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105 East 22nd Street
Suite 711
New York, NY 10010
Tel: 212 614-0023
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Promoting Health and Disease Prevention

April 3, 2000

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

VIA FAX

Dear Ms. Thurman:

On behalf of Debra Fraser-Howze, President/CEO of the National Black Leadership Commission on AIDS, Inc. (BLCA), I want to thank you for agreeing to meet with us in New York City on the morning of Tuesday, April 4, 2000. Among the topics for discussion at our meeting will be the following: 1). Follow-up to the 1999 World AIDS Day international symposium on children orphaned by AIDS, 2). The Congressional Black Caucus' Communities of Color Initiative, and 3). Items raised at the March meeting of the Presidential Advisory Council on HIV/AIDS (PACHA).

If you have any questions or wish to add any items to the meeting's formal agenda, please contact me at my office. I look forward to a productive meeting on April 4th.

Sincerely,

Philip A. Hilton

Philip A. Hilton
Senior Vice President,
Fund Development and Community Affairs

PAH:hs

789 Saw Creek Estates

Debra Yolanda Fraser-F

To: Sandy

July 13, 1999

Rayburn House Office Building
Washington D.C.

2nd Fax

Dear Mr. Rangel:

Just a short note. As you know I have been talking to Maya, she is very helpful. I sent a letter over in draft for your review last week, and requested your support for moving forward the request for a $100 million allocation to USAID, targeting children in Africa orphaned by AIDS. We are seeking to have this put in the USAID budget for the children, their families and caregivers. This is a goal of the Presidents Advisory Council, the Office of National AIDS policy and the members of the President's Congressional delegation that was sent to Africa last month to study this issue. You have already signed a Dear Colleague in support of this request with the other members of the CBC.

As chair of the Presidents Advisory Council's subcommittee on Racial and Ethnic Populations, I have special concern about these kids. As time moves on, I am almost sure we will have another train wreck in this budget and with the historic surplus it would be a tragedy not to have pushed the agenda of these children forward for FY2000. More importantly, Mr. Podesta is having a meeting tomorrow at 1PM on this issue, if I can not get the letter by then, is it possible that you can call his office prior to 1pm and voice your support for the inclusion of these funds in the budget? I am at home working on the final draft for the CBC report language on AIDS in the African American community, if you need to speak to me you can call me at home (570) 588-0838-Home. I would really appreciate your help- Debbie

Sincerely,

Debra

July 14, 1999

- Specific Recommendations from HHS, National Office of AIDS , The Presidents Advisory Council on AIDS committee on Racial and ethnic Populations, The National Association of People With AIDS(Cornelius Baker/ Know your status campaign)

Format:

While this document appears repetitive as a whole, it is not. It must state the case for every department as it will be broken up and sent to each for further review and edits.

Proportional recommendations and language:

The FY 99 Omnibus Budget Passage made no provisions for continued and sustained funding of the original CBC Initiative. The Presidents Advisory Council advised the President to submit a substantial increase in his FY 2,000 budget recommendations to Congress in December of 1998. The President submitted $171 million in new funding; just $15 million over the prior year's allocation that all agree. Is much too low. Congressman Jackson has a good staff and Congresswomen Kilpatrick have agreed to carry this through appropriations. Phillip Hilton of my staff is working from Washington today and yesterday so we could get this far. It is imperative to increase this request for long term-sustained action, which was the intent of the original legislation. As in 1999, Congress will have to carry the request.

Call me at 570-588-0838

Love you-Debra

Donna needs all of our help with OMH and OMHR, please call me tomorrow, I am speaking at NAACP tomorrow.

789 Saw Creek Estates

Debra Yolanda Fraser-I

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July 13, 1999

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Sincerely,

Debra

Please forward to the Speaker's Office

July 14, 1999

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Love you-Debra

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MEMORANDUM

TO: Michael E. Iskowitz
Consultant, USAID

FROM: Debra Fraser-Howze
President/CEO

SUBJ: **The Children Left Behind Initiative**

DATE: April 4, 1999

Pursuant to a request from The Honorable David N. Dinkins, Chairman of the Board, I want to provide you with some background information on the National Black Leadership Commission on AIDS' (BLCA) work to benefit AIDS orphans. In 1995, BLCA unveiled an initiative to focus public attention on the special needs of the estimated 125,000 American children who will be orphaned due to the AIDS-related death(s) of one or both parents by the dawn of the 21st century. BLCA calls these children, "The Children Left Behind." As you may know, the overwhelming majority of these children are African American and Latino.

To insure input by America's most preeminent Black scholars in the fields of sociology, behavioral science, child welfare and public health, I asked Dr. James R. Dumpson and Dr. Andrew Billingsley, both eminent scholars and distinguished public servants, to serve as the initiative's co-chairs.

In late 1997, the Magic Johnson Foundation agreed to co-sponsor BLCA's proposed national summit on the "Children Left Behind." The national summit was intended to develop an action plan to address the orphaned children's special needs, including the establishment of Black church-based programs to facilitate their adoption by loving and nurturing families and individuals. It was later agreed that we would jointly pursue the development of an initiative that would be both national and international in scope. As a result, I held meetings with the senior staff of United Nations Secretary-General Kofi Annan. Thanks to Mayor Dinkins' personal efforts, President Mandela agreed to co-host a proposed international conference to be held at the United Nations in New York.

As BLCA proceeded with its plans to develop and execute the conference, tentatively entitled, "Across Two Continents: Children Orphaned By AIDS in Africa and America," the United States Agency for International Development (USAID) released a report, "Children on the Brink: Strategies to Support Children Isolated By HIV/AIDS," which indicated that an estimated 41.6 million children will be orphaned because of HIV/AIDS by the year 2010. These children, residing in the twenty-three countries that were the subject of the USAID's report, nineteen of which are in sub-Saharan Africa, became the focus of BLCA's and the Magic Johnson Foundation's initiative. However, at the request of Lyutha Al-Mughairy, Chief of the UN's Public Liaison Service, BLCA was asked to include Brazil, Guyana, Haiti – in keeping with the USAID's report – and Thailand.

Armed with the USAID's alarming statistics and at the UN's request, BLCA moved quickly to broaden the scope of the Children Left Behind Initiative to include orphaned children in sub-Saharan Africa, Brazil, Guyana, Haiti and Thailand. The goal, again, is to develop and execute an international conference on AIDS orphans at the United Nations. As a result, BLCA successfully engaged the Joint United Nations Programme on HIV/AIDS (UNAIDS), the UN's Department of Public Information, the United States Committee for UNICEF, and the Bureau of African Affairs of the United States Department of State.

I was later instructed to bring in the NAACP, the National Urban League, the National Congress of Black Churches, and others. All of these national organizations agreed to participate. The end point goal of BLCA's original proposals on the "Children Left Behind" sought to engage President Clinton and Congress in these activities.

You have seen for yourself how heartwrenching these children's lives have become. The world can still afford to have tens of millions of children orphaned by AIDS without a response from those of us in a position to try to help them. In an effort to make BLCA's international conference a reality by December 1, 1999, World AIDS Day, I would welcome your assistance in meeting the following six objectives:

1. Offer the international conference as a formal recommendation to the President.
2. Have the Congressional Black Caucus and other interested groups assume leadership roles in the planning and execution of the international conference.

3. Use the international conference to foster recommendations coming from the presidential delegation, as well as recommendations from African and African American leaders on the issues affecting AIDS orphans.
4. Identifying and securing funding sources to support the planning and execution of the international conference.
5. Assistance from the Office of National AIDS Policy in securing the full involvement of the White House, including the First Lady and Mrs. Gore, USAID, and the United States Department of State.
6. A future meeting between the members of the presidential mission and His Excellency, the Secretary General of the United Nations to finalize planning for the international conference.

I will be attending the April 15 – 16 meeting of the CBC's Spring Health Braintrust. I am willing to come to Washington earlier for a meeting with you to discuss the Children Left Behind Initiative in greater detail. If you have any questions about the initiative, please contact me or Philip A. Hilton, BLCA's Vice President for Fund Development and Communications, at (212) 614-0023.

FACSIMILE TRANSMISSION
80 Trowbridge Street

Attention: Michael Iskowitz

Company: White House Office on National AIDS Policy

Telephone #: 202 456 2437

Fax #: 202 456-2439

Date: 4/14/99

Sender: William W. Harris

Sender Telephone #: 617/492-2229

Sender Fax #: 617/354-7831

You should receive 4 page(s), *including this cover sheet.*. If you do not receive all the pages, please call the number above.

COMMENTS:

Promoting Health and Disease Prevention

October 6, 1999

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place
Washington, DC 20002

Dear Ms. Thurman:

On behalf of Debra Fraser-Howze, President/CEO, I want to thank you for confirming your attendance at a planning meeting scheduled in New York City on Friday, October 8, 1999 to discuss the international symposium on AIDS orphans to be held at the United Nations on December 1, 1999, World AIDS Day.

As you know, BLCA is continuing its efforts to develop an action plan to address the special needs of children who are being orphaned due to the AIDS related deaths of one or both parents. We want to ensure your input into the recommendations emanating from the symposium so that we may develop and implement an effective international AIDS orphans initiative.

Your suggestions and recommendations will be invaluable to us as we move forward with the symposium planning. We look forward to seeing you on Friday, October 8th.

Sincerely,

Philip A. Hilton
Vice President
Fund Development and Communications

FAX COVER SHEET

O-BLCA (Black Leadership

NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, INC.
105 EAST 22ND STREET, SUITE 711
NEW YORK, NY 10010
TELEPHONE: (212) 614-0023 FAX: (212) 614-0057

To: SANDRA Thurman Date: Sept. 13, 2000

Company: WHONAP Page(s) including cover: 3

Fax Number: 202. 456. 2439 Phone Number:

From: PHILIP

Comments: SORRY THIS IS SO LATE! CAN'T WAIT TO SEE YOU THIS WEEKEND. I'LL BE STAYING AT THE HENLEY PARK - 638. 5200., CELL - 917. 836. 1776. CALL ME IF YOU NEED ME

Much Love -
Philip

CONCEPT PAPER

Initiative: **Meeting of the Millennium: A Summit of African American Leaders on HIV/AIDS and Public Health**

Who: 50 – 70 African American leaders in health, religion, business, media, social policy experts, and elected, civic, and appointed officials

Co-Sponsors:
National Black Leadership Commission on AIDS, Inc. (initiator)
Congressional Black Caucus
National Rainbow/PUSH Coalition
National Association for the Advancement of Colored People
The Leadership Campaign on HIV/AIDS (DHHS)
The Black Foundation Executives
Office of the Assistant Secretary for Health/U.S. Surgeon General

Principals:
The Hon. David N. Dinkins
The Hon. Maxine Waters
The Hon. Donna M. Christian-Christensen
The Hon. J.C. Watts
Dr. David Satcher
The Rev. Jesse L. Jackson, Sr.
Johnnie Cochran, Esq.
The Rev. Gardner Taylor
Kenneth Chenault – American Express
Ann Fudge – Kraft Foods
Byron Lewis – UniWorld
Marianne Spraggins
Harriet Michel
His Excellency, The Hon. Thabo Mbeki (Honored Guest)

Purpose: National leadership summit to develop strategies to promote health and prevent diseases, especially HIV/AIDS, within communities of African descent

Where: The presidential retreat at Camp David – to insure that this meeting assumes the highest level of importance for African American leaders, community stakeholders and the general public. For this caliber of leadership, the meeting's site will be critical. In recent history, Camp David has been the site of strategy development and conflict mediation led by our nation's Chief Executives.

Meeting of the Millennium
Concept Paper

When: November 2000

Why: On October 28, 1998, President Clinton declared that HIV/AIDS and public health constitutes "a severe and ongoing crisis" in African American communities. Due to the devastating impact of rising rates of HIV and full-blown AIDS and their associated co-factors, a state of emergency exists within African American communities nationwide. African Americans have the highest rates of death from all chronic illnesses – higher than those of all other minorites combined.

- A Black man in Harlem has less of a chance to reach age 65 than a man living in Bangladesh.
- Today, every hour, seven Americans are newly infected with HIV, three of the seven are African American.
- In all areas of public health, disparities in access to health care and delivery services continue to widen for African Americans as we approach the 21st century.
- African Americans have the highest death rates from diabetes, breast and prostate cancers, heart disease, and tuberculosis.
- African Americans, 13% of our nation's population, account for 56% of all new HIV infections (rising rates of HIV is particularly devastating for African American women and youth).
- 1 in every 120 African American women and I in every 50 African American men is HIV+.

The urgency for communities of African descent to bring its leaders together as the nation anticipates a new century and the beginning of the third millennium is critical to our long-term survival. While the future of the social security system remains a central issue in this election year, African Americans often do not live long enough to collect it.

CC: Ben

6-BLCA

Sandy
Can we
discuss
Thanks
Minyon

Promoting Health and Disease Prevention

National Black Leadership Commission on AIDS, Inc.

October 20, 1999

Minyon:

Here is the conference report language for the Congressional Black Caucus's Emergency Public Health Initiative on HIV and AIDS. As you know, last year's budget for the $156 million was primarily targeted for African Americans. As was agreed between the CBC and the other ethnic caucus, this $349 million includes African Americans as well as the other highly impacted minorities, including women and children for all these groups. I have attached a copy of the CBC letter to Chairman Porter for your review.

The President's FY 2000 request came in at $171.4 million, the request does not expand the initiative to the other impacted minority concerns. The CBC has worked very hard on consensus in the language and on developing the figures. We need the administration to support the increase or we will not be able to maintain the African American Initiative and will absolutely not be able to expand to address the rightful concerns of other disproportionately impacted minorities.

The CBC is also asking for $150 million to fund the Ethnic and Racial Health Disparities Initiative and $35 million for the HHS portion of the President's Life Initiative in Africa.

I am sending you another fax on some important information I need your help with concerning the First Lady.

Thanks for helping. I love you. I am so proud of you, I could burst!

Love ya!

Debra

Debra

Attachments

105 East 22nd Street
Suite 711
New York, NY 10010
Tel: 212 614-0023
Fax: 212 614-0057
e-mail: NBLCA@aol.com

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration (HRSA)

Provide **$80.2 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of $78.2 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:

The Committee is concerned that contributing to high rates of AIDS-related deaths among minorities is the late identification of infection, lack of access to available treatment meeting federal guidelines, and little capacity to pay for new drug therapies due to lack of insurance. Despite the availability of long-standing federal treatment guidelines, resources to minority communities and their service providers remain inadequate. Factors contributing to the high rates of AIDS-related mortality among minorities include an insufficient number of trained primary care community-based providers; linkages to care and facilities and inadequate outreach, education and community development.

Designated funds are to be allocated to develop and implement targeted, culturally competent, client-centered services to improve community capacity for the delivery of care. Programs designed to improve treatment and health care outcomes and address racial disparities in health and AIDS-related morbidity among disproportionately impacted communities of color are a priority. In allocating these funds, consideration is to be given to the Territory of the U.S. Virgin Islands and the Commonwealth of Puerto Rico, where AIDS cases per 100,000 population are twice the national rate. The Committee directs that designated funds be allocated based on the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality attributable to substance abuse.

FUNDS ARE ALLOCATED AS FOLLOWS:

$26.5 million is allocated to Ryan White Title I supplemental funding, to be allocated to eligible metropolitan areas that have 30 percent or more minority HIV/AIDS cases. Of which, funds are targeted to African American, Latino, Asian and Pacific Islanders and Native Americans in highly impacted communities. These additional supplemental funds are targeted to improve the quality of care and health outcomes for minorities living with HIV and AIDS. Additionally, funds are allocated to minority child welfare and family service agencies to evaluate the care and service needs among minority families and caregivers that have a history of service provision to the targeted population. Funds are to develop and implement effective service delivery strategies for children orphaned by AIDS and their caregivers, including health care, entitlements and psycho-social needs of children orphaned by AIDS and their caregivers. $2 million is designated for regional and local peer education training programs of which, $1 million to establish four regional training institutes to provide peer educators and community organizations up-to date training in AIDS-related treatment to, and $1 million be directed to fund community peer education programs.

$3.5 million is allocated to Title II to conduct outreach and improve access to new AIDS-related therapies meeting federal guidelines by minority communities, allocated as follows: $3 million is targeted for outreach to minorities to increase their participation in the AIDS Drug Assistance Program (ADAP). These funds should target minority community-based organizations through state-based initiatives to conduct

comprehensive outreach and treatment education programs. $500,000 is allocated to fund local and regional minority community-based organizations to conduct HIV testing campaigns in coordination with those conducted by the National Alliance of State and Territorial AIDS Directors and the National Association of People with AIDS (NAPWA). Funding is to increase the knowledge of HIV status, treatment knowledge, link HIV positive persons to treatment and provide support for adherence to treatment among minority populations in high-risk communities, to include drug treatment and service outreach efforts, with an emphasis on families and at-risk youth. These services will be developed in coordination with the Centers for Disease Control and Prevention's "Know Your Status" treatment and education campaign.

$27.4 million is allocated to Ryan White Title III with $2 million directed to fund targeted planning grants to build the HIV primary care capacity of minority community based health care and service providers with a history of service provision to the targeted population and $10.9 million for grants to minority community based health care centers. The Committee directs that HRSA include the U.S. Virgin Islands and Puerto Rico as highly impacted areas to receive funds, of which at least $1 million be used to build the primary care capacity and linkages for minority communities. $13.5 million is designated to expand culturally competent technical assistance and build capacity of minority organizations providing care and services to persons with HIV/AIDS in minority communities. Of this amount, $8.5 million is allocated to provide grants to local minority community-based organizations to purchase tailored and targeted technical assistance, grant writing, and strengthen organizational infrastructure that improves client-focused services. $5 million is allocated to support national, regional and local minority organizations that provide dedicated technical assistance to minority communities to develop collaborations and linkages among service providers to establish and or strengthen comprehensive HIV/AIDS systems of care.

$6 million in additional funding allocated to Ryan White Title IV, to fund traditional minority community-based providers of services to minority children, youth and families to develop and implement culturally competent research-based interventions that provide additional HIV/AIDS care, services and linkages.

The Committee is concerned about the inadequate number and lack of specialized training and development programs for minority health care professionals providing community-based care services. Lack of access to quality treatment that meets federal guidelines negatively impacts morbidity and mortality rates of both adults and children in minority communities. The Committee therefore directs additional funding targeted to improve training, education and outreach for minority health care professionals and service providers. In addition, funding is allocated to minority community interventions that increase the knowledge of, access to, and proper use of life extending medications and treatment.

$6.8 million is targeted to increase training and recruitment of community-based minority health care professionals in AIDS-related treatments, standards of care, guidelines for the use of anti-retroviral and other effective clinical interventions, and treatment adherence for HIV/AIDS infected adults, adolescents and children, as developed by the US Public Health Service. Funds are provided to increase access to quality care for communities of color and are allocated as follows: $2.3 million are for subcontracts to the Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs) through the AIDS Education and Training Centers (AETCs); $1 million to fund national training and educational associations, and consortia of minority medical providers who have technical expertise in HIV medical care and treatment, such as the National Medical Association and the National Hispanic Medical Association, and associations for Black and Hispanic nurses; $3.5 million is allocated to the US. National Health Service Corp (NHSC) for educational loan relief to participants who agree to serve in a "designated health shortage area approved loan repayment service site", for the mandated time, including the U.S. Virgin Islands and Puerto Rico.

The Committee recognizes that frail facilities and community infrastructures exacerbate the growing health crisis among minority communities, and concurs that an emergency response is needed to build community capacity and public health care infrastructures for minority communities with high rates of HIV infection and AIDS-related morbidity. Therefore, the Committee designates funding targeted to improve health care facilities, and to strengthen collaborations among minority providers and institutions to plan and implement HIV care networks and services to minorities living with HIV/AIDS.

The Committee designates **$20 million** targeted to improve health care facilities and delivery systems, of which: $16 million is provided to improve facilities in minority communities and to increase the number of community health centers (Health Center Consolidation Act - Section 330) where there is a lack of adequate and accessible services. Funds are also to be used to increase and improve health care for the homeless (Health Center Consolidation Act - Section 330(h)) programs, and to integrate social service components and minority AIDS service organizations into these programs; $4 million is designated to fund five demonstration programs designed to improve health outcomes and decrease mortality by supporting neighborhood health clinics and minority community organizations to jointly develop locally-based primary health care services in minority communities highly impacted by HIV and AIDS.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Provide **$50.475 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of 32.5 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee recognizes the severe HIV/AIDS health crisis and designates funds to allow the CDC to further address the HIV/AIDS state of emergency in minority communities. The funding allocation is designed to follow the trend of the disease in communities of color, based on rates of new HIV infections and mortality from HIV and AIDS and consideration should be given to the U.S. Virgin Islands and to Puerto Rico, where infection rates are twice the national average.

These funds will compliment existing and previously planned targeted HIV/AIDS interventions and support programs that reduce new HIV infections, build community capacity to respond and increase the base of knowledge of HIV, health promotion and disease prevention among these communities.

FUNDS ARE ALLOCATED AS FOLLOWS:
$23.6 million is allocated to the Directly Funded Minority CBO Program to fund grant applications from minority organizations with a history of providing services to these populations, including faith-based organizations, programs for women and children, adolescent centered agencies and organizations servicing men including heterosexual and MSM. Within the $23.6 million aggregate, funds should be allocated to African American communities, including the U.S. Virgin Islands; Latino communities, including Puerto Rico; Native and Asian American and Pacific Islander communities and minority youth organizations, including programs for pregnant and parenting teens and other at risk youth.

$6.5 million is allocated to create grants under the CDC Community Development Program to support needs assessments and enhance community planning processes to integrate HIV, STD, TB, substance abuse prevention and treatment and care and community development among minority organizations, leaders and special populations. Within the $6.5 million aggregate, funds are designated for African American communities including the U.S. Virgin Islands; Latino communities including Puerto Rico; and for Native and Asian Americans, and Pacific Islander communities.

$7.125 million is allocated for technical assistance programs, of which, $3.2 million is allocated for technical assistance to grantees under the Directly Funded Minority CBO program to be provided by national, regional and local organizations, and to include the U.S. Virgin Islands and Puerto Rico. $1.425 million to fund community based organizations to develop and purchase targeted sustained technical assistance, to meet their direct needs. $2 million to increase grants to the national, regional and local minority organizations to provide technical assistance and build community capacity for special populations, including ASOs, faith-based organizations, community leadership and MSM, to include the U.S. Virgin Islands and Puerto Rico; and $500,000 is targeted to fund cooperative agreements to national, regional and local organizations to provide pre-application assistance and expand funding outreach and education to minority community applicants in need.

$2.8 million is allocated to the CDC for Faith-Based Initiative Programs. Funds shall be allocated to the seven schools of Divinity of Historically Black Colleges and Universities to develop HIV and substance abuse prevention training and curriculum for clergy entering the field. Funds are also allocated to build capacity and program development grants to direct service faith based initiatives targeting minority communities.

$10.45 million is designated to enhance CDC HIV surveillance activities to better track the epidemic and target resources. Funds are also included to reduce transmission among communities of color, to expand targeted cooperative agreements for community activities targeting minority communities. Funds are included to expand targeting to minority MSMs. Provide funds for cooperative agreements with organizations to expand national activities targeted to the Know Your Status Campaign to be conducted in minority communities by the National Association of People With AIDS and other participating organizations. Funds are provided to expand prevention activities targeting minority women and adolescent girls based on need, rates of new infection and mortality. Funds are provided to support a collaborative demonstration with national minority health professional organizations and others at the local or regional level with a history of providing culturally competent education and community development services to their targeted populations. Funds are targeted to increase the number of minority behavioral scientist and research based prevention information, and to disseminate research based information and education and assist the incorporation of best practices into mass education, prevention education and technical assistance activities to targeted populations.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF RESEARCH ON MINORITY HEALTH,
NATIONAL INSTITUTES OF HEALTH

Provide **$20 million** to the Office of Research on Minority Health, NIH to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of $13 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee has provided a $20 million increase to the Office of Research on Minority Health (ORMH), for new programs in addition to existing and previously planned activities, targeted to increase the number of minority principal investigators and HIV behavioral and clinical researchers. Priority will be given to increasing the number of targeted programs for special populations that are designed to break the link between HIV, sexual behaviors, norms, attitudes and substance abuse, including crack cocaine, among ethnic and racial populations. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

FUNDS ARE ALLOCATED AS FOLLOWS:
$4.5 million targeted to expand, and strengthen population science-based HIV prevention research, program planning and implementation to special populations in minority communities. Such activities should specifically address, minority at risk youth, pregnant and parenting teen, woman in age specific populations ranging within childbearing years of 15-44, and for women 50 and over, and risk reduction for crack cocaine abusing youth and youth participating in the sex for drug trade associated with such drug use. Funds are targeted to African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders and consideration should be given to the U.S. Virgin Islands and Puerto Rico.

$3 million is targeted to science-based HIV prevention research, program planning and implementation targeted to males, including heterosexual men, men who have sex with men, and male youth including the sexual partners of pregnant and parenting teens.

$4.2 million is allocated to fund demonstration projects in conjunction with the Office of Minority Health, for national, regional or local minority organizations, with a history of service to targeted communities in HIV/AIDS, community planning and development, and technical assistance. Funded programs are to coordinate a behavioral science program to enhance, promote and assist, new research conducted by minority behavioral and social scientist and to provide technical assistance to ensure integration of science-based research in HIV prevention activities.

$3.5 million is allocated to expand existing culturally competent behavioral research, conducted by minority principal investigators that see to break the link between HIV infection and high risk behaviors and, that seek to decrease the rate of mortality in targeted minority populations.

$2 million is targeted to regions of the U.S. where syphilis rates are ten times the national average and drug abuse is among the highest in the nation. These funds are to be allocated to develop geographic specific science-based HIV prevention program planning and culturally competent behavioral science research on specific minority at risk populations, and to develop and implement science-based prevention education and community development initiatives.

$2.8 million to build the capacity of non-traditional service organizations in minority communities, such as faith based communities and leadership organizations, which play a critical role in outreach and community education. These funds are to implement special projects that are science based for outreach and coordination efforts and that build the knowledge base of broad segments of the targeted communities.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Provide **$74.58 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color with respect to substance abuse. This would result in an increase of $52.6 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee has provided **$74.58 million** to address the major health problems of HIV disease and substance abuse. These resources are designed to address targeted expansion and capacity development for substance abuse treatment programs and community capacity development, with an emphasis on addressing the severe and ongoing crisis among ethnic, racial and minority communities.

The Committee further directs SAMHSA to allocate these resources to communities and organizations located in areas that most reflect the increasing epidemiological trends towards communities of color in the HIV/AIDS epidemic. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality attributable to substance abuse.

FUNDS ARE ALLOCATED AS FOLLOWS:
$74.58 million for Center for Substance Abuse Treatment. These funds should be allocated to minority community-based organizations providing drug treatment in minority communities, including AIDS service, to sustain and increase comprehensive residential treatment, children and family services to incorporate HIV/AIDS services and youth organizations for expansion of community-based substance abuse education outreach and treatment into their programs that have a history of service provision to the targeted population. Funds for comprehensive residential treatment programs including planning grants specifically for services to youth and targeted services for minority women, children heterosexual men and MSM and to include treatment programs in the U.S. Virgin Islands and Puerto Rico. These funds will be targeted to local minority providers of substance abuse treatment to develop and implement substance abuse treatment services with linkages to services for women, children, and families of Native American, tribal and indigenous Asian American, Native Hawaiian and Pacific Islander populations. Funds will also be used to enhance the capacity of existing substance abuse treatment services with emphasis on those communities which experience syphilis rates 10 times or more over the national average. Funds are provided to target national, regional and local dedicated technical assistance providers to expand and coordinate the integration of substance abuse, STD and HIV services provided by community-based programs that have a history of service provision to the targeted population.

$230,000 to be awarded to the National Caucus of Black State Legislators, the National Caucus of Black County Executives and the National Association of Latino Elected Officials to ensure inclusion and participation of their members in the analysis, planning and development of substance abuse treatment and prevention services at the state and local level in coordination with state and territorial substance abuse and AIDS directors and SAMHSA.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MINORITY HEALTH, OFFICE OF THE SECRETARY

Provide **$26.145 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of $18.145 million over the FY 1999 HIV/AIDS allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee is concerned about the health outcomes in minority communities and the racial disparities in services among minority communities and designates new funds to strengthen the Office of Minority Health to promote health and prevent disease in minority communities.

The Committee allocates $26.145 million in additional HIV/AIDS funding to be allocated to the Office of Minority Health which should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

FUNDS ARE ALLOCATED AS FOLLOWS:
$7.145 million is designated to the Minority Community Coalition Demonstration Grants program, and the Bilingual/Bicultural Demonstrations Grants Program targeted to fund HIV/AIDS prevention activities by minority organizations.

$12.3 million targeted to national, regional and local minority organizations with a history of service and development to minority populations, to provide technical assistance and to expand the National Minority Organization/Cooperative Agreement Program to directly fund minority organizations traditionally serving targeted populations with culturally competent HIV/AIDS services, health promotion and community development to establish national centers of excellence.

$1 million is allocated to indigenous Native American and tribal organizations, Asian, Hawaiian and Pacific Islander organizations to further develop the assessment of needs among these communities and implement services in disease prevention and health promotion that are culturally competent.

$4.4 million to expand and strengthen contracts with HBCUs and HSIs to provide funding to minority behavioral scientists to enhance the implementation of research-based prevention activities for disease prevention, health promotion and HIV/AIDS in conjunction with community organizations targeting minority populations of which at least $1 million should be given to include Puerto Rico and the U.S. Virgin Islands.

$1.3 million to support culturally competent HIV/AIDS, disease prevention and health promotion information and education campaigns targeted to minority communities.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE EMERGENCY FUND

Provide **$87.6 million** to the Office of the Secretary of Health and Human Services for the Emergency Fund to address HIV/AIDS in communities of color. This is an increase of $37.6 million, over the FY 1999 HIV/AIDS allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
Funds are provided for the expansion, creation and development needs of programs targeting the prevention, care and service needs of communities of color. Priority must be given to meeting the emergency needs of minority communities. These funds are allocated in accordance with rates of new HIV infections and HIV/AIDS morbidity and mortality rates to communities of color demonstrating the highest needs.

These funds are available to the Secretary of the Department of Health and Human Services to address the continuing HIV/AIDS public health emergency with the Office of HIV/AIDS Policy serving as the focal coordinator for these resources across DHHS. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

FUNDS ARE ALLOCATED AS FOLLOWS:
$48.8 million is provided to address the HIV/AIDS crisis facing racial and ethnic minority communities due to the changing demographics of the disease. These funds are available to address prevention and treatment needs of minority communities targeting specific or multi-ethnic organizations that provide services to minority communities that are heavily impacted by HIV/AIDS, and are to compliment existing and previously planned targeted HIV/AIDS minority activities. These funds are available for the Secretary of the Department of Health and Human Services and the Surgeon General to expand and improve access to state-of-the-art HIV/AIDS therapies; strengthen and expand targeted effective prevention and intervention activities; support HIV/AIDS substance abuse activities; provide critical assistance for minority organizations providing services to minority populations impacted by HIV/AIDS; and build and sustain an effective and durable HIV/AIDS prevention and care capability, where these needs are greatest. These trends should be based on the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

$1.3 million under the direction of the Secretary, the Office of HIV/AIDS Policy will serve as the focal coordinator across DHHS. These funds are provided for the Office of HIV/AIDS to carry out this function, and to strengthen its capacity to outreach in a concentrated effort to effectively address the trends of the disease.

$3.5 million is provided to SAMSHA for targeted capacity expansion cooperative agreements for Substance Abuse and HIV/AIDS prevention care capacity grants to address youth in minority communities.

$2.5 million is included for SAMSHA to expand treatment in targeted capacity building to include minorities who abuse alcohol and crack cocaine.

$2 million is provided to allow SAMSHA to expand activities targeting children orphaned by AIDS and their caregivers, and to expand community planning and intervention for these populations.

$2 million to expand program activities targeting gay men of color.

$2.5 million is provided to expand activities targeting minority incarcerated women, for HIV/AIDS treatment and prevention for family and children after-care services.

$1 million is targeted to enhance services to Native American, Asian American and Caribbean American populations. Targeted to improve community planning and participation in HIV/AIDS prevention activities, improve data collection, analysis and the dissemination of HIV and AIDS surveillance and epidemiological data specific to these populations, by the CDC, state and local health reporting agencies, and to improve involvement in planning for children and families for these population-based data outcomes.

$4 million is designated to the HHS Office of Minority Health to enhance and develop cooperative agreements with minority organizations to operate as centers for excellence in disease prevention and health promotion and HIV prevention, targeted to education, community leadership and health care provider development, planning and coordination, policy, behavioral science research, and technical assistance; to conduct activities targeted to promote health and prevent disease and to support community development in four targeted regions most severely impacted by HIV and AIDS. Consideration should be given to the U.S. Virgin Islands and Puerto Rico.

$1.75 million is targeted to fund ten (10) local, regional and national minority organizations to provide targeted pre-application technical assistance to community-based collaborations for grant applications in communities of color. Pre-application assistance is intended to broaden outreach and capacity to applicants for grants emanating from initiatives for the CDC, HRSA, SAMHSA, OMH, NIH/OMR and HHS,

$750,000 is provided to directly fund national and regional collaborations with grant making departments to provide assistance and capacity building skills to applicants, and to expand non-traditional outreach to national, regional and local applicants for technical assistance for year-round targeted grant applications.

$2 million targeted to enhance direct grants to funded agencies to develop and purchase tailored and targeted technical assistance to meet ongoing operational needs.

$500,000 is provided for the CDC's Reducing Transmission Among People of Color project, to expand program activities and staff.

$600,000 is provided to expand activities targeted to a "know your status campaign," focused on minority community organizations in providing services and outreach; special consideration is given to minority community-based and national organizations to include the National Association for People with AIDS.

$1.6 million is provided to expand activities to minority incarcerated populations and their families.

$3 million is provided for the Title X family planning program to conduct a nationwide survey of its Title X grantees to assess HIV risk behaviors and characteristics, including alcohol and other substance abuse and history of sexual abuse of minority women using Title X services.

$10 million to the Title X family planning program to establish cluster demonstration projects in 10 to 15 high prevalence areas to provide training, enhanced prevention activities, HIV pre- and post-counseling, HIV testing, and referrals and follow-up for comprehensive health and supportive services for HIV-positive minority women using Title X family planning clinics.

National Black Leadership Commission on AIDS, Inc.

Promoting Health and Disease Prevention

October 20, 1999

Minyon:

Need your help on this – "all your help!" – (smile)

The attached invitation went to the First Lady from my Chairman in August, to keynote the first United Nations AIDS International Symposium on Children Orphaned by AIDS on December 1st, World AIDS Day. The First Lady has responded to my Board Chairman, David Dinkins and said she would forward the request. As you can see, she will be in excellent company. Queen Noor of Jordan and other first ladies, have already confirmed. Please see what you can do to help us get a positive response as soon as possible. I have the entire international community waiting for an answer and everyone wants her to attend. The response is overwhelming and the White House announced its support of this symposium as part of the administration's announcements on the Life Initiative on HIV/AIDS in Africa. See attached press release from the White House.

In addition to the fact that she holds the premiere position as a historic advocate for children, we feel that her presence at the NYC based international symposium will set the necessary standard of how an international city and its leadership appropriately responds to the international community when they are in our backyard (a criticism of the present administration from both opponents and supporters alike).

Please see if you can help to expedite Mrs. Clinton's positive response. We are also working with Sandy Thurman.

Reverend is speaking at the luncheon.

Love you.

Debra

Debra

Attachments

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Promoting Health and Disease Prevention

August 11, 1999

First Lady Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

On Wednesday, December 1, 1999 - World AIDS Day - the National Black Leadership Commission on AIDS (BLCA) and the United Nations will hold a one-day international symposium addressing issues affecting children orphaned by the loss of their parents to the worldwide epidemic of AIDS. The symposium, entitled "The Children Left Behind", will be held at the United Nations headquarters in New York City. As Chairman of the National BLCA Board of Directors, I invite you to deliver a keynote address during the symposium.

We would be pleased to work with your scheduling office to construct a time most suitable for you, but feel that your presence in closing the symposium is certain to be a special moment for the international audience of attendees. The closing is scheduled to take place at 4:30 p.m. on December 1st. I have invited former President Nelson Mandela of South African to deliver a keynote address during the symposium's opening session, following a welcome from United Nations Secretary General Kofi Annan.

United Nations co-sponsors have extended invitations to her Majesty Queen Noor al-Hussein of Jordan, First Ladies Rutah Correa Leite Cardoso of Brazil and Janet Museveni of Uganda, and the Ambassadors to the Missions of the United Nations' 187 member nations.

Under the leadership of the National BLCA Board of Directors and of Debra Fraser-Howze, BLCA's founding President/CEO and a member of President Clinton's Presidential Advisory Council on HIV/AIDS, attendees will develop an action plan to address the special needs of these children. Special attention will be given to identifying and addressing affected children in sub-Saharan Africa, the United States, the South American nations of Brazil and Guyana, Haiti, and Southeast Asia.

The symposium sponsors are working closely with Sandra Thurman, Director of the White House Office of National AIDS Policy, who I had the pleasure of accompanying to South Africa as a member of President Clinton's presidential fact-finding mission to sub-Saharan Africa on this issue. This symposium is the outgrowth of one of the recommendations submitted to the President following that mission, and was highlighted by Vice President Gore in his July 19th announcement of the Administration's new Africa initiative on AIDS. We want to ensure that the recommendations emanating from this symposium will prove useful to the Clinton Administration as you move forward with implementation of your international AIDS Orphans initiative.

The United Nations has designated this symposium as the official UN event in observance of World AIDS Day 1999. Joining BLCA as co-sponsors are the Magic Johnson Foundation, the White House Office of National AIDS Policy, the United National Department of Public Information, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Children's Fund (UNICEF).

If you or your staff have any questions about the symposium or BLCA's "Children Left Behind" initiative, please contact Debra Fraser-Howze or Philip Hilton, BLCA's Vice President for Fund Development and Communications, at (212) 614-0023.

Your participation will be invaluable to us as we work toward shaping a global response to the tragic plight of children orphaned by AIDS...our children. I look forward to hearing from you soon.

Sincerely,

David N. Dinkins
Chairman of the Board

DND: cmb

Congressional Black Caucus
of the United States Congress

319 Cannon HOB • Washington, DC 20515 • (202) 225-3315

CBC

106th Congress

September 23, 1999

The Honorable John E. Porter
Chairman
Labor, Health and Human Services and
Education Appropriations Subcommittee
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Porter:

We are writing to request your support and leadership for the Congressional Black Caucus' $349 million FY 2000 Emergency Public Health Initiative on HIV/AIDS targeting African American and other minority communities. We additionally request your support for the $150 million Health Disparities Initiative targeting minority communities, and the $35 million component of the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. Your support for these critical appropriations will allow us to continue to maintain initiatives created from FY 1999 funding and to address the need for enhanced and new emergency initiatives.

On October 28, 1999, President Clinton declared that HIV/AIDS in the African American community was a "severe and ongoing health crisis requiring an emergency response." African Americans have the highest death rates from AIDS and chronic illnesses in the nation, higher than all other minority communities combined. According to the Centers for Disease Control and Prevention (CDC), every hour seven Americans are newly infected with HIV, the virus that causes AIDS, three of the seven are African American. One in every 50 African American males and one in every 120 African American females is infected with HIV. African American adolescents, representing 15% of our nation's total adolescent population, now represent 68% of new HIV cases in that age group. Ninety percent of all children and 80% of all women with full-blown AIDS is African American. The CDC's alarming statistics further indicate that African Americans, representing 13% of our nation's population, account for 56% of all newly reported HIV cases in the United States.

These statistics, coupled with the high mortality rates due to chronic illnesses, have placed African American communities in crisis. Since 1960, death from cancer among African American males has risen steadily by 62%. African American men have a 60% survival rate five years after diagnosis with prostate cancer, compared with 81% for Caucasian males during the same time period. The rate of tuberculosis for African Americans is three times the national average. In Harlem, one of America's most recognized and historic Black enclaves, an African American man has less of a chance of reaching age 65 than a man living in Bangladesh, the poorest per capita nation in the world. As we stand on the threshold of a new century and a new millennium, millions of our fellow Americans are living with a public health crisis of monumental proportions.

The allocations set forth in our FY 2000 $349 million funding request have been distributed proportionately among African Americans, Latinos/Hispanics, Native Americans, and Asians/Pacific Islanders based on the latest HIV/AIDS epidemiological data issued from the CDC. If the HIV/AIDS crisis is left unaddressed in other minority communities, they will soon mirror the tragedy that has befallen African American communities nationwide. The numerical breakdown for the CBC Emergency Public Health Initiative on HIV/AIDS is as follows:

Health Resources and Services Administration:	**$90.2 million**
Centers for Disease Control and Prevention:	**$50.475 million**
Substance Abuse and Mental Health Services Administration:	**$74.58 million**
National Institutes of Health:	**$20.0 million**
Department of Health and Humans Services, Office of the Secretary:	**$26.145 million**
Public Health Emergency Fund (HIV/AIDS Emergency Fund):	**$87.6 million**

In addition, we are requesting $150 million for the Health Disparities Initiative. $5 million for Medicare Outreach Demonstrations targeting minority seniors, $2 million for the Medicaid Outreach Cooperative Agreement, and $3 million to fund the "HIV Cost and Services Utilization Study" in minority populations. We are also requesting that the Subcommittee include language calling for the Secretary of Health and Human Services to begin to implement the recommendations of the Institute of Medicine's "The Unequal Burden of Cancer" Study.

The LIFE Initiative provides a $100 million increase in U.S. support to prevent the further spread of HIV and to care for those affected by this devastating global pandemic in sub-Saharan Africa. Of this total, $35 million will be programmed through HHS to increase their resources to fight HIV/AIDS internationally.

The Congressional Black Caucus requests that you include the CBC HIV/AIDS Emergency Public Health, Health Disparities and LIFE initiatives in the FY2000 Subcommittee on Labor, Health and Human Services and Education's appropriations measure. We appreciate your steadfast support over the years, and we look forward to working with you to eliminate the continuing disparities in minority health from HIV/AIDS and other chronic illnesses and diseases. Working together, we can and will make a positive difference in the health and well-being of all Americans.

Sincerely,

The Honorable James E. Clyburn
Member of Congress

The Honorable Donna M. Christensen
Member of Congress

The Honorable Maxine Waters
Member of Congress

The Honorable Jesse L. Jackson, Jr.
Member of Congress

The Honorable Sanford Bishop
Member of Congress

The Honorable Corrine Brown
Member of Congress

The Honorable Julia Carson
Member of Congress

The Honorable William Clay
Member of Congress

The Honorable Eva Clayton
Member of Congress

The Honorable John Conyers, Jr.
Member of Congress

The Honorable Elijah Cummings
Member of Congress

The Honorable Danny K. Davis
Member of Congress

The Honorable Julian Dixon
Member of Congress

The Honorable Chaka Fattah
Member of Congress

The Honorable Harold E. Ford, Jr.
Member of Congress

The Honorable Alcee Hastings
Member of Congress

The Honorable Earl Hilliard
Member of Congress

The Honorable Sheila Jackson Lee
Member of Congress

The Honorable William Jefferson
Member of Congress

The Honorable Eddie Bernice Johnson
Member of Congress

The Honorable Carolyn Kilpatrick
Member of Congress

The Honorable Barbara Lee
Member of Congress

The Honorable John Lewis
Member of Congress

The Honorable Cynthia McKinney
Member of Congress

The Honorable Carrie Meek
Member of Congress

The Honorable Gregory Meeks
Member of Congress

The Honorable Juanita Millender-McDonald
Member of Congress

The Honorable Eleanor Holmes Norton
Member of Congress

The Honorable Major R. Owens
Member of Congress

The Honorable Donald M. Payne
Member of Congress

The Honorable Charles B. Rangel
Member of Congress

The Honorable Bobby Rush
Member of Congress

The Honorable Robert C. Scott
Member of Congress

The Honorable Bennie G. Thompson
Member of Congress

The Honorable Edolphus Towns
Member of Congress

The Honorable Stephanie Tubbs Jones
Member of Congress

The Honorable Melvin Watt
Member of Congress

The Honorable Albert Wynn
Member of Congress

FAX COVER SHEET

NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, INC.
105 EAST 22ND STREET, SUITE 711
NEW YORK, NY 10010
TELEPHONE: (212) 614-0023 FAX: (212) 614-0057

To: Ms Minyon Moore Date: October 19, 1999

Company: White House Page(s) including cover: 4

Fax Number: 202-456-2983 Phone Number: _____

From: Debra Fraser-Howze / DAH

Comments:

Attached is the document addressed to Pres. Clinton

To

Sylvia Mathews, Thurman

& Sandy

Please advise

M

Congress of the United States

Washington, DC 20515

September 30, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

On behalf of the Congressional Black Caucus (CBC) of the 106th Congress, we are writing to request your support for the CBC's $349 million Emergency Public Health Initiative HIV/AIDS presently before the Appropriations Committee of both the House and the Senate. The funding will continue, and enhance the important work begun under the $156 million HIV/AIDS initiative created in FY 1999. The CBC has worked diligently to insure the inclusion of all disproportionately impacted minority communities. The allocation set forth in our FY 2000 budget request have been distributed proportionately among African Americans, Latinos/Hispanics, Native Americans and Asian/Pacific Islanders, and as a result is higher than your original budget request of $171.4 million for FY 2000.

In addition to the $349 million allocation, we ask that you support our request for $150 million for Health Disparities Initiative targeting minority communities and $55 million in funding for the LIFE Initiative which will be programmed through the Department of Health and Human Services for support of HIV/AIDS initiatives in Africa.

As the enclosed letter will attest, the CBC, has submitted unanimous letters of support to our colleagues John Edward Porter, David R. Obey, Arlen Specter and Tom Harkin. Like millions of African Americans and other Americans of color, we look to you for your leadership, support and encouragement as our communities continue to bear the brunt of our nation's AIDS epidemic and public health emergency due to chronic illness and disease.

Two further requests which are considered critical but which have no budget impact are the elevation of the Office of Minority Health Research

(OMHR) to a Center at the National Institutes of Health (HIH), and the funding of the Offices of Minority Health within the Agencies of the Department of Health and Human Services as was directed by the Appropriations Committee in 1994.

Although we were successful in developing an important initiative on HIV/AIDS in our community for this year, the difficulties in implementation of this initiative can be attested to by many worthy organizations and thus, further underscores the need to have our viewpoint and perspective better represented in a meaningful way within the agencies of DHHS. The CBC considers this request very critical even though, it has not budget impact.

One additional issue that has not been adequately addressed, even in our initial request to the Committee, but which we feel is critical to addressing the disparities is the provision of public health services within the nation's correctional facilities. We ask that language be included which would direct that out of funds appropriated, sufficient funding be provided to support the development of a national monitoring and reporting system and the development of a plan outlining the short and long term strategies related to contagious and chronic diseases and other issues related to correctional health care which would be submitted to the Committee by March 1, 2000.

There is no need for us here to recount the stark statistics affecting African Americans and other people of color. Your initiative to end disparities and "Goals 2010" reflects your understanding of the worst health crisis facing our communities in modern times. We must respond to this crisis, and we must do so in a manner that reflects the severity of the crisis and the long term nature of it.

We are deeply grateful to you for the courageous and outstanding leadership and commitment that you have demonstrated during your Administration and particularly in the CBC's year-long effort to secure a declaration of a national public health state of emergency due to HIV/AIDS, chronic illness and disease in African American and other minority communities.

As we prepare to close out this century and your Administration, having set the stage to create a better and healthier America, the items we have presented here are critical. Your strong advocacy is vital to its success. We ask for your full support of these initiatives during the likely budget negotiations, and look

forward to working with you on these and other issues arising out of the final Committee report.

Sincerely,

James Clyburn
Chairman, Congressional Black Caucus

Donna M. Christian-Christensen
Chair, CBC Health Braintrust

Maxine Waters
Member of Congress

cc: Mr. John D. Podesta, Chief of Staff to the President
Mr. Ronald A. Klain, Chief of Staff to the Vice President
Mr. Jacob Joseph Lew, Budget Director, OMB
Ms. Sylvia M. Mathews, Deputy Director, OMB
Mr. Lawrence Stein, Director of Legislative Affairs, White House

CC Ben Sandy Can we discuss Minyon

Promoting Health and Disease Prevention

October 20, 1999

Minyon:

Here is the conference report language for the Congressional Black Caucus's Emergency Public Health Initiative on HIV and AIDS. As you know, last year's budget for the $156 million was primarily targeted for African Americans. As was agreed between the CBC and the other ethnic caucus, this $349 million includes African Americans as well as the other highly impacted minorities, including women and children for all these groups. I have attached a copy of the CBC letter to Chairman Porter for your review.

The President's FY 2000 request came in at $171.4 million, the request does not expand the initiative to the other impacted minority concerns. The CBC has worked very hard on consensus in the language and on developing the figures. We need the administration to support the increase or we will not be able to maintain the African American Initiative and will absolutely not be able to expand to address the rightful concerns of other disproportionately impacted minorities.

The CBC is also asking for $150 million to fund the Ethnic and Racial Health Disparities Initiative and $35 million for the HHS portion of the President's Life Initiative in Africa.

I am sending you another fax on some important information I need your help with concerning the First Lady.

Thanks for helping. I love you. I am so proud of you, I could burst!

Love ya!

Debra

Attachments

National Black Leadership Commission on AIDS, Inc.

105 East 22nd Street
Suite 711
New York, NY 10010
Tel: 212 614-0023
Fax: 212 614-0057
e-mail: NBLCA@aol.com

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration (HRSA)

Provide **$90.2 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of $78.2 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:

The Committee is concerned that contributing to high rates of AIDS-related deaths among minorities is the late identification of infection, lack of access to available treatment meeting federal guidelines, and little capacity to pay for new drug therapies due to lack of insurance. Despite the availability of long-standing federal treatment guidelines, resources to minority communities and their service providers remain inadequate. Factors contributing to the high rates of AIDS-related mortality among minorities include an insufficient number of trained primary care community-based providers; linkages to care and facilities and inadequate outreach, education and community development.

Designated funds are to be allocated to develop and implement targeted, culturally competent, client-centered services to improve community capacity for the delivery of care. Programs designed to improve treatment and health care outcomes and address racial disparities in health and AIDS-related morbidity among disproportionately impacted communities of color are a priority. In allocating these funds, consideration is to be given to the Territory of the U.S. Virgin Islands and the Commonwealth of Puerto Rico, where AIDS cases per 100,000 population are twice the national rate. The Committee directs that designated funds be allocated based on the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality attributable to substance abuse.

FUNDS ARE ALLOCATED AS FOLLOWS:

$26.5 million is allocated to Ryan White Title I supplemental funding, to be allocated to eligible metropolitan areas that have 30 percent or more minority HIV/AIDS cases. Of which, funds are targeted to African American, Latino, Asian and Pacific Islanders and Native Americans in highly impacted communities. These additional supplemental funds are targeted to improve the quality of care and health outcomes for minorities living with HIV and AIDS. Additionally, funds are allocated to minority child welfare and family service agencies to evaluate the care and service needs among minority families and caregivers that have a history of service provision to the targeted population. Funds are to develop and implement effective service delivery strategies for children orphaned by AIDS and their caregivers, including health care, entitlements and psycho-social needs of children orphaned by AIDS and their caregivers. $2 million is designated for regional and local peer education training programs of which, $1 million to establish four regional training institutes to provide peer educators and community organizations up-to date training in AIDS-related treatment to, and $1 million be directed to fund community peer education programs.

$3.5 million is allocated to Title II to conduct outreach and improve access to new AIDS-related therapies meeting federal guidelines by minority communities, allocated as follows: $3 million is targeted for outreach to minorities to increase their participation in the AIDS Drug Assistance Program (ADAP). These funds should target minority community-based organizations through state-based initiatives to conduct

comprehensive outreach and treatment education programs. $500,000 is allocated to fund local and regional minority community-based organizations to conduct HIV testing campaigns in coordination with those conducted by the National Alliance of State and Territorial AIDS Directors and the National Association of People with AIDS (NAPWA). Funding is to increase the knowledge of HIV status, treatment knowledge, link HIV positive persons to treatment and provide support for adherence to treatment among minority populations in high-risk communities, to include drug treatment and service outreach efforts, with an emphasis on families and at-risk youth. These services will be developed in coordination with the Centers for Disease Control and Prevention's "Know Your Status" treatment and education campaign.

$27.4 million is allocated to Ryan White Title III with $2 million directed to fund targeted planning grants to build the HIV primary care capacity of minority community based health care and service providers with a history of service provision to the targeted population and $10.9 million for grants to minority community based health care centers. The Committee directs that HRSA include the U.S. Virgin Islands and Puerto Rico as highly impacted areas to receive funds, of which at least $1 million be used to build the primary care capacity and linkages for minority communities. $13.5 million is designated to expand culturally competent technical assistance and build capacity of minority organizations providing care and services to persons with HIV/AIDS in minority communities. Of this amount, $8.5 million is allocated to provide grants to local minority community-based organizations to purchase tailored and targeted technical assistance, grant writing, and strengthen organizational infrastructure that improves client-focused services. $5 million is allocated to support national, regional and local minority organizations that provide dedicated technical assistance to minority communities to develop collaborations and linkages among service providers to establish and or strengthen comprehensive HIV/AIDS systems of care.

$6 million in additional funding allocated to Ryan White Title IV, to fund traditional minority community-based providers of services to minority children, youth and families to develop and implement culturally competent research-based interventions that provide additional HIV/AIDS care, services and linkages.

The Committee is concerned about the inadequate number and lack of specialized training and development programs for minority health care professionals providing community-based care services. Lack of access to quality treatment that meets federal guidelines negatively impacts morbidity and mortality rates of both adults and children in minority communities. The Committee therefore directs additional funding targeted to improve training, education and outreach for minority health care professionals and service providers. In addition, funding is allocated to minority community interventions that increase the knowledge of, access to, and proper use of life extending medications and treatment.

$6.8 million is targeted to increase training and recruitment of community-based minority health care professionals in AIDS-related treatments, standards of care, guidelines for the use of anti-retroviral and other effective clinical interventions, and treatment adherence for HIV/AIDS infected adults, adolescents and children, as developed by the US Public Health Service. Funds are provided to increase access to quality care for communities of color and are allocated as follows: $2.3 million are for subcontracts to the Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs) through the AIDS Education and Training Centers (AETCs); $1 million to fund national training and educational associations, and consortia of minority medical providers who have technical expertise in HIV medical care and treatment, such as the National Medical Association and the National Hispanic Medical Association, and associations for Black and Hispanic nurses; $3.5 million is allocated to the US. National Health Service Corp (NHSC) for educational loan relief to participants who agree to serve in a "designated health shortage area approved loan repayment service site", for the mandated time, including the U.S. Virgin Islands and Puerto Rico.

The Committee recognizes that frail facilities and community infrastructures exacerbate the growing health crisis among minority communities, and concurs that an emergency response is needed to build community capacity and public health care infrastructures for minority communities with high rates of HIV infection and AIDS-related morbidity. Therefore, the Committee designates funding targeted to improve health care facilities, and to strengthen collaborations among minority providers and institutions to plan and implement HIV care networks and services to minorities living with HIV/AIDS.

The Committee designates **$20 million** targeted to improve health care facilities and delivery systems, of which: $16 million is provided to improve facilities in minority communities and to increase the number of community health centers (Health Center Consolidation Act - Section 330) where there is a lack of adequate and accessible services. Funds are also to be used to increase and improve health care for the homeless (Health Center Consolidation Act - Section 330(h)) programs, and to integrate social service components and minority AIDS service organizations into these programs; $4 million is designated to fund five demonstration programs designed to improve health outcomes and decrease mortality by supporting neighborhood health clinics and minority community organizations to jointly develop locally-based primary health care services in minority communities highly impacted by HIV and AIDS.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Provide **$50.475 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of 32.5 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee recognizes the severe HIV/AIDS health crisis and designates funds to allow the CDC to further address the HIV/AIDS state of emergency in minority communities. The funding allocation is designed to follow the trend of the disease in communities of color, based on rates of new HIV infections and mortality from HIV and AIDS and consideration should be given to the U.S. Virgin Islands and to Puerto Rico, where infection rates are twice the national average.

These funds will compliment existing and previously planned targeted HIV/AIDS interventions and support programs that reduce new HIV infections, build community capacity to respond and increase the base of knowledge of HIV, health promotion and disease prevention among these communities.

FUNDS ARE ALLOCATED AS FOLLOWS:
$23.6 million is allocated to the Directly Funded Minority CBO Program to fund grant applications from minority organizations with a history of providing services to these populations, including faith-based organizations, programs for women and children, adolescent centered agencies and organizations servicing men including heterosexual and MSM. Within the $23.6 million aggregate, funds should be allocated to African American communities, including the U.S. Virgin Islands; Latino communities, including Puerto Rico; Native and Asian American and Pacific Islander communities and minority youth organizations, including programs for pregnant and parenting teens and other at risk youth.

$6.5 million is allocated to create grants under the CDC Community Development Program to support needs assessments and enhance community planning processes to integrate HIV, STD, TB, substance abuse prevention and treatment and care and community development among minority organizations, leaders and special populations. Within the $6.5 million aggregate, funds are designated for African American communities including the U.S. Virgin Islands; Latino communities including Puerto Rico; and for Native and Asian Americans, and Pacific Islander communities.

$7.125 million is allocated for technical assistance programs, of which, $3.2 million is allocated for technical assistance to grantees under the Directly Funded Minority CBO program to be provided by national, regional and local organizations, and to include the U.S. Virgin Islands and Puerto Rico. $1.425 million to fund community based organizations to develop and purchase targeted sustained technical assistance, to meet their direct needs. $2 million to increase grants to the national, regional and local minority organizations to provide technical assistance and build community capacity for special populations, including ASOs, faith-based organizations, community leadership and MSM, to include the U.S. Virgin Islands and Puerto Rico; and $500,000 is targeted to fund cooperative agreements to national, regional and local organizations to provide pre-application assistance and expand funding outreach and education to minority community applicants in need.

$2.8 million is allocated to the CDC for Faith-Based Initiative Programs. Funds shall be allocated to the seven schools of Divinity of Historically Black Colleges and Universities to develop HIV and substance abuse prevention training and curriculum for clergy entering the field. Funds are also allocated to build capacity and program development grants to direct service faith based initiatives targeting minority communities.

$10.45 million is designated to enhance CDC HIV surveillance activities to better track the epidemic and target resources. Funds are also included to reduce transmission among communities of color, to expand targeted cooperative agreements for community activities targeting minority communities. Funds are included to expand targeting to minority MSMs. Provide funds for cooperative agreements with organizations to expand national activities targeted to the Know Your Status Campaign to be conducted in minority communities by the National Association of People With AIDS and other participating organizations. Funds are provided to expand prevention activities targeting minority women and adolescent girls based on need, rates of new infection and mortality. Funds are provided to support a collaborative demonstration with national minority health professional organizations and others at the local or regional level with a history of providing culturally competent education and community development services to their targeted populations. Funds are targeted to increase the number of minority behavioral scientist and research based prevention information, and to disseminate research based information and education and assist the incorporation of best practices into mass education, prevention education and technical assistance activities to targeted populations.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF RESEARCH ON MINORITY HEALTH,
NATIONAL INSTITUTES OF HEALTH

Provide $20 million to the Office of Research on Minority Health, NIH to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of $13 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee has provided a $20 million increase to the Office of Research on Minority Health (ORMH), for new programs in addition to existing and previously planned activities, targeted to increase the number of minority principal investigators and HIV behavioral and clinical researchers. Priority will be given to increasing the number of targeted programs for special populations that are designed to break the link between HIV, sexual behaviors, norms, attitudes and substance abuse, including crack cocaine, among ethnic and racial populations. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

FUNDS ARE ALLOCATED AS FOLLOWS:
$4.5 million targeted to expand, and strengthen population science-based HIV prevention research, program planning and implementation to special populations in minority communities. Such activities should specifically address, minority at risk youth, pregnant and parenting teen, woman in age specific populations ranging within childbearing years of 15-44, and for women 50 and over, and risk reduction for crack cocaine abusing youth and youth participating in the sex for drug trade associated with such drug use. Funds are targeted to African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders and consideration should be given to the U.S. Virgin Islands and Puerto Rico.

$3 million is targeted to science-based HIV prevention research, program planning and implementation targeted to males, including heterosexual men, men who have sex with men, and male youth including the sexual partners of pregnant and parenting teens.

$4.2 million is allocated to fund demonstration projects in conjunction with the Office of Minority Health, for national, regional or local minority organizations, with a history of service to targeted communities in HIV/AIDS, community planning and development, and technical assistance. Funded programs are to coordinate a behavioral science program to enhance, promote and assist, new research conducted by minority behavioral and social scientist and to provide technical assistance to ensure integration of science-based research in HIV prevention activities.

$3.5 million is allocated to expand existing culturally competent behavioral research, conducted by minority principal investigators that see to break the link between HIV infection and high risk behaviors and, that seek to decrease the rate of mortality in targeted minority populations.

$2 million is targeted to regions of the U.S. where syphilis rates are ten times the national average and drug abuse is among the highest in the nation. These funds are to be allocated to develop geographic specific science-based HIV prevention program planning and culturally competent behavioral science research on specific minority at risk populations, and to develop and implement science-based prevention education and community development initiatives.

$2.8 million to build the capacity of non-traditional service organizations in minority communities, such as faith based communities and leadership organizations, which play a critical role in outreach and community education. These funds are to implement special projects that are science based for outreach and coordination efforts and that build the knowledge base of broad segments of the targeted communities.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Provide **$74.58 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color with respect to substance abuse. This would result in an increase of $52.6 million over the FY 1999 allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee has provided **$74.58** million to address the major health problems of HIV disease and substance abuse. These resources are designed to address targeted expansion and capacity development for substance abuse treatment programs and community capacity development, with an emphasis on addressing the severe and ongoing crisis among ethnic, racial and minority communities.

The Committee further directs SAMHSA to allocate these resources to communities and organizations located in areas that most reflect the increasing epidemiological trends towards communities of color in the HIV/AIDS epidemic. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality attributable to substance abuse.

FUNDS ARE ALLOCATED AS FOLLOWS:
$74.58 million for Center for Substance Abuse Treatment. These funds should be allocated to minority community-based organizations providing drug treatment in minority communities, including AIDS service, to sustain and increase comprehensive residential treatment, children and family services to incorporate HIV/AIDS services and youth organizations for expansion of community-based substance abuse education outreach and treatment into their programs that have a history of service provision to the targeted population. Funds for comprehensive residential treatment programs including planning grants specifically for services to youth and targeted services for minority women, children heterosexual men and MSM and to include treatment programs in the U.S. Virgin Islands and Puerto Rico. These funds will be targeted to local minority providers of substance abuse treatment to develop and implement substance abuse treatment services with linkages to services for women, children, and families of Native American, tribal and Indigenous Asian American, Native Hawaiian and Pacific Islander populations. Funds will also be used to enhance the capacity of existing substance abuse treatment services with emphasis on those communities which experience syphilis rates 10 times or more over the national average. Funds are provided to target national, regional and local dedicated technical assistance providers to expand and coordinate the integration of substance abuse, STD and HIV services provided by community-based programs that have a history of service provision to the targeted population.

$230,000 to be awarded to the National Caucus of Black State Legislators, the National Caucus of Black County Executives and the National Association of Latino Elected Officials to ensure inclusion and participation of their members in the analysis, planning and development of substance abuse treatment and prevention services at the state and local level in coordination with state and territorial substance abuse and AIDS directors and SAMHSA.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MINORITY HEALTH, OFFICE OF THE SECRETARY

Provide **$26.145 million** to fund activities that are designed to address the trend of the HIV/AIDS epidemic in communities of color. This is an increase of $18.145 million over the FY 1999 HIV/AIDS allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
The Committee is concerned about the health outcomes in minority communities and the racial disparities in services among minority communities and designates new funds to strengthen the Office of Minority Health to promote health and prevent disease in minority communities.

The Committee allocates $26.145 million in additional HIV/AIDS funding to be allocated to the Office of Minority Health which should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

FUNDS ARE ALLOCATED AS FOLLOWS:
$7.145 million is designated to the Minority Community Coalition Demonstration Grants program, and the Bilingual/Bicultural Demonstrations Grants Program targeted to fund HIV/AIDS prevention activities by minority organizations.

$12.3 million targeted to national, regional and local minority organizations with a history of service and development to minority populations, to provide technical assistance and to expand the National Minority Organization/Cooperative Agreement Program to directly fund minority organizations traditionally serving targeted populations with culturally competent HIV/AIDS services, health promotion and community development to establish national centers of excellence.

$1 million is allocated to indigenous Native American and tribal organizations, Asian, Hawaiian and Pacific Islander organizations to further develop the assessment of needs among these communities and implement services in disease prevention and health promotion that are culturally competent.

$4.4 million to expand and strengthen contracts with HBCUs and HSIs to provide funding to minority behavioral scientists to enhance the implementation of research-based prevention activities for disease prevention, health promotion and HIV/AIDS in conjunction with community organizations targeting minority populations of which at least $1 million should be given to include Puerto Rico and the U.S. Virgin Islands.

$1.3 million to support culturally competent HIV/AIDS, disease prevention and health promotion information and education campaigns targeted to minority communities.

Minority Communities HIV/AIDS Initiative

AGENCY: DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE EMERGENCY FUND

Provide **$87.6 million** to the Office of the Secretary of Health and Human Services for the Emergency Fund to address HIV/AIDS in communities of color. This is an increase of $37.6 million, over the FY 1999 HIV/AIDS allocation. These funds are to be allocated as outlined in the accompanying report language.

RECOMMENDED REPORT LANGUAGE:
Funds are provided for the expansion, creation and development needs of programs targeting the prevention, care and service needs of communities of color. Priority must be given to meeting the emergency needs of minority communities. These funds are allocated in accordance with rates of new HIV infections and HIV/AIDS morbidity and mortality rates to communities of color demonstrating the highest needs.

These funds are available to the Secretary of the Department of Health and Human Services to address the continuing HIV/AIDS public health emergency with the Office of HIV/AIDS Policy serving as the focal coordinator for these resources across DHHS. These funds should be allocated according to the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

FUNDS ARE ALLOCATED AS FOLLOWS:
$48.8 million is provided to address the HIV/AIDS crisis facing racial and ethnic minority communities due to the changing demographics of the disease. These funds are available to address prevention and treatment needs of minority communities targeting specific or multi-ethnic organizations that provide services to minority communities that are heavily impacted by HIV/AIDS, and are to compliment existing and previously planned targeted HIV/AIDS minority activities. These funds are available for the Secretary of the Department of Health and Human Services and the Surgeon General to expand and improve access to state-of-the-art HIV/AIDS therapies; strengthen and expand targeted effective prevention and intervention activities; support HIV/AIDS substance abuse activities; provide critical assistance for minority organizations providing services to minority populations impacted by HIV/AIDS; and build and sustain an effective and durable HIV/AIDS prevention and care capability, where these needs are greatest. These trends should be based on the most recent data provided by the Centers for Disease Control and Prevention (CDC) on AIDS prevalence, rates of new HIV infections, and current AIDS-related morbidity and mortality.

$1.3 million under the direction of the Secretary, the Office of HIV/AIDS Policy will serve as the focal coordinator across DHHS. These funds are provided for the Office of HIV/AIDS to carry out this function, and to strengthen its capacity to outreach in a concentrated effort to effectively address the trends of the disease.

$3.5 million is provided to SAMSHA for targeted capacity expansion cooperative agreements for Substance Abuse and HIV/AIDS prevention care capacity grants to address youth in minority communities.

$2.5 million is included for SAMSHA to expand treatment in targeted capacity building to include minorities who abuse alcohol and crack cocaine.

$2 million is provided to allow SAMSHA to expand activities targeting children orphaned by AIDS and their caregivers, and to expand community planning and intervention for these populations.

$2 million to expand program activities targeting gay men of color.

$2.5 million is provided to expand activities targeting minority incarcerated women, for HIV/AIDS treatment and prevention for family and children after-care services.

$1 million is targeted to enhance services to Native American, Asian American and Caribbean American populations. Targeted to improve community planning and participation in HIV/AIDS prevention activities, improve data collection, analysis and the dissemination of HIV and AIDS surveillance and epidemiological data specific to these populations, by the CDC, state and local health reporting agencies, and to improve involvement in planning for children and families for these population-based data outcomes.

$4 million is designated to the HHS Office of Minority Health to enhance and develop cooperative agreements with minority organizations to operate as centers for excellence in disease prevention and health promotion and HIV prevention, targeted to education, community leadership and health care provider development, planning and coordination, policy, behavioral science research, and technical assistance; to conduct activities targeted to promote health and prevent disease and to support community development in four targeted regions most severely impacted by HIV and AIDS. Consideration should be given to the U.S. Virgin Islands and Puerto Rico.

$1.75 million is targeted to fund ten (10) local, regional and national minority organizations to provide targeted pre-application technical assistance to community-based collaborations for grant applications in communities of color. Pre-application assistance is intended to broaden outreach and capacity to applicants for grants emanating from initiatives for the CDC, HRSA, SAMHSA, OMH, NIH/OMR and HHS,

$750,000 is provided to directly fund national and regional collaborations with grant making departments to provide assistance and capacity building skills to applicants, and to expand non-traditional outreach to national, regional and local applicants for technical assistance for year-round targeted grant applications.

$2 million targeted to enhance direct grants to funded agencies to develop and purchase tailored and targeted technical assistance to meet ongoing operational needs.

$500,000 is provided for the CDC's Reducing Transmission Among People of Color project, to expand program activities and staff.

$600,000 is provided to expand activities targeted to a "know your status campaign," focused on minority community organizations in providing services and outreach; special consideration is given to minority community-based and national organizations to include the National Association for People with AIDS.

$1.5 million is provided to expand activities to minority incarcerated populations and their families.

$3 million is provided for the Title X family planning program to conduct a nationwide survey of its Title X grantees to assess HIV risk behaviors and characteristics, including alcohol and other substance abuse and history of sexual abuse of minority women using Title X services.

$10 million to the Title X family planning program to establish cluster demonstration projects in 10 to 15 high prevalence areas to provide training, enhanced prevention activities, HIV pre- and post-counseling, HIV testing, and referrals and follow-up for comprehensive health and supportive services for HIV-positive minority women using Title X family planning clinics.

National Black Leadership Commission on AIDS, Inc.
Promoting Health and Disease Prevention

Patti / Sandy Thurman
Solis
Can someone Provide me the Status
M

October 20, 1999

Minyon:

Need your help on this – "all your help!" – (smile)

The attached invitation went to the First Lady from my Chairman in August, to keynote the first United Nations AIDS International Symposium on Children Orphaned by AIDS on December 1st, World AIDS Day. The First Lady has responded to my Board Chairman, David Dinkins and said she would forward the request. As you can see, she will be in excellent company. Queen Noor of Jordan and other first ladies, have already confirmed. Please see what you can do to help us get a positive response as soon as possible. I have the entire international community waiting for an answer and everyone wants her to attend. The response is overwhelming and the White House announced its support of this symposium as part of the administration's announcements on the Life Initiative on HIV/AIDS in Africa. See attached press release from the White House.

In addition to the fact that she holds the premiere position as a historic advocate for children, we feel that her presence at the NYC based international symposium will set the necessary standard of how an international city and its leadership appropriately responds to the international community when they are in our backyard (a criticism of the present administration from both opponents and supporters alike).

Please see if you can help to expedite Mrs. Clinton's positive response. We are also working with Sandy Thurman.

Reverend is speaking at the luncheon.

Love you,

Debra

Debra

Attachments

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Promoting Health and Disease Prevention

August 11, 1999

First Lady Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

On Wednesday, December 1, 1999 - World AIDS Day - the National Black Leadership Commission on AIDS (BLCA) and the United Nations will hold a one-day international symposium addressing issues affecting children orphaned by the loss of their parents to the worldwide epidemic of AIDS. The symposium, entitled "The Children Left Behind", will be held at the United Nations headquarters in New York City. As Chairman of the National BLCA Board of Directors, I invite you to deliver a keynote address during the symposium.

We would be pleased to work with your scheduling office to construct a time most suitable for you, but feel that your presence in closing the symposium is certain to be a special moment for the international audience of attendees. The closing is scheduled to take place at 4:30 p.m. on December 1st. I have invited former President Nelson Mandela of South African to deliver a keynote address during the symposium's opening session, following a welcome from United Nations Secretary General Kofi Annan.

United Nations co-sponsors have extended invitations to her Majesty Queen Noor al-Hussein of Jordan, First Ladies Rutah Correa Leite Cardoso of Brazil and Janet Museveni of Uganda, and the Ambassadors to the Missions of the United Nations' 187 member nations.

Under the leadership of the National BLCA Board of Directors and of Debra Fraser-Howze, BLCA's founding President/CEO and a member of President Clinton's Presidential Advisory Council on HIV/AIDS, attendees will develop an action plan to address the special needs of these children. Special attention will be given to identifying and addressing affected children in sub-Saharan Africa, the United States, the South American nations of Brazil and Guyana, Haiti, and Southeast Asia.

The symposium sponsors are working closely with Sandra Thurman, Director of the White House Office of National AIDS Policy, who I had the pleasure of accompanying to South Africa as a member of President Clinton's presidential fact-finding mission to sub-Saharan Africa on this issue. This symposium is the outgrowth of one of the recommendations submitted to the President following that mission, and was highlighted by Vice President Gore in his July 19th announcement of the Administration's new Africa initiative on AIDS. We want to ensure that the recommendations emanating from this symposium will prove useful to the Clinton Administration as you move forward with implementation of your international AIDS Orphans initiative.

The United Nations has designated this symposium as the official UN event in observance of World AIDS Day 1999. Joining BLCA as co-sponsors are the Magic Johnson Foundation, the White House Office of National AIDS Policy, the United National Department of Public Information, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Children's Fund (UNICEF).

If you or your staff have any questions about the symposium or BLCA's "Children Left Behind" initiative, please contact Debra Fraser-Howze or Philip Hilton, BLCA's Vice President for Fund Development and Communications, at (212) 614-0023.

Your participation will be invaluable to us as we work toward shaping a global response to the tragic plight of children orphaned by AIDS...our children. I look forward to hearing from you soon.

Sincerely,

David N. Dinkins
Chairman of the Board

DND: cmb

Congressional Black Caucus
of the United States Congress

319 Cannon HOB • Washington, DC 20515 • (202) 225-3315

106th Congress

September 23, 1999

The Honorable John E. Porter
Chairman
Labor, Health and Human Services and
Education Appropriations Subcommittee
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Porter:

We are writing to request your support and leadership for the Congressional Black Caucus' $349 million FY 2000 Emergency Public Health Initiative on HIV/AIDS targeting African American and other minority communities. We additionally request your support for the $150 million Health Disparities Initiative targeting minority communities, and the $35 million component of the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. Your support for these critical appropriations will allow us to continue to maintain initiatives created from FY 1999 funding and to address the need for enhanced and new emergency initiatives.

On October 28, 1999, President Clinton declared that HIV/AIDS in the African American community was a "severe and ongoing health crisis requiring an emergency response." African Americans have the highest death rates from AIDS and chronic illnesses in the nation, higher than all other minority communities combined. According to the Centers for Disease Control and Prevention (CDC), every hour seven Americans are newly infected with HIV, the virus that causes AIDS, three of the seven are African American. One in every 50 African American males and one in every 120 African American females is infected with HIV. African American adolescents, representing 15% of our nation's total adolescent population, now represent 68% of new HIV cases in that age group. Ninety percent of all children and 80% of all women with full-blown AIDS is African American. The CDC's alarming statistics further indicate that African Americans, representing 13% of our nation's population, account for 56% of all newly reported HIV cases in the United States.

These statistics, coupled with the high mortality rates due to chronic illnesses, have placed African American communities in crisis. Since 1960, death from cancer among African American males has risen steadily by 62%. African American men have a 60% survival rate five years after diagnosis with prostate cancer, compared with 81% for Caucasian males during the same time period. The rate of tuberculosis for African Americans is three times the national average. In Harlem, one of America's most recognized and historic Black enclaves, an African American man has less of a chance of reaching age 65 than a man living in Bangladesh, the poorest per capita nation in the world. As we stand on the threshold of a new century and a new millennium, millions of our fellow Americans are living with a public health crisis of monumental proportions.

The allocations set forth in our FY 2000 $349 million funding request have been distributed proportionately among African Americans, Latinos/Hispanics, Native Americans, and Asians/Pacific Islanders based on the latest HIV/AIDS epidemiological data issued from the CDC. If the HIV/AIDS crisis is left unaddressed in other minority communities, they will soon mirror the tragedy that has befallen African American communities nationwide. The numerical breakdown for the CBC Emergency Public Health Initiative on HIV/AIDS is as follows:

Health Resources and Services Administration:	**$90.2 million**
Centers for Disease Control and Prevention:	**$50.475 million**
Substance Abuse and Mental Health Services Administration:	**$74.58 million**
National Institutes of Health:	**$20.0 million**
Department of Health and Humans Services, Office of the Secretary:	**$26.145 million**
Public Health Emergency Fund (HIV/AIDS Emergency Fund):	**$87.6 million**

In addition, we are requesting $150 million for the Health Disparities Initiative. $5 million for Medicare Outreach Demonstrations targeting minority seniors, $2 million for the Medicaid Outreach Cooperative Agreement, and $3 million to fund the "HIV Cost and Services Utilization Study" in minority populations. We are also requesting that the Subcommittee include language calling for the Secretary of Health and Human Services to begin to implement the recommendations of the Institute of Medicine's "The Unequal Burden of Cancer" Study.

The LIFE Initiative provides a $100 million increase in U.S. support to prevent the further spread of HIV and to care for those affected by this devastating global pandemic in sub-Saharan Africa. Of this total, $35 million will be programmed through HHS to increase their resources to fight HIV/AIDS internationally.

The Congressional Black Caucus requests that you include the CBC HIV/AIDS Emergency Public Health, Health Disparities and LIFE initiatives in the FY2000 Subcommittee on Labor, Health and Human Services and Education's appropriations measure. We appreciate your steadfast support over the years, and we look forward to working with you to eliminate the continuing disparities in minority health from HIV/AIDS and other chronic illnesses and diseases. Working together, we can and will make a positive difference in the health and well-being of all Americans.

Sincerely,

The Honorable James E. Clyburn
Member of Congress

The Honorable Donna M. Christensen
Member of Congress

The Honorable Maxine Waters
Member of Congress

The Honorable Jesse L. Jackson, Jr.
Member of Congress

The Honorable Sanford Bishop
Member of Congress

The Honorable Corrine Brown
Member of Congress

The Honorable Julia Carson
Member of Congress

The Honorable William Clay
Member of Congress

The Honorable Eva Clayton
Member of Congress

The Honorable John Conyers, Jr.
Member of Congress

The Honorable Elijah Cummings
Member of Congres

The Honorable Danny K. Davis
Member of Congress

The Honorable Julian Dixon
Member of Congress

The Honorable Chaka Fattah
Member of Congress

The Honorable Harold E. Ford, Jr.
Member of Congress

The Honorable Alcee Hastings
Member of Congress

The Honorable Earl Hilliard
Member of Congress

The Honorable Sheila Jackson Lee
Member of Congress

The Honorable William Jefferson
Member of Congress

The Honorable Eddie Bernice Johnson
Member of Congress

The Honorable Carolyn Kilpatrick
Member of Congress

The Honorable Barbara Lee
Member of Congress

The Honorable John Lewis
Member of Congress

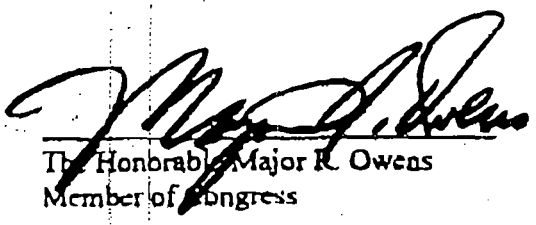
The Honorable Cynthia McKinney
Member of Congress

The Honorable Carrie Meek
Member of Congress

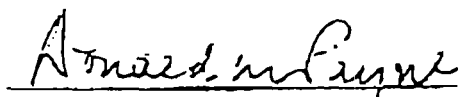
The Honorable Gregory Meeks
Member of Congress

The Honorable Juanita Millender-McDonald
Member of Congress

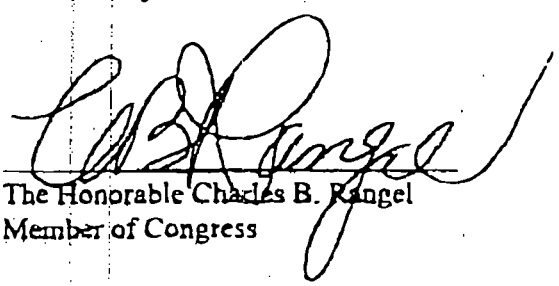
The Honorable Eleanor Holmes Norton
Member of Congress



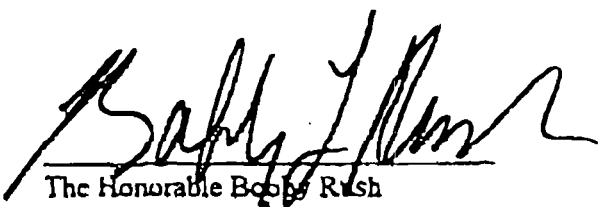
The Honorable Major R. Owens
Member of Congress



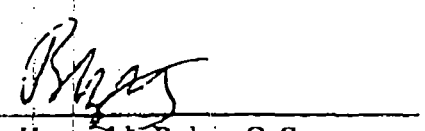
The Honorable Donald M. Payne
Member of Congress



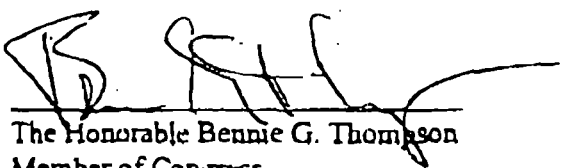
The Honorable Charles B. Rangel
Member of Congress



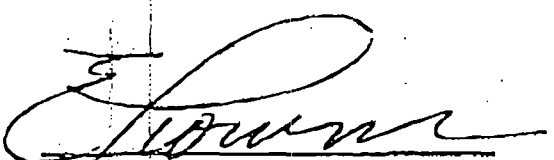
The Honorable Bobby Rush
Member of Congress



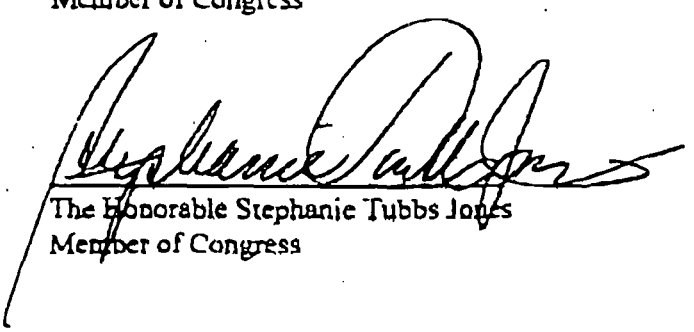
The Honorable Robert C. Scott
Member of Congress



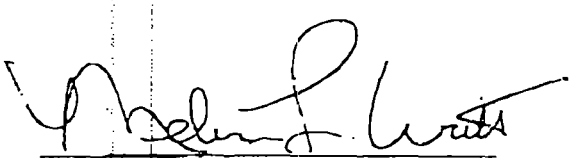
The Honorable Bennie G. Thompson
Member of Congress



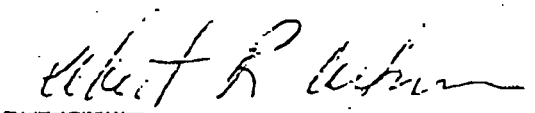
The Honorable Edolphus Towns
Member of Congress



The Honorable Stephanie Tubbs Jones
Member of Congress



The Honorable Melvin Watt
Member of Congress



The Honorable Albert Wynn
Member of Congress

Prevention initiatives
DeBeers/Africa

FAX COVER SHEET

NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, INC.
105 EAST 22ND STREET, SUITE 711
NEW YORK, NY 10010
TELEPHONE: (212) 614-0023 FAX: (212) 614-0057

To: Ms Monyon Moore Date: October 19, 1999

Company: White House Page(s) including cover: 4

Fax Number: 202-456-2983 Phone Number: _____

From: Debra Fraser-Howze ICAAP

Comments:

Attached is the document addressed to Pres. Clinton

To

Sylvia Mathews

Jeremy Thurman

Sandy

Please advise

M

Congress of the United States

Washington, DC 20515

September 30, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

$171

On behalf of the Congressional Black Caucus (CBC) of the 106th Congress, we are writing to request your support for the CBC's $349 million Emergency Public Health Initiative HIV/AIDS presently before the Appropriations Committee of both the House and the Senate. The funding will continue, and enhance the important work begun under the $156 million HIV/AIDS initiative created in FY 1999. The CBC has worked diligently to insure the inclusion of all disproportionately impacted minority communities. The allocation set forth in our FY 2000 budget request have been distributed proportionately among African Americans, Latinos/Hispanics, Native Americans and Asian/Pacific Islanders, and as a result is higher than your original budget request of $171.4 million for FY 2000.

In addition to the $349 million allocation, we ask that you support our request for $150 million for Health Disparities Initiative targeting minority communities and $55 million in funding for the LIFE Initiative which will be programmed through the Department of Health and Human Services for support of HIV/AIDS initiatives in Africa.

As the enclosed letter will attest, the CBC, has submitted unanimous letters of support to our colleagues John Edward Porter, David R. Obey, Arlen Specter and Tom Harkin. Like millions of African Americans and other Americans of color, we look to you for your leadership, support and encouragement as our communities continue to bear the brunt of our nation's AIDS epidemic and public health emergency due to chronic illness and disease.

Two further requests which are considered critical but which have no budget impact are the elevation of the Office of Minority Health Research

(OMHR) to a Center at the National Institutes of Health (HIH), and the funding of the Offices of Minority Health within the Agencies of the Department of Health and Human Services as was directed by the Appropriations Committee in 1994.

Although we were successful in developing an important initiative on HIV/AIDS in our community for this year, the difficulties in implementation of this initiative can be attested to by many worthy organizations and thus, further underscores the need to have our viewpoint and perspective better represented in a meaningful way within the agencies of DHHS. The CBC considers this request very critical even though, it has not budget impact.

One additional issue that has not been adequately addressed, even in our initial request to the Committee, but which we feel is critical to addressing the disparities is the provision of public health services within the nation's correctional facilities. We ask that language be included which would direct that out of funds appropriated, sufficient funding be provided to support the development of a national monitoring and reporting system and the development of a plan outlining the short and long term strategies related to contagious and chronic diseases and other issues related to correctional health care which would be submitted to the Committee by March 1, 2000.

There is no need for us here to recount the stark statistics affecting African Americans and other people of color. Your initiative to end disparities and "Goals 2010" reflects your understanding of the worst health crisis facing our communities in modern times. We must respond to this crisis, and we must do so in a manner that reflects the severity of the crisis and the long term nature of it.

We are deeply grateful to you for the courageous and outstanding leadership and commitment that you have demonstrated during your Administration and particularly in the CBC's year-long effort to secure a declaration of a national public health state of emergency due to HIV/AIDS, chronic illness and disease in African American and other minority communities.

As we prepare to close out this century and your Administration, having set the stage to create a better and healthier America, the items we have presented here are critical. Your strong advocacy is vital to its success. We ask for your full support of these initiatives during the likely budget negotiations, and look

forward to working with you on these and other issues arising out of the final Committee report.

Sincerely,

James Clyburn
Chairman, Congressional
Black Caucus

Donna M. Christian-Christensen
Chair, CBC Health Braintrust

Maxine Waters
Member of Congress

cc: Mr. John D. Podesta, Chief of Staff to the President
Mr. Ronald A. Klain, Chief of Staff to the Vice President
Mr. Jacob Joseph Lew, Budget Director, OMB
Ms. Sylvia M. Mathews, Deputy Director, OMB
Mr. Lawrence Stein, Director of Legislative Affairs, White House

FAX COVER SHEET

NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, INC.
105 EAST 22ND STREET, SUITE 711
NEW YORK, NY 10010
TELEPHONE: (212) 614-0023 FAX: (212) 614-0057

To: SANDRA Thurman Date: Sept. 13, 2000

Company: WHONAP Page(s) including cover: 3

Fax Number: 202. 456. 2439 Phone Number:

From: PHILIP

Comments: SORRY THIS IS SO LATE! CAN'T WAIT TO SEE YOU THIS WEEKEND. I'LL BE STAYING AT THE HENLEY PARK - 638. 5200., CELL - 917. 836. 1776. CALL ME IF YOU NEED ME

Much Love -
Philip

69373

CONCEPT PAPER

Initiative: **Meeting of the Millennium: A Summit of African American Leaders on HIV/AIDS and Public Health**

Who: 50 – 70 African American leaders in health, religion, business, media, social policy experts, and elected, civic, and appointed officials

Co-Sponsors:
National Black Leadership Commission on AIDS, Inc. (initiator)
Congressional Black Caucus
National Rainbow/PUSH Coalition
National Association for the Advancement of Colored People
The Leadership Campaign on HIV/AIDS (DHHS)
The Black Foundation Executives
Office of the Assistant Secretary for Health/U.S. Surgeon General

Principals:
The Hon. David N. Dinkins
The Hon. Maxine Waters
The Hon. Donna M. Christian-Christensen
The Hon. J.C. Watts
Dr. David Satcher
The Rev. Jesse L. Jackson, Sr.
Johnnie Cochran, Esq.
The Rev. Gardner Taylor
Kenneth Chenault – American Express
Ann Fudge – Kraft Foods
Byron Lewis – UniWorld
Marianne Spraggins
Harriet Michel
His Excellency, The Hon. Thabo Mbeki (Honored Guest)

Purpose: National leadership summit to develop strategies to promote health and prevent diseases, especially HIV/AIDS, within communities of African descent

Where: The presidential retreat at Camp David – to insure that this meeting assumes the highest level of importance for African American leaders, community stakeholders and the general public. For this caliber of leadership, the meeting's site will be critical. In recent history, Camp David has been the site of strategy development and conflict mediation led by our nation's Chief Executives.

Meeting of the Millennium
Concept Paper

When: November 2000

Why: On October 28, 1998, President Clinton declared that HIV/AIDS and public health constitutes "a severe and ongoing crisis" in African American communities. Due to the devastating impact of rising rates of HIV and full-blown AIDS and their associated co-factors, a state of emergency exists within African American communities nationwide. African Americans have the highest rates of death from all chronic illnesses – higher than those of all other minorites combined.

- A Black man in Harlem has less of a chance to reach age 65 than a man living in Bangladesh.
- Today, every hour, seven Americans are newly infected with HIV, three of the seven are African American.
- In all areas of public health, disparities in access to health care and delivery services continue to widen for African Americans as we approach the 21st century.
- African Americans have the highest death rates from diabetes, breast and prostate cancers, heart disease, and tuberculosis.
- African Americans, 13% of our nation's population, account for 56% of all new HIV infections (rising rates of HIV is particularly devastating for African American women and youth).
- 1 in every 120 African American women and I in every 50 African American men is HIV+.

The urgency for communities of African descent to bring its leaders together as the nation anticipates a new century and the beginning of the third millennium is critical to our long-term survival. While the future of the social security system remains a central issue in this election year, African Americans often do not live long enough to collect it.

105 East 22nd Street
Suite 711
New York, NY 10010
Tel: 212 614-0023
Fax: 212 614-0057
e-mail: NBLCA@aol.com

Promoting Health and Disease Prevention

April 3, 2000

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

VIA FAX

Dear Ms. Thurman:

On behalf of Debra Fraser-Howze, President/CEO of the National Black Leadership Commission on AIDS, Inc. (BLCA), I want to thank you for agreeing to meet with us in New York City on the morning of Tuesday, April 4, 2000. Among the topics for discussion at our meeting will be the following: 1). Follow-up to the 1999 World AIDS Day international symposium on children orphaned by AIDS, 2). The Congressional Black Caucus' Communities of Color Initiative, and 3). Items raised at the March meeting of the Presidential Advisory Council on HIV/AIDS (PACHA).

If you have any questions or wish to add any items to the meeting's formal agenda, please contact me at my office. I look forward to a productive meeting on April 4th.

Sincerely,

Philip A. Hilton

Philip A. Hilton
Senior Vice President,
Fund Development and Community Affairs

PAH:hs