reagan Administration's (and many people's) narrow view of the epidemic. I believe there was a fond hope on the part of many that the report would highlight some hitherto ignored fact about the virus, suggest removing one or two bureaucratic roadblocks (fire 'X', reshape bureau 'Z'), and announce that the epidemic would end by Christmas of 1990. Instead, to borrow a phrase from Admiral Watkins, we looked at the American system through the "lens of the HIV" and found gaping holes, huge problems. We said that if this country does not do something about all of these problems, it will never stop the epidemic. What were these things? The least of them are the difficult bureaucratic hurdles of competing cabinet secretaries, Office of Management and Budget roadblocks, and limited staff in key agencies. More important is our failure to offer each child born a comprehensive health and health education program which would provide the basis for a healthy adult life; our failure to construct a coherent system of delivering illness care services, and of paying for those services; and our failure to really understand the dangers of creating a permanent underclass, a drug-linked culture which does not participate in the ordinary obligations and benefits of our social system. These are huge criticisms. In some cases we were able to crystallize a possible program to change what is going on (e.g., in regard to a comprehensive school health program), but in others we only pointed out the concern (e.g., illness care financing) and recognized its relationship to AIDS.

We were not over-extending our reach, or abrogating our responsibilities given the charge to us. We had to open the door to the discussion, but we were limited by knowledge gaps, by our time frame, and by the complexity of the task.

The bureaucracies, especially the federal ones, were pushed hard. In some cases, we saw changes even as we were meeting, with issues resolved, concerns clarified, action occurring. But many of the problems remain. Some astute political scientist could distill much from a study of how various agencies worked or failed to work with the Commission. The Agency for International Development apparently confused us with Congress and was so busy "selling" the line that the Reagan Administration had its act together and needed no more money that its representatives could not answer the simple question asked on behalf of the President, "what would you do if you had no fiscal or manpower constraints?" On the other hand the Food and Drug Administration and the National Institutes of Health tried to take every opportunity to push a general agenda of agency improvements within the AIDS focus. Some interactions with the Centers for Disease Control may have reflected issues recently raised by the Institute of Medicine's recent report on the Future of Public Health.⁴ We are not really sure how to balance our role as scientists and healers with our roles as an arm of government

DIFFERENT VIEWS

in the political arena. The very bureaucratic response of the Reagan Administration to our report (which sounds like a cross index of all 600 recommendations, concluding that 40 percent are already underway) may in part be the bureaucracies fighting back. It is very hard to just say "ok we've taken our knocks, let's get on with it." It may be especially hard to do so in the present Department of Health and Human Services which seems to lack central focus and direction as far as the AIDS/HIV epidemic is concerned.

The door to local effort was kept open as the Commission tried to acknowledge the unique nature of the epidemic in each town or country or state. We saw the national role as setting some goals, and providing some resources (research findings, personnel, cash) but we underscored the need to select carefully the blend of education, service, volunteerism, and official action that would take each jurisdiction farthest. I think this disappointed some to whom a single national answer is so appealing. But one of the enduring lessons of public health is that solutions must be tailored to circumstances, and that local "ownership" of both problem and solution are essential to long-term success. We tried hard to remove those barriers that prevent every citizen from understanding that this is *our* problem, not just a problem for some "other" people who are somehow not like me by virtue of race or sexual orientation or addiction or criminality or whatever.

Some people have, I think, tried to use the "well, just how many cases are there?" debate to avoid dealing with the epidemic. This diversion was a part of the Commission dynamics, as well. Some witnesses indicated that "unless you can tell me with certainty *exactly* how cases are infected right now, I can't do anything." Because the seroprevalence question is an intriguing one, and many of us *would* really like to know the answer, we are diverted from the larger tasks. The report tries to separate the issues, saying both "find out" and "get on with the job." The group most disadvantaged by the lack of precision is the actuarial fraternity as it tries to predict illness care costs in one, five, ten, or twenty years. I am sympathetic to their concern but, for most of us, an error of even a substantial magnitude means little. We know what we need to know to get on with both our preventive mission and our caregiving mission. I am especially concerned to emphasize what the report said on behalf of our children. We know what our next generation needs to know, believe, and practice in order to avoid this disease. We bear the burden if we fail to provide them with what is necessary.

There has been some action in Congress. For example, two components of the most recent HIV Act⁵ passed relate to our activities directly; the creation of a new Commission, and the use of a formula to determine the distribution of funds to state programs. The Commission was put in the Act in conference, with little fanfare, but is important. It provides an extra-administration platform for continuing observation of the epidemic and our response over the next two years, a critical period for focusing our energies and systematically consolidating our attack. The formula was added with little debate, but I am a bit concerned about it. The formula proposed in the Commission report¹ was based on several factors. First, just getting state and local agencies out of competition, and able to rely on funding over a period of time, but more importantly, recognizing that some basic activities, such as education, have to be in place regardless of the current rate of infection. In fact, some of the prevention activities may be even more critical in today's low incidence states than in high incidence states. The enacted formula puts all the emphasis on currently reported cases of AIDS, a

marker which is dated in comparison to the spread of the virus, and is most pertinent to distributing illness care funding, (though even there, it is in error because of migration). I am anxious to see how the formula is interpreted by federal agencies, assuming an appropriation is matched to the bill by the next Congress. I suspect there will be a number of changes suggested almost immediately.

Another and very significant legislative marker of the impact of the Commission will be the state legislatures. The Commission's report reinforced the idea that the state is the foundation of our public health system, and made a number of direct recommendations for state law improvements. These included such topics as confidentiality of public health and medical records; due process protection in any law authorizing restrictive public health orders (quarantine); standard of practice for physicians, nurses, dentists in state practice acts; and criminal justice or practices when the accused or convicted is seropositive. I would not be surprised to see dozens of bills across the states receiving attention in the coming months. I hope they also include appropriations.

All jurisdictions have been forced to steal resources from other under-funded public health programs to react to HIV. Important as HIV is, it does not justify abandoning our efforts to stop other sexually transmitted diseases, lower infant mortality, decrease injuries, eliminate tobacco-caused diseases, and support our entire public into a vigorous old age. In some localities, the only resources for HIV-related programming are federal grants and the re-directed time of existing staff. This disease will be with us for a long time and must be better accommodated than that. On the other hand, where the AIDS program has grown huge (an immense proportion of CDC's staff and monies now go to HIV) we must look at rearranging the proportions to reflect the reality of threats to health. It is probably not that HIV gets too much, but that other issues get too little. The Commission made the point repeatedly, with regard to the Centers for Disease Control, the National Institutes of Health, the Food and Drug Administration, State and local jurisdictions. It is clearly an issue the Reagan Administration ignored.

As with so many events, we did many things, not all of which are yet evident, and not all of which may be weighed as positive. On balance, I think this Commission did an incredible job. The opportunity to be the identified "public health person" on the Presidential Commission on the HIV epidemic was an extraordinary experience for me. I learned so much about what we can do, but also of how much we have yet to do. That "yet to do" includes *much* more work letting public health's constituency, the people of the United States, know that we are here, that we are a prepared and competent force which accepts our charge to preserve, promote and protect the health of the people. Working together, we can build on this one event, not only to halt the spread of the HIV, but to opportunistically correct some of those flaws in the system revealed through the lens of the epidemic.

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PRESENT POSITION

Secretary
Washington State Department of Health

2/4/93

PRIOR POSITIONS

1978-1989 Administrator, Oregon Health Division
Assistant Director for Health.

1976-1978 Assistant Director, St. Louis University Hospitals, St. Louis, Missouri

1974-1976 Coordinator - Ambulatory Care, St. Louis University Hospitals (responsible for all outpatient clinics)

1972-1977 Project Director, USPHS Training Grant (to prepare nurse practitioners for practice in distributive settings)

ACADEMIC CAREER

1991-1991 Affiliate Associate Profess. Department of Health Services, University of Washington, School of Public Health and Community Medicine, Seattle Washington

1990-Present Clinical Assistant Professor, Department of Community Health Care Systems, University of Washington School of Nursing, Seattle, Washington

1980-Present Adjunct Associate Professor, Department of Psychiatric/Mental Health Nursing, School of Nursing, Oregon Health Sciences University, Portland, Oregon

1977-1978 Associate Clinical Professor, St. Louis University

1972-1977 Assistant Professor of Nursing, St. Louis University

1968-1971 Instructor and Lecturer, Community Mental Health Nursing, School of Nursing, University of California at Los Angeles

EDUCATION

1965 Bachelor of Science Nursing Degree, St. Olaf College, Minnesota

1968 Master of Nursing Degree, University of California School of Nursing, Los Angeles, California

Current Dr. P.H. Candidate, PEW Doctoral Program in Health Policy, University of Michigan School of Public Health, Ann Arbor, Michigan

PROFESSIONAL ACTIVITIES

- | | |
|--------------|--|
| 1990-Present | American Public Health Association
Executive Board
- Vice Chair, Executive Board |
| 1983-1989 | Program Development Board |
| 1985-Present | Association of State and Territorial Health Officials
Member - HIV Committee |
| 1985-1988 | Chair - HIV Committee |
| 1984-1985 | President |
| 1984-1987 | Member - Executive Committee |
| 1989-Present | Chair, Centers for Disease Control Advisory Committee on the Prevention of HIV Infection |
| 1991 | Chair, Environment, Safety and Health Advisory Committee, US Department of Energy |
| 1992 | Member, Institute of Medicine |
| 1991 | Member, Secretary of Energy Advisory Board Task Force on Civilian Radioactive Waste Management,
US Department of Energy |
| 1991 | Member, Comptroller General's Health Advisory Committee, US General Accounting Office |
| 1990-Present | Member, Advisory Committee for the Hanford Thyroid Disease Study, Centers for Disease Control |
| 1989-Present | Member, Editorial Board, Journal of Public Health Policy |
| 1989-1990 | Chair, US Department of Energy Secretarial Panel on the Evaluation of Epidemiologic Research
Activities |
| 1987-1988 | Member, Presidential Commission on the Human Immunodeficiency Virus Epidemic |
| 1987-1990 | Member, AIDS Oversight Committee, Institute of Medicine |
| 1983-1989 | Board of Directors, Public Health Foundation |

HONORS

- | | |
|------|--|
| 1979 | Distinguished Alumna, St. Olaf College, Minnesota |
| 1983 | Oregon Chapter of American Society for Public Administration Award II |
| 1987 | Civil Liberties Award, American Civil Liberties Union of Oregon |
| 1988 | Arthur T. McCormack Award for Public Health, Association of State and Territorial Health Officials |
| 1989 | Distinguished Scholar, American Nurses Foundation |
| 1990 | Fellow, American Academy of Nursing |
| 1991 | Sigma Theta Tau International, Mary Tolle Wright Award for Excellence in Leadership |

MEMBERSHIPS

- * American Public Health Association
- * American Nurses Association
- * Hastings Center
- * North American Nursing Diagnosis Association
- * Washington Public Health Association

CIVIC GROUPS

- * City Club of Seattle
- * Lutheran Family Services of Oregon and SW Washington, Board of Directors, 1979-1985
- * Oregon Psychanalytic Foundation, Board of Directors, 1983-1987
- * Synod Council, Oregon Synod of Evangelical Lutheran Church in America 1987-1989

PUBLICATIONS

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Many Articles in professional journals in the fields of nursing and public health (a list is available on request).

..... LEXIS/NEXIS Searches Performed for Appointment Candidates

Candidate: KRISTINE M. GEBBIE

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53. PR Newswire, March 4, 1991, Monday, State and Regional News, 549 words, SUDAFED PACKETS TO BE RETRIEVED FROM STORES IN THREE-COUNTY AREA
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62. PR Newswire, August 16, 1990, Thursday, 859 words, DIOXIN, FURAN DETECTED IN LAKE ROOSEVELT FISH, OLYMPIA, Wash., Aug. 16
63. PR Newswire, August 1, 1990, Wednesday, 416 words, WASHINGTON STATE DEPARTMENT OF HEALTH ISSUES ALERT, OLYMPIA, Wash., Aug. 1
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67. United Press International, June 22, 1990, Friday, BC cycle, Regional News, Washington, 327 words, Washington high schoolers score high on AIDS info test, OLYMPIA, Wash.
68. May 23, 1990, Wednesday, 348 words, WASHINGTON RESIDENTS URGED TO DESTROY OUTDATED CHILD CAR SEATS, SEATTLE, May 23
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72. March 23, 1990, Friday, 176 words, ARIZONA OFFICIAL ACCEPTS WASHINGTON STATE LABORATORY POSITION, OLYMPIA, Wash., March 23
73. March 7, 1990, Wednesday, 384 words, RX FOR HEALTH: STOP SMOKING, WASHINGTON!, SEATTLE, March 7
74. Copyright (c) 1990 The New York Times Company; The New York Times, February 28, 1990, Wednesday, Late Edition - Final, Section A; Page 20, Column 5; National Desk, 756 words, Panel Questions Credibility Of Nuclear Health Checks, By KEITH SCHNEIDER, Special to The New York Times, WASHINGTON, Feb. 27, LEAD: A special panel has concluded that the program for monitoring the health of workers in the nuclear weapons industry should be moved from the Department of Energy to another Federal agency because the program's credibility has been damaged.
75. PR Newswire, January 10, 1990, Wednesday, 317 words, WASHINGTON STATE DEPARTMENT OF HEALTH ADVISES FLOOD VICTIMS TO TAKE PRECAUTIONS WITH DRINKING WATER AND FOOD, OLYMPIA, Wash., Jan. 10
76. PR Newswire, January 4, 1990, Thursday, 344 words, STANFORD-TRAINED PHYSICIAN NAMED TO KEY STATE HEALTH POST, OLYMPIA, Wash., Jan. 4
77. Copyright (c) 1989 The New York Times Company; The New York Times, November 22, 1989, Wednesday, Late Edition - Final, Section B; Page 8, Column 3; National Desk, 618 words, U.S. Panel Will Urge Release of Secret Records on Radiation, By KEITH SCHNEIDER, Special to The New York Times, WASHINGTON, Nov. 21, LEAD: A special panel will recommend that the Energy Department immediately give a Pennsylvania health group secret medical and radiation exposure records of 300,000 people who have worked in United States nuclear weapons plants, members of the panel say.

LEVEL 1 - 111 STORIES

78. Proprietary to the United Press International 1988, August 7, 1988, Sunday, EC cycle, Regional News, Oregon, 417 words, Local officials to be told of AIDS virus cases, PORTLAND, Ore., Aids, LEAD: The names of some people who test positive for the virus that causes AIDS will be reported to local health officials under new Oregon Health Division rules that take effect Sept. 1, according to state officials.

79. Proprietary to the United Press International 1988, August 7, 1988, Sunday, EC cycle, Regional News, California, 415 words, Local officials to be told of AIDS virus cases, PORTLAND, Ore., Aids-Oregon, LEAD: The names of some people who test positive for the virus that causes AIDS will be reported to local health officials under new Oregon Health Division rules that take effect Sept. 1, state officials said.

80. Facts on File World News Digest, August 5, 1988, UNITED STATES; AIDS, Pg. 573 A3, 402 words, Reagan Sidesteps Own Commission

81. Copyright (c) 1988 The Washington Post, August 3, 1988, Wednesday, Final Edition, FIRST SECTION; PAGE A1, 830 words, Reagan Turns Aside AIDS Panel Report; More Study of Antibias-Law Proposal Ordered; OPM Rules Adopted, Sandra G. Boodman, Washington Post Staff Writer, LEAD: President Reagan yesterday declined to embrace many of the recommendations contained in the report of his advisory commission on AIDS, including its key proposal for a new federal law barring discrimination against people infected with the virus., NATIONAL NEWS

82. Copyright (c) 1988 The New York Times Company; The New York Times, June 18, 1988, Saturday, Late City Final Edition, Section 1; Page 6, Column 1; National Desk, 1104 words, AIDS Panelists Vote to Expand Anti-Bias Law, By PHILIP M. BOFFEY, Special to the New York Times, WASHINGTON, June 17, LEAD: A bitterly divided Presidential AIDS commission today narrowly endorsed an anti-discrimination proposal that its chairman called 'the key issue in the entire report' to be delivered shortly to President Reagan.

83. The Associated Press, June 17, 1988, Friday, AM cycle, Washington Dateline, 468 words, Panel Recommends Anti-Discrimination Recommendation, By JERRY ESTILL, Associated Press Writer, WASHINGTON, AIDS Commission, LEAD: The White House AIDS Commission gave final approval late Friday to a recommendation for federal legislation to prohibit discrimination against people infected with the deadly virus.

84. The Associated Press, June 16, 1988, Thursday, AM cycle, Washington Dateline 510 words, Panel Recommends that NIH Get Greater Autonomy, By JERRY ESTILL, Associated Press Writer, WASHINGTON, AIDS Commission, LEAD: The White House AIDS commission recommended Thursday that the National Institutes of Health be given much greater autonomy within the federal health bureaucracy to deal with diseases such as AIDS.

85. Copyright (c) 1988 The Washington Post, June 7, 1988, Tuesday, Final Edition HEALTH; PAGE Z16; COVER STORY, 539 words, Panel Members, Sally Squires, LEAD: Adm. James D. Watkins released his recommendations for the final report of the AIDS commission last week, and now 12 other commissioners will have a crack at offering amendments to the report. The final version goes to the President on June 24., LIST

- ✓ 86. Proprietary to the United Press International 1988, June 2, 1988, Thursday, EC cycle, Washington News, 1691 words, AIDS commissioners describe achievements, WASHINGTON, Aids-Members, LEAD: United Press International interviewed members of the President's Commission on the Human Immunodeficiency Virus Epidemic during the weeks before its final report was completed. This is what they said about their achievements, failures, and the future of the war against AIDS:
- ✓ 87. Copyright (c) 1988 The New York Times Company; The New York Times, February 17, 1988, Wednesday, Late City Final Edition, Section A; Page 1, Column 1; National Desk, 3014 words, U.S. Confronting AIDS With Sense of Realism, By BRUCE LAMBERT, LEAD: America is confronting AIDS in 1988 with a new sense of realism and a surge of activity by a broad range of public and private groups, according to health policy experts who only a year ago were lamenting the nation's complacency.
- ✓ 88. Copyright (c) 1987 The New York Times Company; The New York Times, November 25, 1987, Wednesday, Late City Final Edition, Section B; Page 11, Column 2; National Desk, 277 words, Leaders Debating AIDS Tests, AP, WASHINGTON, Nov. 24, LEAD: The chairman of the American Medical Association and a member of the President's AIDS commission debated today the wisdom of widespread mandatory testing to determine if people are infected with the AIDS virus.
- ✓ 89. The Associated Press, November 24, 1987, Tuesday, AM cycle, Washington Dateline, 614 words, AIDS Commission Told AMA Opposes Widespread Mandatory Tests By JERRY ESTILL, Associated Press Writer, WASHINGTON, AIDS Commission, LEAD: The head of the American Medical Association told the president's AIDS commission Tuesday that the AMA opposes widespread mandatory testing for the virus because it would yield too many false positive results and would not be a good allocation of medical resources.
- ✓ 90. The National Journal, November 21, 1987, PEOPLE; Washington's Movers and Shakers; Band-Aid IV; Vol. 19, No. 47; Pg. 2994, 92 words, David L. Wilson
91. The Associated Press, November 11, 1987, Wednesday, PM cycle, Washington Dateline, 104 words, Vacancies On AIDS Panel Filled, WASHINGTON, Washington in Brief, LEAD: The presidential commission on AIDS is back up to a full complement of 13 members now that President Reagan has filled two vacancies created by resignations.
92. Copyright (c) 1987 The Washington Post, November 11, 1987, Wednesday, Final Edition, FIRST SECTION; PAGE A14, 462 words, 2 New AIDS-Panel Members Named, Sandra G. Boodman, Washington Post Staff Writer, LEAD: The White House appointed two new members to the presidential AIDS commission yesterday, replacing two physicians who resigned abruptly last month with a state public health official and a doctor who specializes in the treatment of drug addiction., NATIONAL NEWS
93. The Associated Press, November 10, 1987, Tuesday, AM cycle, Washington Dateline, 390 words, Reagan Fills Two Vacancies On AIDS Panel, By MERRILL HARTSON, Associated Press Writer, WASHINGTON, Reagan-AIDS, LEAD: President Reagan on Tuesday filled two vacancies on the commission he named earlier this year to recommend government strategies for fighting AIDS.
- ✓ 94. Copyright (c) 1987 The Times Mirror Company; Los Angeles Times, November 10, 1987, Tuesday, Late Final Edition, Part 1; Page 2; Column 2; Late Final Desk, 182 words, NEW MEMBERS FOR AIDS PANEL, #NEXE# , By UPI, WASHINGTON, LEAD:

LEVEL 1 - 111 STORIES

President Reagan announced the appointment today of Beny J. Primm of New Rochelle, N.Y., and Kristine M. Gebbie of Portland, Ore., to his dissension-torn blue-ribbon commission on AIDS., Wire, #055T910108SEXEA02#

95. Proprietary to the United Press International 1987, November 10, 1987, Tuesday, AM cycle, Regional News, Florida, 712 words, By LAURA L. MYERS, BELLE GLADE, Fla., Aids, LEAD: AIDS victims and medical officials told a presidential commission Tuesday that the incurable disease has hit this farming community hard, straining its ability to attract doctors and money.

96. Proprietary to the United Press International 1987, November 10, 1987, Tuesday, AM cycle, Washington News, 580 words, By NORMAN D. SANDLER, WASHINGTON, Aidspanel, LEAD: President Reagan Tuesday announced the appointment of two new members to his commission on AIDS, bringing the beleaguered panel back to full strength after the resignation of its two top officers.

97. Proprietary to the United Press International 1987, October 7, 1987, Wednesday, BC cycle, Regional News, Washington, Oregon, 330 words, WILSONVILLE, Ore., Medexaminer, LEAD: Acting Oregon Medical Examiner Larry Lewman was unanimously recommended Tuesday night for the post he has held for two years, but he said he was not sure that he will accept the job.

98. Copyright (c) 1987 The Washington Post, August 3, 1987, Monday, Final Edition, FIRST SECTION; PAGE A1, 1742 words, Bennett's Far-Flung Opinions Make Him Subject of Debate, Barbara Vobejda, Washington Post Staff Writer, LEAD: Education Secretary William J. Bennett is just back from a spin through Europe, where he met at length with British Prime Minister Margaret Thatcher and visited with Pope John Paul II. He stopped by the Berlin Wall, lectured a West Berlin audience on the need to defend against totalitarian threats, and, upon his return to, NATIONAL NEWS

99. Proprietary to the United Press International 1987, March 19, 1987,

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✓ 99. Proprietary to the United Press International 1987, March 19, 1987, Thursday, BC cycle, Regional News, Oregon, 229 words, PORTLAND, Ore., Brady, LEAD: Federal Magistrate William Dale has been asked by the state to set aside a \$300,000 judgement awarded by a U.S. District Court Jury March 4 to former state Medical Examiner Dr. William Brady.

✓ 100. Proprietary to the United Press International 1987, March 4, 1987, Wednesday, BC cycle, Regional News, Washington, Oregon, 357 words, PORTLAND, Ore., Brady, LEAD: Jury deliberation began Wednesday on a \$2.5 million lawsuit brought by former State Medical Examiner William Brady, who contends his firing damaged his reputation and caused him deep depression and mental anguish.

✓ 101. Proprietary to the United Press International 1987, February 28, 1987, Saturday, BC cycle, Regional News, Oregon, 271 words, PORTLAND, Ore., Brady, LEAD: Dr. William Brady denied on the witness stand Friday any wrongdoing while he was state medical examiner and said frustration over not being able to tell his story forced him into the care of a psychiatrist.

✓ 102. The National Journal, August 30, 1986, REPORTS; Health; Vol. 18, No. 35; Pg. 2044, 4161 words, Educating About AIDS, BY JULIE KOSTERLITZ

103. Proprietary to the United Press International 1986, August 15, 1986, Friday, BC cycle, Regional News, Oregon, 268 words, PORTLAND, Ore., Brady, LEAD: Dr. William J. Brady, who was ousted last October as state medical examiner

LEVEL 1 - 111 STORIES

after holding the job since 1969, lost his bid Friday to be reinstated while a court decides his suit contesting his firing.

✓ 104. Copyright (c) 1986 The Times Mirror Company; Los Angeles Times, May 21, 1986, Wednesday, Home Edition, Part 1; Page 6; Column 5; National Desk, 864 words, HEALTH UNIT WOULD NOTIFY AIDS VICTIMS' SEX PARTNERS, By MARLENE CIMONS, Times Staff Writer, WASHINGTON, LEAD: The Assn. of State and Territorial Health Officials will propose a series of far-reaching recommendations to curtail the AIDS epidemic, including recording the names of infected individuals and notifying their sexual contacts, The Times has learned.

105. The Associated Press, September 26, 1985, Thursday, AM cycle, Domestic News 503 words, By WILLIAM C. CRUM, Associated Press Writer, PORTLAND, Ore., Skin Selling, LEAD: A state official wants to fire the Oregon medical examiner for selling skin samples and pituitary glands from cadavers to finance office parties, but the examiner says he will fight to keep his job at a hearing next week.

106. The Associated Press, September 26, 1985, Thursday, PM cycle, Domestic News 400 words, By WILLIAM C. CRUM, Associated Press Writer, PORTLAND, Ore., Skin Selling, LEAD: The state medical examiner, suspended last summer for selling skin samples from corpses and using the money for office parties, will be fired next week unless he can persuade a state official to reverse her decision.

107. Proprietary to the United Press International 1985, September 7, 1985, Saturday, BC cycle, Regional News, Washington, Oregon, 431 words, Probe of medical examiners widens, paper says, PORTLAND, Ore., Brady, LEAD: The state attorney general's investigation of Oregon's suspended state medical examiner, Dr. William J. Brady, has been expanded to include the activities of two other medical examiners, The Oregonian reported Saturday.

108. Proprietary to the United Press International 1985, February 26, 1985, Tuesday, BC cycle, Regional News, Oregon, 265 words, PORTLAND, Ore., Sulfite, LEAD: State medical examiner Dr. William Brady said Monday he still has questions about the case of a 10-year-old Salem girl whose death was blamed on an allergic reaction to chemicals used to preserve food.

109. The Associated Press, September 28, 1984, Friday, PM cycle, Domestic News, 542 words, Officials Close Salad Bars In Search For Poisoning Source, THE DALLES, Ore., Food Poisoning, LEAD: Restaurants in this northern Oregon city are closing down their salad bars as federal officials join the search for the cause of the state's worst food poisoning outbreak, which has stricken more than 200 people.

110. Proprietary to the United Press International 1984, April 23, 1984, Monday, EC cycle, Regional News, Oregon, 523 words, Lead rule considered by state, PORTLAND, Ore., Lead, LEAD: The state is considering an administrative rule that would direct water districts to measure pipe corrosion and poisonous lead levels in their public drinking water systems and lower any excessive amounts.

111. Proprietary to the United Press International 1982, December 2, 1982, Thursday, BC cycle, Regional News, Oregon, 90 words, PORTLAND, Ore., Pool, LEAD: The Oregon State Health Division plans to adopt rules to allow the agency more flexibility regarding public swimming pools to reflect state-of-the-art technology and innovative changes in pool operations.


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