

Czar

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distance factor that complicates and we haven't done well answering those questions as a lot of the focus has been on the epicenters of the disease where there are large numbers. We are looking at it more and deciding where we go with it. A major part of my job is to help every American understand that this disease goes everywhere.

OITM: How often have you met with President Clinton regarding AIDS?

Gebbie: I have no idea. He gets a weekly report from me of what I've been doing, who I'm seeing, and what's going on. He gets regular requests from me - like this week it was to call a young man who was dying of HIV who had a particular need to hear from him. Every time I see him I plug something in there.

OITM: What progress has the Administration made in implementing the recommendations of the National Commission on AIDS?

Gebbie: Several parts of it are moving right along. Part of it is increased funding and a better organized approach to research, services and treatment. The leadership issue, which is something they focussed on, is evolving with my position and now shortly an action agenda for the nation which we will be publishing and the appointment of a new ongoing leadership advisory board.

OITM: In light of no increase in federal funding for AIDS prevention do you think the federal government is doing enough?

Gebbie: With any disease there is some measure of nothing is never enough. Having been in health and illness care for a long time, I've never been in a situation where I couldn't think of a way to spend five more dollars. I wish there were more. There is new money for prevention but it is in the substance abuse side in 1995. We were so far behind there, and substance abuse treatment is AIDS prevention, so we put the money there.

OITM: How do you respond to criticism regarding the inclusion of Medicare, Medicaid and Social Security dollars in press statements regarding the Administration's financial commitment to AIDS/HIV?

Gebbie: We happen to have done it for HIV, and in fact those entitlements are an important part. Without Medicare, Medicaid, Social Security people with HIV in this country would really be in a heap of trouble. What I've tried to do is separate the numbers and be real clear and honest that those aren't AIDS specific appropriations but they are helping people with AIDS at this level.

OITM: How would you characterize the contributions of Randy Shilts (author of *And The Band Played On*) to AIDS awareness?

Gebbie: As very helpful and important. His documentation of that early experience of the epidemic in the gay community and the early anger at the government is an important background piece. It continues to be an important social document about the disease.

OITM: What are your thoughts about groups like ACT-UP and AIDS activist Larry Kramer?

Gebbie: They're great. Some days they make me grumpy, angry, irritated. Those groups have been critical in keeping this issue on the national agenda even when other people wanted to ignore it. People concerned about other conditions have learned from them; just yelling at people isn't enough, you have to be prepared to negotiate, teach, and develop.

OITM: How do you respond to the criticism leveled at AIDS researchers and the federal government regarding the lack of research regarding lesbians and AIDS?

Gebbie: They're right. Early identification that women who exclusively have sex with other women, in the sexual activity area, were at the lowest risk let us have some blind spots about the spread of the disease without acknowledging that some women who self-identify as lesbian may do drugs or have sex with men sometimes. This lack of information and visibility has put them at greater risk. I've met with some lesbian health groups and we're trying to correct for that.

OITM: How do you respond to critics who indicate that the problem in the fight against AIDS is not coordination of efforts but the lack of research funds and effective



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