



Closing the GAP

The Minority AIDS Crisis

Congressional Black Caucus prompts Administration to launch \$156 million HIV/AIDS Initiative for Racial and Ethnic Minorities

By Jennifer Brooks

For a free copy of the "Guide to Resources Available Through the CBC-DHHS Initiative to Address HIV/AIDS in Racial and Ethnic Minority Communities," or for a free copy of the "Report to the Secretary on HIV/AIDS in Racial and Ethnic Minority Communities," call the Office of Minority Health Resource Center at 1-800-444-6472. Or look under "What's New" on the OMHRC Web site at <http://www.omhrc.gov>.

Every day, seven people contract HIV. Of those, three are African American, according to Dr. Beny J. Primm, executive director of Addiction Research and Treatment Corporation.

"African Americans are less likely to know their HIV status, get treatment, and be prescribed and take combination drug therapies for the disease," Dr. Primm said during the Congressional Black Caucus' (CBC) 1998 Spring Health Braintrust. It was his and other experts' testimonies that prompted the CBC to urge President Clinton and Secretary of Health and Human Services (HHS), Donna E. Shalala, to declare HIV/AIDS in racial and ethnic minority communities a severe and ongoing health care crisis. As a result of intense discussions between the CBC and HHS, the Clinton Administration devoted an unprecedented \$156 million for an initiative to battle America's minority HIV/AIDS problem.

"AIDS has always been one of the CBC's priorities," said Donna M. Christian-Christensen, MD, U.S. Virgin Islands Delegate and chair of the CBC's Health Braintrust. "Initially, we took the traditional legislative and policymaking route to address the AIDS problem. We held an all-day hearing on HIV/AIDS last year," she said. "But when we realized the epidemic was getting exponentially worse, we knew drastic changes had to be made," she added.

The Severity of the Minority HIV/AIDS Crisis

There has been a recent decline in HIV/AIDS death rates due to new treatment therapies. But current data from the Centers for Disease Control and Prevention (CDC) show HIV/AIDS rates among minorities—particularly African Americans—are on the rise. AIDS is the number one killer of African American men between the ages of 25 and 44, and is

the second leading cause of death among African American women of the same age.

Several factors contribute to the severity of the AIDS epidemic among some minorities, according to Eric P. Goosby, MD, director of HHS's Office of HIV/AIDS Policy. "First, within our population, we have individuals and groups that continue to practice high-risk behavior. Second, mixing of the virus into the population has occurred in African American and Hispanic groups, whereas it hasn't occurred in Asian and American Indian populations." With Asians and American Indians, you have the same high-risk behavior taking place, but the virus has not been introduced into that population, according to Dr. Goosby.

The third factor is the stigma of HIV and AIDS. "In our community, the stigma associated with revealing yourself as an HIV positive individual, or as

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OFFICE OF PUBLIC HEALTH AND SCIENCE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Office of Minority Health Resource Center provides free information on various health issues affecting U.S. minorities including cancer, heart disease, violence, HIV/AIDS and diabetes. Call to learn about funding sources for minority health programs. *Closing the Gap* is a free monthly newsletter published by the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services. Send all correspondence to: Editor, *Closing the Gap*, OMH-RC, PO Box 37337, Washington, D.C. 20013-7337. Or call OMH-RC toll-free, 1-800-444-6472.

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an individual who is in a group that is at higher risk—homosexuals or intravenous drug users—causes many individuals consciously to remain clandestine,” according to Dr. Goosby. “It’s about the patients. But it’s also just as much, if not more, about the impact it will have on their families.”

Americans in general are living longer and healthier lives with HIV/AIDS due largely to medical advances and better drugs. But racial and ethnic health disparities also exist in quality of life for those living with the disease.

“No matter what health problem we have, African Americans are hit harder,” said Congresswoman Christian-Christensen. “It’s not just an AIDS problem,” she added. “It’s a health infrastructure problem.”

The Congresswoman said more basic problems need to be addressed like the ineffectiveness of many prevention programs, lack of access to quality and culturally appropriate services, and how managed care has failed the black community. “We need to look carefully at recent studies that show African Americans don’t receive the same medical treatment by doctors as other Americans. Those are the systemic problems,” according to Congresswoman Christian-Christensen, who is former Assistant Acting Commissioner for Health in the Virgin Islands and has practiced family medicine in HIV/AIDS clinics and methadone programs.

“The Department’s goals are to significantly decrease the number of new HIV infections in the next three year period to less than 15,000 annually,” said Dr. Goosby. The current rate is somewhere around 40,000 new infections a year.

Of the 600,000 in the U.S. who are HIV positive, approximately half of them—300,000—are not getting care, according to Dr. Goosby. “Our goal is to identify high risk populations; target them for testing; and move those that are positive, once tested, into a continuum of care and services. Those are our goals to increase the numbers of people getting treated.”

The HIV/AIDS Initiative

The Initiative to Address HIV/AIDS Among Racial and Ethnic Minority Populations was developed by HHS and the CBC to reduce the disproportionate impact HIV/AIDS has on racial and ethnic minorities. Working through five federal agencies, HHS will spend \$156 million—in addition to \$7 billion in discretionary funds for HIV/AIDS—to provide grants to community based organizations, research institutions, minority-serving colleges and universities, health care organizations, and state and local health departments.

The HIV/AIDS Initiative is part of the Clinton Administration’s larger Initiative to Eliminate Racial and Ethnic Disparities in Health by the year 2010. HIV/AIDS is one of that initiative’s six focus areas.

As part of the HIV/AIDS Initiative, HHS has divided the \$156 million among the CDC, Substance Abuse and Mental Health Services Administration, National Institutes of Health, Health Resources and Services Administration,

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AIDS in Blacks and Hispanics

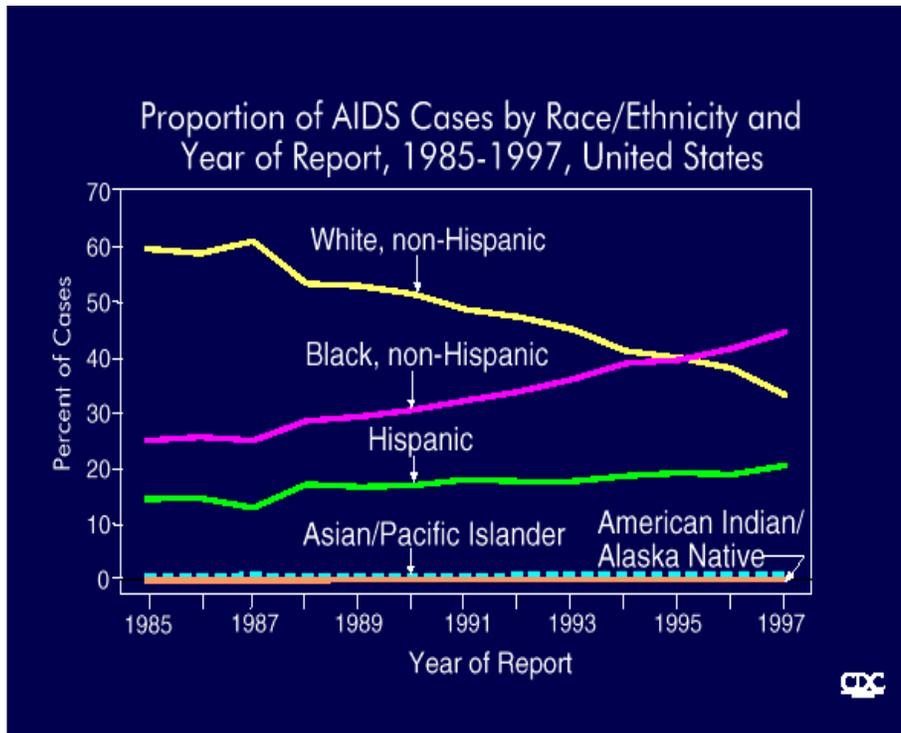
Of the 641,086 AIDS cases reported to CDC through 1997, Blacks and Hispanics accounted for:

- 53 percent of total
- 76 percent of women
- 78 percent of heterosexuals*
- 81 percent of children

Blacks and Hispanics accounted for 65 percent of AIDS cases reported in 1997.

*Heterosexual injecting drug users and persons with heterosexually acquired HIV.

Centers for Disease Control and Prevention



and the Office of Minority Health. These agencies will in turn award grants for programs over the next three years dealing with HIV/AIDS prevention and education, research, faith-based initiatives, prison programs, expansion of treatment capacity, bilingual/bicultural services, Healthy Start, and other special projects. (See how agencies are allocating funds on page 5.)

Who will monitor the funding and activities around the initiative over the next three years? "It's partly the job of the CBC through the Health Braintrusts," said Congresswoman Christian-Christensen. "And we will continue meeting with HHS officials who have been instrumental in developing this initiative." She said there will also be regular reporting of initiative activities. "We realize the AIDS problem is not the type of thing that will just go away if we give out funding," said Congresswoman Christian-Christensen. "We need to know what was done with the money and what really worked."

President Clinton's Advisory Council on HIV/AIDS

In June 1995, President Clinton established the President's Advisory Council on HIV/AIDS to advise and make recommendations to the President on issues related to HIV/AIDS including research, health care, prevention, services, and leadership for the nation.

In keeping with its mandate and the President's declaration to end all new infections, the Advisory Council established a Subcommittee on Communities of African and Latino descent, later expanded to the Subcommittee on Racial and Ethnic Populations. The Subcommittee set out to provide leadership on issues of race and ethnicity, and to identify racial and ethnic disparities throughout every aspect of the Council's work.

In April 1998 the Council constructed a strategic planning agenda that held as its overriding principles an

obligation to respond to the needs of communities of color throughout the remainder of its term.

Conclusion

Dr. Goosby said through the HIV/AIDS initiative, we should focus our strategy on identifying individuals who are HIV positive and get them care. "But just as important," said Dr. Goosby, "we have to have a concurrent strategy that focuses on changing the cultural context within the community in which individuals have to reveal themselves, and make that safe."

He said the stigma of revealing your HIV status to the community continues to be an overwhelming deterrent to those individuals who either are participating in high risk behavior and who do not know their status, or those who actually do now they are HIV positive but are afraid to receive treatment.

"By targeting church leadership and organizations that do not have health as a centerplate issue, such as the National Urban League, NAACP, fraternities, sororities, and PTAs, those organizations can have HIV on their national agenda items and play a role in changing the context of the way we react to and perceive HIV positive individuals in our communities," Dr. Goosby said. ♦

HIV/AIDS News on the Hour

The largest Web site in the world on HIV/AIDS, **www.aegis.com**, puts you in touch with today's news, publications, government activities and legislation on HIV and AIDS, and links you to other relevant sites, patient resources and chat rooms. Browse **www.aegis.com**.

Minority AIDS Crisis: Who's Listening?

By Nathan Stinson, Jr., PhD, MD, MPH, Acting Deputy Assistant Secretary for Minority Health

What if there was a way to stop a disease but no one listened? This is why many members of racial and ethnic minority communities feel that HIV and AIDS is having such a devastating impact on our communities. Many believe that “we”—each of us and our leaders—and “they”—those who control the resources we so badly need to address HIV—just aren’t listening to what this disease is doing to us and those we love. But because of the activism of the Congressional Black Caucus, the Department of Health and Human Services (HHS) and many others, both “we” and “they” are now listening.

With the recent appropriation of \$156 million in funding for African American, Latino and other minority communities, we now have a chance to bring about change within our communities. We must not pass up this opportunity to make true inroads in preventing new HIV infections, and providing the care and services we need. Neither the Office of Minority Health, HHS, nor those in Congress or at the community level believe this new funding is enough to tackle the myriad of problems we face. But, we believe it’s a start. This funding offers an opportunity for us to build the infrastructure within our communities which is so badly needed. It offers us the opportunity to develop, operate and enhance programs that should have been in place a long time ago. And it offers our leaders the opportunity to take us in the direction we need to go.

Key to our success, however, is not the \$156 million in targeted funding, but in accessing and using wisely the \$7 billion in HIV-related funding already being administered by the Department. Our goal must be to ensure that all programs HHS operates are accessible and relevant to *all* racial and ethnic minority communities—Blacks/African Americans, Hispanics/Latinos, Asian Americans, Native Hawaiians and Pacific Islanders, American Indians and Alaska Natives.

We must work harder than ever to take into account the needs of racial and ethnic minority communities. Set-aside funding may help address some of the most immediate, pressing needs, but it does little more than continue the

problem if it doesn’t address the root causes of the problem—infrastructure, denial, lack of leadership and funding.

Real changes occur when programs are properly designed, implemented, funded and evaluated. When legislation is needed to change a program to better address the needs of racial and ethnic minority communities, we must push for those changes from within the Department and from the outside. When a HHS policy needs to be changed, we must push as well. But let us not forget the work that needs to be done at the State and local levels. Not only must we do a better job of getting our leaders to understand the impact of HIV on our communities, but we must get them to move to action in our States and our communities. The only way this can happen is if our communities mobilize to forge these changes.

Each activity highlighted in this issue of *Closing the Gap* involves an attempt by HHS and others to change the culture of how we view and address HIV/AIDS in minority populations. Each represents a renewed effort to involve the community in priority setting and working to ensure that you have access to the resources you need to do your job even better. No single initiative or activity will address all the issues that must be tackled. Yet, by focusing our efforts specifically on those populations hit hardest by this epidemic, we can begin to make inroads and develop the infrastructure that is sorely needed within each of our communities. We can ensure that racial and ethnic communities have full access to the resources of HHS, and that “minority health” is seen as an integral component of “health,” and not as an afterthought. The Department is working hard to ensure that activities complement each other, and that lessons learned from one are shared with others.

I hope you share this information with those involved in HIV prevention, services and research. I urge you to visit the various HHS Web pages, including the Office of Minority Health Resource Center Web site (<http://www.omhrc.gov>), and those listed on pages 14 and 15 of this newsletter. Use the information in this issue and on the Web page to keep yourself informed on what your government is doing. As the saying goes, “an informed community is a powerful community.” ♦

How Agencies Will Spend the Money

Program	Type of Funding			Entities Funded		
	Continuation	Competitive	Other	From Federal to:	From State to:	Other
Centers for Disease Control and Prevention (CDC)						
HIV Prevention Among Gay Men of Color		\$ 7.0 mil		CBOs/*NRLMOs		
Directly Funded Minority CBOs		\$ 10.0 mil			CBOs	
TA to Directly Funded CBOs		\$ 2.5 mil		CBOs/Nationals	to CBOs	
Minority CBOs Providing Prevention	\$ 4.0 mil*					
Faith Based Initiatives		\$ 1.5 mil		HBCU/Divinity Schools		
Comm'ty Dev't Grants for HIV/STD/TB/SA		\$ 8.0 mil	\$ 7.5 mil	CBOs		Select States
Prison Pilot Programs					CBO/Health Depts.	
HIV Prevention Community Planning	\$ 15.0 mil*					
Prevention Education/Early Identification		\$ 5.0 mil		CBOs/Health Depts		
Reducing Transmission Among Minorities	\$ 400,000			National Org.		
Prevention Among HIV+ Persons	\$ 3.9 mil*				Primary Care Org.	
Prevention of HIV Through STD Tx.	\$ 1.7 mil				CBO/Health Depts.	
Prevention Among Gay Men	\$ 800,000			University Research		
Research/Intervention Models HIV+ Minor.	\$ 1.0 mil				Health Depts.	
*Office of Minority Health (OMH)						
Minority Community Coalition Grants (cont.)	\$ 748,225			CBOs		
Minority Community Coalition Grants (new)		\$ 500,000		CBOs		
Bilingual/Bicultural Services Demonstrations	\$ 500,000			CBOs		
Addressing HIV/AIDS in Minorities	\$ 100,000			NMAC		
OMH Resource Center	\$ 341,000			Contract		
*Substance Abuse and Mental Health Services Administration (SAMHSA)						
Capacity Expansion S.A.Tx and HIV Services		\$ 16.0 mil		CBOs, Health Depts.		
Community-based S.A./HIV Outreach Grants		\$ 7.5 mil		CBOs, Health Depts.		
Expand SA Treatment Capacity		\$ 2.5 mil				State/local/tribe
Capacity Expansion S.A./HIV Prevention		\$ 13.25 mil		CBOs/Health Depts/Univ		
*National Institutes of Health (NIH)						
Prevention Sciences Initiatives			\$ 4.0 mil	Research Institute		
Peer/Provider Education			\$ 1.5 mil	CBOs/Academic		
Outreach Activities to Nat'l Minority Org.			\$ 3.0 mil	National Organization		
Project ACCESS			\$ 1.2 mil	Primary Care Clinics		
*Health Resources and Services Administration (HRSA)						
Ryan White Title I Formula Grants			\$ 5.0 mil*		Cities/*EMAs	
Ryan White Title III Planning Grants		\$ 3.0 mil		CBOs/*CHCs		
Ryan White Title IV Grants		\$12.2 mil				Cur. Grantees
AIDS Education & Training Centers		\$ 2.0 mil		Contract w/ HBCUs		
Targeted Provider Education		\$ 2.8 mil		CBO/Nat'l Org.		
Peer Education Training Institute			\$ 2.0 mil	University		
Training Program to Help CBOs			\$ 1.1 mil	NMAC		
Innovative Services Through Health Centers		\$ 1.0 mil				Cur. Grantees
Healthy Start		\$ 950,000				Cur. Grantees
Special Projects (SPNS)	\$ 135,000			University		
TOTALS	\$28,624,225	\$95,700,000	\$25,300,000	\$94,874,225	\$28,100,000	\$26,650,000

This table does not yet include the TA/Capacity Building Grants (\$5 million) and the Community Leadership Development Initiative (\$2.5 million).

+ State Health Departments or Directly Funded Local Health Departments

* These funds were released by DHHS to grantees

CDC Minority CBOs providing prevention – Continuation of FY 98 funding

HIV Prevention Community Planning – State cooperative agreements for HIV prevention released every

January, of which \$15 mil is expected to be redirected at the State level over FY 99

Prevention Among HIV+ Persons – Continuation of FY 98 funding

HRSA Ryan White Title I – Formula-driven supplemental awards (January 1999).

*NRLMO's
National Regional and Local
Minority Organizations

*EMA's
Eligible Metropolitan Areas

*CHC's
Community Health Centers

HIV/AIDS Program for New York's Immigrants

By Jean Oxendine

For many immigrants, making a living by driving taxis, braiding hair, street vending and performing other service jobs is an unpleasant but necessary way of life. Immigrants that are not lucky enough to have legal immigration status and work authorization are most often the ones who must work in jobs which have little or no health insurance. It is this lack of health insurance and health benefits that reduce the worker's chances of receiving adequate health treatment, especially for HIV/AIDS.

Now, thanks to a New York City based organization called African Services Committee, Inc., or ASC, legal and undocumented immigrants and refugees from throughout Africa, the Middle East, and the French speaking Caribbean can find the help they need in overcoming some of the health obstacles placed in front of them.

"When it comes to treatment for HIV/AIDS in this community, workers unemployed or without health insurance have huge barriers to overcome," said Kim Nichols, development director for ASC. According to Nichols, ASC was founded in 1981 by Ethiopian refugees as a refugee resettlement and supportive service community based organization. It serves clients where only one percent speak English fluently.

A HIV services program was opened in 1991, to promote HIV prevention risk reduction and access to HIV counseling and testing for African-born New Yorkers who have immigrated in the last decade. The organization devotes 50 percent of its efforts to fight HIV/AIDS, although it focuses on other communicable diseases, including sexually transmitted diseases (STDs) and tuberculosis (TB). It now provides health, social and legal services, including employment, housing, mental health and medical referrals.

HIV/STD/TB prevention outreach services are provided by ASC to over 35,000 African, Caribbean, and Middle Eastern immigrants each year through community outreach using mixed media (television, radio, print), HIV prevention case management, comprehensive case management for HIV positive clients, community-level interventions, and development of peer leadership.

Currently, New York has immigrants from 54 countries in Africa. Of the approximately 250,000 people born in Africa now living in New York, only one-fifth are legal immigrants. According to Nichols, the number of new immigrants continues to rise.

Staff members "meet 90 percent of the language needs of clients," said Nichols. ASC conducted a study of 3,655 people of African birth, and found that 35 languages were spoken. French is the language spoken most widely by African immigrants in New York City, followed by Arabic, Fulani, Mandingo, Wolof, Amharic, Bambara, and Soninke. Each of these languages are spoken by members of ASC staff. "If we don't have a staff member who speaks the language of a client, we find college students, or others who are

willing to interpret for us," said Nichols.

In addition, ASC built a program to train African peer staff as skilled community health worker. ASC interpreters receive training before they are hired to work with clients. They are trained by the New York Task Force on Immigrant Health, and receive a certification in medical interpretation. The interpreters are trained in HIV pre- and post test counseling by the New York City Department of Health. Interpreters often receive training in addition to that which is required.

"When the program started, it was like pulling teeth, as people were wary about going for help because of their legal status. They were non-documented, as are most of our clients," said Nichols. Now over 1000 people a year use ASC medical interpreter services and hospital/clinic escort services. "We are referred by 15 public hospitals, as well as clinics in NYC. People also hear about us through word of mouth," said Nichols.

HIV/AIDS case management staff at ASC provide referrals, medical interpretation and advocacy for treatment at Department of Health STD clinics, TB clinics, and to hospitals and legal, mental health, housing, nutrition, and other supportive service providers, throughout the five boroughs of NYC. Staff also provide HIV pre- and post-test counseling.

Clients who are younger or those recently diagnosed with HIV come in for services more readily than those who have had the disease for a while, said Nichols. She reported that those 40 and older hold off longer for treatment. "The older people are usually quite ill by the time we see them for services. We have been increasing outreach services so that we get people in for early treatment," said Nichols.

ASC staff are often called into counseling sessions, where they may be asked to tell the mother of a newborn not to breast-feed if she has HIV/AIDS; or they may assist a woman with telling her husband that she was found to have HIV. These situations are occurring more often due to a law in New York state which requires all newborns to be tested for HIV. If antibodies are found in a newborn, the mother must be tested.

ASC clients often see an impatience on the part of the medical staff, and at times become frustrated with the difficulty in interpretation. "The medical staff does not realize that there is often not a direct translation of some words, and the clients are of low literacy levels, and low language skills. They may not understand biological concepts," said Nichols. She went on to say that clients often do not like African doctors and nurses to assist them because they are afraid the health professional will go back to the community and spread the news of their disease. "Confidentiality issues are big," said Nichols.

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L.A. Program Gives HIV Support Services, Education to Latino Community

By Jean Oxendine

“Although more and more Latino families are being affected by HIV/AIDS, denial continues to exist, and this allows the numbers to continue to rise,” according to Oscar De La O, executive director of Bienestar Human Services, Inc., in Los Angeles County. De La O hopes that increased media coverage, and the efforts of organizations like Bienestar will help lower the numbers. Still, some people are not getting the message, said De La O, who takes every opportunity available to educate the public, present the facts, and promote services.

Formed in 1989, Bienestar's original goal was to help educate gay and bisexual men about HIV/AIDS, but the organization has expanded its services to meet the needs of the entire Latino community.

Community...from page 6

“Our hope of the future is to establish a clinic in our building so that we can provide additional services, such as HIV screening and testing for other diseases,” said Nichols.

ASC's programs are funded by the Office of Minority Health, as well as Ryan White Title I and II, the Centers for Disease Control and Prevention, and the New York Community Development Agency. Services covered by the funding include agency staff specializing in HIV, and assisting with medical interpreter services in the HIV program.

For more information on ASC, please call Kim Nichols at (212) 683-5019, or access its Web site at:

www.africanservices.org ♦

With five service centers, Bienestar is the only organization based in the Latino community of Los Angeles that provides HIV/AIDS services. And, it is one of a handful of such organizations within the United States.

Bienestar's HIV Prevention Programs target youth, women, gang members, substance abusers, gay/bisexual men, sex workers, heterosexual Latino men, recent immigrants, residents of housing projects, and transgenders. Interventions used include community and street outreach for substance abusers, teen workshops and gatherings, and HIV negative groups for gay and bisexual Latino men.

Under the Client Support Services segment, case management services at all centers help people obtain public benefits and access other social services. Emotional support is provided by bilingual professionals, and includes population-specific support groups and individual counseling. Treatment education and advocacy, provided by counselors with strong medical backgrounds, help clients understand their treatment options, medical conditions, side effects, and treatment regimens. Self-help activities and peer to peer counseling sessions are provided to those who are HIV positive. One center operates a weekly food bank, which serves 433 HIV positive people.

Bienestar hopes to ensure that clients accept their HIV/AIDS diagnosis, go for medical care to treat the disease, and stick to their treatment regimens.

“The biggest fears and barriers to treatment are deportation and lack of trust,” said De La O. Mothers in treatment fear that word of their disease may get back to their child's school, and the mother will be deported. “There are difficulties in sharing news of the diagnosis with family members, and family is very important in the Latino

community,” said De La O.

A bi-monthly treatment information newsletter, “EXTRA,” produced by Bienestar, provides treatment information on Spanish, and 4,000 copies are distributed. Translation services are provided to clients that don't speak English and need to communicate with their medical provider or to access services.

Bienestar's staff and peer volunteers are bilingual and bicultural. All 64 staff members are Latino as are all members of the Board of Directors. Over 70 percent of the Community Advisory Board is made up of people who use Bienestar's services. All of the prevention services staff have life experiences that “resemble those whom they serve,” according to De La O. More than 35 percent of Bienestar's staff is HIV positive. Some are recovering from substance abuse problems. These counselors are sent to training through the county and other institutions. The mental health professionals are all licensed providers and have an understanding of community-based organizations.

Bienestar receives 95 percent of its funding from the government, a majority coming from the Los Angeles Health department, with money received from the Ryan White Care Act. In addition, the Office of Minority Health (OMH) provides funding to Bienestar, as the lead agency in a consortium of recipients. “We are proud to have competed successfully for the OMH funding, as that was our first attempt at submit a funding proposal ourselves,” said De La O. Bienestar hopes to one day become self-reliant, and not depend on the government for funding their program. But for now Bienestar is grateful for the assistance they receive in order to keep their program up and running, according to De La O.

For more information on Bienestar, please call (323)727-7896. ♦

HRSA Studies Ryan White Reauthorization

By John Palenicek

Given the cost of new and emerging treatment protocols and the changing demographics of the HIV/AIDS epidemic, the future effectiveness of much federally funded HIV/AIDS service provision will be greatly influenced by how the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is reauthorized. That is the position of the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau, which has mobilized its staff for a thorough review of existing efforts and the needs of targeted populations to sharpen the national discussion of key access, financing, therapeutic, and outcome measurement issues. Authorization of the appropriations for the Ryan White Act expires in fiscal year 2000.

As a first step, the Bureau surveyed its AIDS program staff to gain their perspectives on reauthorization. The Bureau also had collected information from national, State and local groups regarding the effectiveness of CARE Act programs in meeting the needs of targeted populations. The Bureau then established "reauthorization teams," internal committees charged with taking information from both internal and external sources and reviewing it in the context of the Bureau's four program priorities: access to care for underserved populations, assisting CARE Act programs in responding to a dynamic health care financing system, assuring access to appropriate HIV therapies, and demonstrating the impact of CARE Act programs through the development of effective outcome measures. These teams developed a "consensus document" that outlines key issues under the four priorities, and the legislative implications of each. This document has been forwarded to the Secretary's office for consideration, and eventual incorporation into recommendations that will be used by the Department of Health and Human Services (HHS) in its discussions with Congress.

Some of the issues outlined in the consensus document include:

Access to care

- How can the CARE Act help insure access to quality care and services for vulnerable populations?
- How can the CARE Act be structured to respond to a dynamic health care delivery system in which the financing of health services is increasingly characterized by managed care?
- How well do publicly-funded programs serve the health care needs of underserved populations and how does the Ryan

White program fit into that funding environment?

- What is the interaction between the CARE Act and other public health programs?
- How will changes to traditional safety net programs impact the demand for CARE Act services?

Quality assurance considerations

- What is the capacity of CARE Act providers to respond to changes in the epidemic, evolving client needs, and changes in health care financing?
- How can Ryan White programs best demonstrate their impact so that they continue to receive Congressional support?

Administrative considerations

- What needs to be addressed legislatively to support CARE Act grantees in responding to changes in the epidemic and shifts in health care financing?
- What changes need to be made to support CARE Act planning bodies in responding to evolving client needs and changes in the epidemic

Other activities related to reauthorization have included two meetings of the HRSA HIV/AIDS Advisory Committee, one in San Antonio, Texas, and one in Washington, DC. During the meetings the group heard public testimony regarding the CARE Act's role in addressing issues such as quality of HIV care, disparities in access to care and services, ADAP funding and access issues, service coordination and CARE Act planning and administration. Information from those meetings will be used by the Advisory Committee to formulate its recommendations to the Secretary on Ryan White reauthorization.

In addition, the Bureau is developing policy papers on key issues for the populations served, as well as general structure and function of CARE Act programs. These policy papers should be available for review and discussion by late summer.

For a copy of the Ryan White CARE Act Fact Sheet, please browse the HHS Website at: <http://www.hhs.gov/news/press/1998pres/981218d.htm> or call the HRSA Press Office at (301) 443-3377. ♦

Congressional Black Caucus Holds Spring Health Braintrust

New Chair provides more audience interaction, community feedback

By Jennifer Brooks

Some had tears in their eyes. Others clutched hands firmly as they remembered fallen loved ones. Everyone was there for the same reason—to talk about HIV and AIDS.

“At a high school right down the street from where I live, 60 percent of the students during a blood drive were found to be HIV infected. The senior class of a high school in Tennessee—a black high school—had an 80 percent HIV infection rate. There’s a high school in the Bronx that has a 75 percent infection rate. What do you think that means? That means extinction,” according to Abdul Alim Muhammad, MD, of the Abundant Life Clinic in Washington, D.C.

Dr. Muhammad was one of several speakers at the Congressional Black Caucus’ (CBC) annual Spring Health Braintrust, held on April 15-16, 1999, in Washington, DC. The audience joined in candid discussions on the HIV/AIDS and substance abuse crisis, and other important issues including heart disease, stroke, cancer, infant mortality, diabetes, immunizations and violence. The two-day event focused on recommending policy and developing community-based strategies to address the overarching factors that prevent African Americans for

achieving optimal health.

“This year, we provided more opportunity for the audience to shape policy,” said the Braintrust Chair, Donna M. Christian-Christensen, U.S. Virgin Islands Delegate. “We wanted people who attended—people who know their communities best—to tell us how we can better close the gaps in health status in their communities.”

The Braintrust also impaneled nationally renowned experts on minority health, including Dr. Deborah Prothrow-Stith, Harvard School of Public Health; Dr. Harold Freeman, Director of Surgery, Harlem Hospital Center; Dr. Reed Tuckson, Sr. Vice President for Professional Standards, American Medical Association; Dr. Gary Dennis, President, National Medical Association; Dr. Eric Goosby, Director, HIV/AIDS, Office, Department of Health and Human Services; Deborah Fraser-Howze, President, National Black Leadership Commission on AIDS; and Dr. John Ruffin, Director, Office of Research on Minority Health, National Institutes of Health.

After breaking into groups, Braintrust participants—expert panelists, Congressional staffers, community organizers and advocates—looked at and

discussed factors that contribute to the significant disparities in health status between African Americans and other racial and ethnic groups in the U.S. Representatives from each group then reported out to the audience and to Congresswoman Christian-Christensen, who will later present the recommendations to the entire CBC.

On Thursday, April 15, the CBC held a technical assistance session for community groups to learn about gaining access to some of the \$156 million in federal funding for HIV/AIDS. According to Congresswoman Christian-Christensen, “This was the first time we were able to provide technical assistance at one of these events.”

Later that evening, the CBC held a reception honoring former Congressman Louis Stokes, who served as chair of the Health Braintrust for more than 20 years. Congresswoman Christian-Christensen is only the second Braintrust chairperson since the event began. *For more information, browse Congresswoman Christian-Christensen’s Web site at: <http://www.house.gov/christian-christensen/>. Proceedings are now available on the Web at: <http://www.menlanet.com/urbanhealthcast/>. ♦*

HIV/AIDS, Substance Abuse Meeting on the Internet

The National Association for Equal Opportunity in Higher Education’s (NAFEO) Internet broadcast of a Community Town Hall Meeting, “Can Increasing Self Esteem Help to Decrease HIV/AIDS and Substance Abuse Among African American Youth?” is available on the Internet until May 29, 1999. The three-hour meeting was part of NAFEO’s week-long annual conference and exhibition for minority high school and college students. Featured speakers included Harvard University Medical School Psychiatrist, Dr. Alvin Poussaint, and Loretta Jones, Director of Healthy African American Families, Charles Drew University of Medicine and Science. The panelists were joined by representatives of Historically Black Colleges and Universities, community-based organizations, health professionals, and the media. The Town Hall Meeting was broadcast live Monday, April 5, 1999 from Washington, DC.

The Webcast is available at www.menlanet.com/townhall. For more information, contact: Stephanie E. Myers at (202) 863-0056 or visit the NAFEO Website at: www.nafeo.org/. ♦

OMH to Seek Advisory Committee Nominees

By John I. West

The Office of Minority Health (OMH) will seek nominees this summer for a new Advisory Committee on Minority Health. The Committee will advise the Department on improvement of the health of racial and ethnic minorities and the development of goals and program activities within OMH.

By statute, the Committee must be composed of 12 members who are not employees or officers of the Federal Government. Members should be experts in minority health, and represent racial and ethnic communities

The Committee—created by the Health Professions Education Partnerships Act of 1998—will also have ex-officio, non-voting members, who are appointed by the Secretary of HHS. All members will

serve four-year terms. The Secretary may initially appoint a portion of the members to staggered terms of one, two, or three years. The Chairperson will serve a two-year term.

OMH is developing selection criteria for the Committee. Subsequently, a nominating group will meet to review each application and make recommendations to the Secretary, who will make the final selection.

“We are looking for very diverse representation on the Committee,” said Regina Lee, senior advisor at OMH. “We are seeking individuals from different organizations, geographical locations, gender, race, culture, ages, disability, sexual orientation, and points of view.”

The Committee will meet four times a year. Members will be compensated for the time they spend participating in the meetings, including travel time and costs.

OMH will begin recruiting nominees within the next few months, according to Lee. Nominations will be accepted from third parties, but a nominee still must fill out an application and provide the necessary background information.

Applications and more information will be available on the OMH Resource Center's Website: www.omhrc.gov. Prospective applicants can also request applications by calling the OMH Resource Center at 1-800-444-6472. For specific Committee questions contact Regina Lee, senior advisor, OMH, 1-301-443-9923. ♦

Characteristics of Persons Living with AIDS (PLWA) at End of 1997

Based on the number of cases reported to the Centers for Disease Control and Prevention, the following is a snapshot of AIDS in the U.S. at the end of 1997.

Estimated Number of PLWAs at end of 1997, by Race/Ethnicity

White	108,220
Black, non-Hispanic	106,816
Hispanic	52,644
Asian/Pacific Islander	2,102
American Indian/Alaska Native	878
Total	271,327

CDC Plans May Announcement for REACH 2010 Program

The Centers for Disease Control and Prevention (CDC) advised that it expects to publish a Request for Applications (RFA) for the Racial and Ethnic Approaches to Community Health (REACH 2010) Program in the *Federal Register* during May.

CDC will make available approximately \$10 million in FY 1999 for Phase I of the planned five-year program.

REACH 2010 is intended to help communities to mobilize and organize their resources in support of effective and sustainable programs that will eliminate health disparities among racial and ethnic minorities. REACH 2010 will address disparities in health status in six health areas: infant mortality; diabetes; cardiovascular diseases; human immunodeficiency virus (HIV); deficits in breast and cervical cancer screening and management; and deficits in child or adult immunization rates.

The REACH 2010 demonstration projects will have two phases. Phase I will be a 12-month planning period to organize and prepare infrastructure for Phase II. CDC anticipates funding 30 projects for Phase I. Cooperative agreements in Phase I will support the planning and development of demonstration programs using a collaborative multi-agency and community

participation model. Phase II will involve implementation of a demonstration project for a well-defined minority population of specified interventions for a designated priority area or areas. Phase II also will involve appropriate evaluations of interventions and outcomes.

The program is part of the U.S. Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health, which seeks to close the gap in health outcomes for African Americans, Hispanic Americans, American Indians/Alaska Natives, Asian Americans, and Native Hawaiians and other Pacific Islanders by the year 2010.

An application kit can be obtained from CDC by calling toll free 1-888-GRANTS4 (1-888-472-6874). The RFA will be posted on the CDC Web site at www.cdc.gov. Interested applicants should carefully track the actual publication date of the RFA through the *Federal Register* or on the Internet.

If you have questions after reviewing the application kit, business management technical assistance may be obtained from Adrienne Brown, Grants Management Specialist, CDC, at (770) 488-2755. For program technical assistance, contact Letitia Presley-Cantrell, CDC, at (770) 488-5426. ♦

National HIV Testing Day—June 27th

June 27, 1999 is National HIV Testing Day. Organized by the National Association of People with AIDS, National HIV Testing Day aims to increase awareness of HIV disease and to encourage voluntary HIV testing and counseling. The National Association of People with AIDS believes it is important for all people to know their HIV status. For more information, contact: Tony Farmer, director of education and outreach, National Association of People with AIDS, 1413 K Street NW, 7th Floor, Washington, DC 20005; or call (202) 898-0414, fax (202) 898-0435; Web site: <http://www.napwa.org>.

Don't Get "Stuck" by Rumors

By now you have probably heard the story about the woman who got stuck by a HIV-infected syringe that was deliberately placed on a movie theater seat. Or maybe you heard the one about a man who was infected with HIV after getting stuck by a needle left in a telephone booth coin return. These and other similar stories have been circulating on the Internet and by e-mail, some even reporting to have been verified by the Centers for Disease Control and Prevention (CDC).

The CDC has set the record straight. According to agency officials, the CDC has never tested such needles nor has CDC confirmed the presence or absence of HIV in any sample related to these rumors. "The majority of these reports and warnings appear to have no foundation in fact," according to a statement released by the CDC.

The CDC has developed a Web page to specifically address these "urban legends", at: www.cdc.gov/nchstp/hiv_aids/pubs/faq/faq5a.htm. Please pass the information on to anyone found "sticking" people with rumors. ♦

1999 National Conference on Women and HIV/AIDS

"A Forum for Collaboration"

October 9-12, 1999
Los Angeles Convention Center
Los Angeles, CA

To request an abstract form or for more information, contact: (609) 423-7222, ext. 350, or fax (609) 423-3420

In the News...

This information was provided by the CDC's National Center for HIV, STD and TB Prevention (NCHSTP) Daily News Summary. For more information, browse: <http://www.aegis.com>.

- **UN Targets Youth for HIV**

Awareness Campaign. Six young people are infected with the AIDS virus every minute, according to the United Nations (UN). Three million youths—nearly 600,000 children under age 15, and 2.5 million people between the ages of 15 and 24—acquired HIV last year, said UN officials, who recently launched a new public awareness campaign to slow the spread of the epidemic among youth. “Listen, Learn, Live,” is the UNAIDS campaign aimed at increasing dialogue with young people about the risks of catching HIV through high-risk behaviors such as unprotected sex and intravenous drug use. UNAIDS is working with groups that appeal to youth such as the MTV music channel and the international Boy and Girl Scouts.

- **Unprotected Sex May Be on the Rise.**

The CDC reported that the number of gay men in San Francisco who stated they had unprotected sex increased to 39.2 percent in 1997, up from 30.4 percent in 1994. The CDC said this trend may be the result of an apparent slowdown of the AIDS epidemic due to improved treatment therapies. The agency also found that those who said they had unprotected sex with multiple partners grew from 23.6 percent in 1994, to 33 percent in 1997. Men aged 25 and younger accounted for the largest increase in that group. The CDC's data came from a survey of more than 21,000 men in San Francisco, but the agency said the evidence from the study is indicative of a problem all around the country.

- **Increased STD Risk Seen in HIV-Infected Women.** A study published in the March issue of “Sexually Transmitted Diseases” indicated that HIV-infected women have a higher rate of lower genital tract infection. The report, conducted by the Women's Interagency HIV Study, revealed that sexually transmitted disease symptoms become more noticeable over the course of HIV infection. According to the authors, HIV-infected women were more likely than HIV-negative women to have a history of STDs, excluding bacterial vaginosis and chlamydia. To reduce the occurrence of lower genital tract symptoms and possible sequelae of STDs, the researchers recommend that women infected with HIV receive careful gynecologic exams.

- **HIV Vaccine Tests Look Promising.**

According to the Centers for Disease Control and Prevention (CDC), seven babies born to HIV-infected women in the past year at the University Medical Center in Jacksonville, FL, are thriving after receiving an experimental vaccine against HIV. The babies were given ALVAC vaccine within 72 hours of birth as part of a nationally funded federal trial. None of the babies, who were followed for 18 months, have shown symptoms of HIV infection. The ALVAC vaccine is made from a weakened canary pox virus used as a vaccine for birds, which opens for pieces of HIV to be inserted into the virus.

- **State Bill Seeks STD Education for Seniors.**

A bill that calls on the state of Illinois to start teaching middle-aged and elderly residents about AIDS and other STDs has passed the Illinois House with the backing of AIDS activists. The Illinois Department of Public Health reports that people age 50 and over

accounted for 11 percent of all reported AIDS cases in Illinois during 1997 and 7 percent of 381 reported cases of syphilis in Cook County. The bill would require the state Department of Aging and Public Health to create an HIV/AIDS awareness program for senior citizens. The measure is now awaiting approval by the Senate. ♦

AIDS Treatment Information Service

The AIDS Treatment Information Service (ATIS) makes available information on federally approved HIV/AIDS treatment guidelines and other treatment-related developments. Keeping current on changes in the treatment guidelines and new treatments is important to ensure high quality care for people living with HIV/AIDS.

The ATIS Site Update Service notifies subscribers via e-mail when new features and publications are available on the ATIS Web site.

CARE Act grantees should take the opportunity to use this quality service in updating their knowledge of the treatment guidelines, according to Juanita Koziol, RN, deputy branch chief of the Health Resources and Services Administration's (HRSA) HIV Education Branch. ATIS, funded by 6 HHS agencies, is staffed by bilingual information specialists who can answer questions in English and Spanish. They can also refer callers to an extensive network of government and non-government organizations for treatment-related information.

To use the service, go to: <http://www.hivatis.org/>

For more information, contact: Juanita Koziol at (301) 443-6068, or jkoziol@hrsa.gov. ♦

HIV Prevention Community Planning

According to the Centers for Disease Control and Prevention, health departments' HIV prevention community planning procedures need to pay increased attention to racial and ethnic minority representation.

In December 1993, the Centers for Disease Control and Prevention (CDC), working closely with other governmental and nongovernmental partners, issued guidance on HIV Prevention Community Planning to the 65 state, territorial, and local health departments that receive HIV prevention funds. The guidance required these health departments to begin an HIV prevention community planning process in fiscal year (FY) 1994 to qualify for HIV prevention funding for FY 1995 and beyond.

Core Objectives

CDC and its partners identified five core objectives for monitoring national implementation of the community planning process. These objectives encapsulate the most critical indicators of a successful planning process.

Core objectives are:

- Fostering the openness and participatory nature of the community planning process;
- Ensuring that the community planning group reflects the diversity of the epidemic in the jurisdiction and that expertise in epidemiology, behavioral science, health planning, and evaluation are included in the process;
- Ensuring that priority HIV prevention needs are determined based on each jurisdiction's unique epidemiologic profile and an HIV prevention needs assessment;
- Ensuring that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, theory (from social and behavioral science), and

- community norms and values; and
- Fostering strong, logical linkages between the community planning process, plans, application for funding, and allocation of CDC HIV prevention resources.

Community Planning Groups

During 1994, all state and local health departments that received federal HIV prevention funds began convening HIV prevention community planning groups to help plan locally relevant HIV prevention programs and to provide input in developing prevention funding priorities for each state. Every year since then, community planning groups have improved the diversity and expertise of their groups.

Of the 1,064 members reported by race/ethnicity in 1997, whites represented 53 percent; African Americans, 27 percent; Hispanics/Latinos, 12 percent; Native Americans/Alaskan Natives, 5 percent; and Asian Americans/Pacific Islanders, 3 percent.

Minority racial/ethnic representation varies by individual jurisdiction, with many jurisdictions reporting diverse and representative membership. Yet, clearly there are community planning groups that need to identify specific steps for aggressively recruiting needed representative membership, especially African Americans, Hispanics, and young people.

Technical Assistance

To assist in the implementation of community planning, CDC works with its prevention partners to provide technical assistance and training to health departments and community planning groups. CDC provides technical assistance on:

- Parity, inclusion, and representation of affected populations;
- The use of data to support decision making;
- Community planning processes and models;
- Needs assessment;
- Priority setting;
- Intervention effectiveness/what works; and
- Conflict of interest and dispute resolution.

Individuals who wish to serve on community planning groups should contact their state Health and Human Services AIDS Program. For a state health department list, contact the CDC's National Prevention Information Network at 1-800-458-5231 or the Website at <http://www.cdcnpin.org> ♦

National HIV Prevention Conference

August 29 - September 1, 1999

The Centers for Disease Control and Prevention (CDC) announces a forum for exchanging vital HIV prevention research findings and program experiences.

For more information or to download the *Call for Abstracts and Registration Booklet*, browse the Web page at:

http://www.cdc.gov/nchstp/hiv_aids/conferences/nhpc99.htm.

Or call the CDC National Prevention Information Network at 1-800-458-5231.

AIDS National Interfaith Network (ANIN) - assists AIDS ministries and religious organizations to better share information and resources and provides a public policy presence in Washington representing the faith community's response to HIV/AIDS. Contact: ANIN, 1400 I St, NW, Ste 1220; Washington, DC 20005; 202-842-0010. Fax: 202-842-3323.

American Foundation for AIDS Research (AmFAR) - raises money to support research on HIV/AIDS. Contact: 120 Wall Street, 13th Floor, New York, New York 10005; 800-39-AMFAR; <http://www.amfar.org>

Association of Asian/Pacific Community Health Organizations (AAPCHO) -- is a national network of community health centers that serve Asian Pacific populations. A primary objective of each AAPCHO member is to offer affordable and accessible primary health care services in a culturally sensitive manner to the medically underserved. Contact: 1440 Broadway, Ste 510; Oakland, CA 94612; 510-272-9536. Fax: 510-272-0817; e-mail: info@aapcho.org

Gay Men's Health Crisis -- provide support services to persons living with HIV/AIDS, and their caregivers; to educate the general public, individuals at risk for HIV infection, and health care professionals about AIDS; and to advocate for fair and effective AIDS public policy. Contact: 119 West 24th Street, New York, NY 10011-1913; 212-367-1250; Fax: 212-367-1247

HIV/AIDS Program -- acts as a forum for information exchange among members; provides policy information to the media; operates a speakers' bureau and conducts education programs. Contact: HIV/AIDS Program c/o U.S. Conference of Mayors, 1620 Eye Street, NW, Washington, DC 20006, 202-293-7330.

National Alliance of State and Territorial AIDS Directors (NASTAD) -- represent the nation's chief state health agency staff who have responsibility for administering AIDS health care, prevention, and education programs funded by states and the federal government. Contact: NASTAD; 444 North Capitol St, NW, Ste 339; Washington, DC 20001-1512; 202-434-8090. Fax: 202-434-8092.

National Association of People With AIDS (NAPWA) -- serves as a national resource and voice for all people infected and affected by HIV/AIDS in the US. NAPWA has a health and treatment program, public policy program and an extensive information and referral program. NAPWA's national speaker's bureau can arrange for HIV-positive and affected educators to speak at engagements nationwide. Contact: NAPWA; 1413 K St, NW, 7th Floor; Washington, DC 20005; 202-898-0414

National Asian Pacific American Families Against Substance Abuse (NAPAFASA) -- is committed to eliminate alcohol and drug abuse among Asian Pacific American families through public and private cooperation in support of the family's capacity to prevent the use of all forms of harmful drugs. The goals of the NAPAFASA also include developing educational materials on AIDS. Contact: Washington, DC East Coast Office; 6303 Friendship Court; Bethesda, MD 20817; San Francisco West Coast Office; 1887 Maplegate Street; Monterey Park, CA 91755-6536. National Director. 213-278-0031 (Monterey Park Office).

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) -- is the sole national organization focusing on the health, mental health, and human services needs of the diverse Hispanic communities across the country. The Community HIV & AIDS Technical Assistance Network (CHATAN) provides training and technical assistance on HIV/AIDS prevention program planning, implementation, and evaluation in Hispanic communities to a network of 80 community-based organizations and health departments across the country. Contact: 1501 16th St, NW; Washington, DC 20036; 202-387-5000. <http://www.cossmho.org>.

The National Latino/a Lesbian and Gay Organization (LLEGO) -- was founded to increase public awareness and recognition of Latino/Latina lesbian, gay, bisexual and transgender people. LLEGO also provides seed funding for local HIV/AIDS prevention and education projects to the Cadena de Afiliados through LLEGO's Technical Assistance and Training on AIDS Project (TATA). Contact: LLEGO, 1612 K St, NW, Ste 500; Washington, DC 20006; 202-466-8240. (fax) 202-466-9530; <http://www.LLEGO.org>

The National Minority AIDS Council (NMAC) -- works to provide organizations offering HIV/AIDS related services to people of color with the information, resources, and technical assistance necessary for a more coordinated and effective response. In this way NMAC models and encourages leadership within minority communities which are responding to the HIV/AIDS epidemic. This modeling of leadership enables organizations to draw upon existing resources and incorporate them into a strategic programmatic response. Contact: 1931 13th Street NW; Washington, DC 20009-4432; 202-483-6622. Fax: 202-483-1135; e-mail: NMAC@aol.com

The National Native American AIDS Prevention Center (NNAAPC) -- has a mission is to stop the spread of HIV and related diseases among American Indians, Alaska Natives, and Native Hawaiians and to improve the quality of life for members of the community infected and affected by HIV/AIDS. Contact: 134 Linden St; Oakland, CA 94607; 510-444-2051. Fax: 510-444-1593; e-mail: nnaapc@aol.com; <http://www.nnaapc.org>

National Organization of HIV Over Fifty -- assists individuals aged fifty or older with HIV and their families. Contact: National Organization of HIV Over Fifty, c/o Midwest AIDS Training and Education Center; 808 S. Wood Street; MIC 779; Chicago, IL 606012; (312) 996-1416; Fax: (312) 413-4184.

National Resource Center on Women and AIDS (NRCWA) -- provides information to advocates, educators, and policymakers on issues involving women and AIDS. Contact: NRCWA, Center for Women Policy Studies, 1211 Conn. Avenue, NW, Suite 312, Washington, DC 20036; 202-872-1770.

National Task Force on AIDS Prevention (NTFAP) -- is a national minority organization advocating for, and assisting in, the development of HIV education and service programs by and for gay and bisexual men of color. NTFAP collaborates with local and national organizations to develop community-based programs targeting disenfranchised populations. NTFAP provides technical assistance and training for African American, Asian and Pacific Islander, and multi-racial gay and bisexual men's organizations. Contact: 973 Market St, Ste 600; San Francisco, CA 94103; 415-356-8100. Fax: 415-356-8103.

The Panos Institute -- is an international, nonprofit, nongovernment organization that works with journalists and NGOs in both developed and developing countries to raise public awareness of sustainable development issues. Panos' Washington Office focuses on the issues of race and the environment, HIV/AIDS, narcotics and development, and development education. The AIDS in the Americas program is aimed at supporting information initiatives on HIV/AIDS throughout the hemisphere and at stimulating discussion of issues of common interest among people in the developing world and communities of color in the U.S. Contact: 1025 Thomas Jefferson St, NW, Ste 105; Washington, DC 20007; 202-965-5177. Fax: 202-965-5198; e-mail: panos@cais.com

Clearinghouses

AIDS Clinical Trial Group -- is a federally administered program of the National Institutes of Health (NIH) that coordinates testing of experimental drugs used in AIDS treatment. Contact: ACTG, NIH, 6003 Executive Boulevard, Room 2A07, Bethesda, MD 20892.

AIDS Clinical Trial Information Service -- is a central resource providing current information on federally-and privately sponsored clinical trials for HIV-infected individuals, and on the drugs being investigated in these trials. Contact: P.O. Box 6421, Rockville, MD 20849-6421; 1-800-874-2572; <http://www.actis.org>

AIDS Treatment Information Service -- provides information on federally approved HIV/AIDS treatment guidelines. Contact: P.O. Box 6303, Rockville, MD 20849-6303; 1-800-448-0440; <http://www.hivatic.org>.

CDC National Prevention Information Network -- is the nation's reference, referral, and distribution service for information on HIV/AIDS, sexually transmitted diseases, and tuberculosis. Contact: P.O. Box 6003, Rockville, MD 20849-6003; 1-800-458-5231; <http://www.cdcnpin.org>

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Closing the GAP

Conferences: 1999

Jun. 28-29: Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed held in Washington, D.C., sponsored in part by the Department of Veterans Affairs and the Department of Health and Human Services. Contact (301) 986-4870.

Aug. 29-Sept. 1: National HIV Prevention Conference held in Atlanta, GA, sponsored by the Centers for Disease Control and Prevention. Contact: (404) 616-7417.

Oct. 9-12: National Conference on Women and HIV/AIDS, "A Forum for Collaboration," held at the Los Angeles Convention Center. Contact: (609) 423-7222, ext. 350.

Nov. 5-8: The United States Conference on AIDS held in Denver, CO. Sponsored by National Minority AIDS Council (NMAC), 12 additional national AIDS organizations, 9 federal government agencies. Contact: (202) 483-6622.

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