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March 99

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H.I.V.



L.I.N.K

**The Newsletter of The HIV Center
for Women and Children**

**SUNY Health Science Center
at Brooklyn,
Downstate Medical Center**

February 1999 / Volume 7, No. 1

Adult Clinical Trials Underway

Significant progress has been made in recent years in the treatment of HIV/AIDS. Until there is a way to eradicate the virus, however, researchers will seek new drugs and new drug combinations to combat HIV and the opportunistic illnesses that impact the lives of people with AIDS. Testing new treatments on patients is an essential part of this process, one that offers both risks and rewards to those who participate. Even for nonparticipants, information and access to new treatments gained from clinical trials may improve their prospects of living with HIV.

Since the fall of 1998, SUNY Brooklyn's Special Treatment and Research (STAR) Clinic has offered adult patients the opportunity to enroll in clinical trials of various HIV-related medications. Current trials involve variations in dosing and formulations of new and existing drugs, including: 1) a Roche Laboratories-funded study of Fortovase to assess the effectiveness of this recently-approved formulation of saquinavir, particularly in women; 2) an Ortho-Biotech-funded study to assess the effectiveness of

continued on page 2



*Joyce Y. Hall, MPH, Executive Director of
The Greater Brownsville Youth Council, Inc.,
keynote speaker at the World AIDS Day 1998
Commemoration*

World AIDS Day 1998 Commemoration

On December 1, 1998, the HIV Center for Women and Children and The Greater Brownsville Youth Council, Inc. co-sponsored an all-day program of events to commemorate World AIDS Day. The program's theme was "Be A Force for Change" and focused on increasing awareness of HIV infection among youth. Posterboards outlining the impact of HIV infection on children and adolescents globally, nationally, and in Brooklyn were displayed at information tables located throughout the Health Science Center campus. HIV Center staff were available to distribute literature and answer questions.

Approximately 60 teenagers from area high schools attended an afternoon presentation featuring a keynote address by Joyce Y. Hall, MPH, Executive Director of The Greater Brownsville Youth Council, Inc. Teen peer educators from the Teens Helping Each Other (THEO) project of the HIV Center's Adolescent Education Program performed several short skits to dramatize various aspects of HIV transmission and prevention among youth. Special thanks to Agouron Pharmaceuticals, Inc. for providing refreshments.

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Atlanta Executive Network

THE ATLANTA EXECUTIVE NETWORK IS THE FOCAL POINT FOR GAY AND LESBIAN BUSINESS AND PROFESSIONAL PEOPLE

MARCH 1999



DANIEL HELMINIAK

What the Bible Really Says about Homosexuality

Daniel Helminiak, author of the best-selling book, *What the Bible Really Says about Homosexuality*, will speak at to the members and guests of AEN on March 18, 1999. He holds Ph.D. degrees in both psychology and theology. As a psychotherapist, social scientist and theologian, Helminiak is most concerned about how to integrate religion and psychology in theory and in practice. He wants to help people discov-

er what wholesome human living means in a pluralistic and secularized world.

In a nutshell, Daniel Helminiak's specialization is spirituality. His areas of special interest are adult development and human sexuality. Since the publication of his headline-making book on the Bible and homosexuality, he has authored two more studies on spirituality: *The Human Core of Spirituality: Mind as Psyche and Spirit* and *Religion and the Human Sciences: An Approach via Spirituality*. He had previously written the books *The Same Jesus: A Contemporary Christology* and *Spiritual Development: An Interdisciplinary Study*.

Born and raised in Pittsburgh, Pennsylvania, Helminiak has ministered as a Roman Catholic priest in Boston, San Antonio and Austin. He has served as a chaplain for Dignity, the national organization for gay, lesbian, bisexual and transgendered Catholics and their friends. He has also been Assistant Professor for Systematic Theology and Spirituality at Oblate School of Theology in San Antonio and Assistant Professor of Psychology at the State University of West Georgia. He is certified by the American Association of Pastoral Counselors. He currently lives in Atlanta.

He is a complex thinker whose influence has been widespread. He has been published in such varied vehicles as *Christopher Street*, *Anglican Theological Review*, *culturefront*, *Ecumenical Trends*, *Dignity/USA Journal*, *Emmanuel*, *Journal of Sex Education and Therapy*, *The Journal of Religion and Health*, *New Blackfriars*, *Pastoral Psychology*, *Spirituality Today*, *Spiritual Life*, *This Week in Texas*, *Worship* and many, many more. Whatever he has to impart to us at the March meeting is sure to be thought-provoking and growth-producing. ❖

Next Meeting

Colony Square Hotel
The Ballroom
14th & Peachtree Streets

Guest Speaker:
Daniel Helminiak

Thursday, March 18, 1999
5:45 p.m. Doors Open
7:00 p.m. Program
8:00 p.m. Adjournment

Members \$10 door fee
Guests \$20 door fee
New members \$64
Full-time students free

New AEN sponsor levels announced — see page 8

Dated

HIV/AIDS PROGRAMS
1151 Taylor
Detroit MI 4 202
Phone: (313) 876-0980
Fax: (313) 876 0431

Fax Cover Sheet

Date: 3/31/99

TO: <u>Sara Holenwinski</u>	
FROM: <u>Brenda Green</u>	
# OF PAGES(including cover sheet):	
SUBJECT:	
FAX #:	

COMMENTS: Please feel free to call if
you have questions.

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If you should experience any difficulties in the transmission of this telefax, please contact me at :(313) 876-0980

WOMEN AIDS

March 31, 1999

Sandra Thurman, Director
Office of National AIDS Policy
736 Jackson Place N.W.
Washington, DC 20503

Dear Ms. Thurman:

The Michigan Women and AIDS Committee (MWAC), is hosting its sixth regional conference on June 24-25, 1999 at the COBO Conference & Exhibition Center in Detroit, where 63% of Michigan women with AIDS reside. Because of the success of our first conference, MWAC expanded this effort to include surrounding states and Canada. There will be tracks addressing issues such as medical updates, spirituality, advocacy, legal issues, empowerment, and relationship building. Our theme is **"Linking Arms of Hope Across the Generations"**. This year's conference will include talks from Dr. Jocelyn Elders, former U.S. Surgeon General, Denise Stokes, Presidential Advisory Council on HIV/AIDS, and Dr. Gwendolyn Goldsby Grant, psychologist and columnist for Essence Magazine.

The MWAC is a non-profit committee that was established by the Detroit Health Department HIV/AIDS Program in 1987 to address gaps in services and to advocate for women with HIV/AIDS and those at high risk for becoming infected. MWAC is made up of representatives from various community organizations, health care workers, public health officials, community leaders and many concerned citizens.

We would be honored to have you return to Detroit to support our conference. If possible, we would like you to attend a press conference with Dr. Jocelyn Elders and Mayor Dennis Archer on **Thursday, June 24, 1999 at 8:00 a.m. and then bring greetings during the opening ceremony at 9:00 a.m.** The MWAC believes that having a person of your stature and commitment to the public would simultaneously broaden our audience as well as illuminate the issues related to women with HIV/AIDS and its impact across generations.

I enjoyed meeting you at the Michigan AIDS Fund press conference when AIDS Walk Michigan-City of Detroit was first introduced. Someone from the MWAC will be calling in the near future to follow up on this request. If you have any questions in the interim, please feel free to contact me at (313) 876-0034.

Respectfully,



Loretta Davis-Satteria, Chairperson
Michigan Women and AIDS Committee
Detroit Health Department
HIV/AIDS PROGRAMS
1151 Taylor • Detroit, Michigan 48202-1799 • (313) 876-0980

South Eastern Michigan Health Association
222 Fisher Building • 3011 West Grand Boulevard • Detroit, Michigan 48202-3011



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

March 1, 1999

Ms. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, D.C. 20503

Dear Member of Presidential Advisory Council on HIV/AIDS:

We are pleased to send you a special issue of the *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology (JAIDS)* that was published in July 1998. The title of the special issue is *HIV Prevention Among Injection Drug Users*. The co-editors of this special issue are T. Stephen Jones, M.D., of the Centers for Disease Control and Prevention (CDC) and David Vlahov, Ph.D., of the Johns Hopkins School of Hygiene and Public Health. The Kaiser Family Foundation generously supported the production of this special issue.

This publication focuses on aspects of the HIV prevention value of the use of sterile syringes by injection drug users (IDUs) who continue to inject illicit drugs. As the editors indicate, this special issue grew, in part, out of a concern that discussions of HIV prevention among IDUs were over-focused on syringe exchange programs (SEPs).

The major points made in this special issue include:

- Hepatitis C virus is a blood-borne infection that poses a significant public health threat and is efficiently transmitted through the preparation and injection of illicit drugs.
- Multi-person reuse of syringes is fostered by laws that require prescriptions to obtain syringes, regulations that limit the sale of syringes, and laws that criminalize the possession of syringes as drug paraphernalia.
- In Massachusetts, the cost of incarcerating IDUs convicted of simple possession of syringes was more than one million dollars per year.
- IDUs make an estimated one billion illicit drug injections each year in the United States.
- Programs to increase IDU access to sterile syringes can be evaluated by estimating the coverage of all illicit drug injections achieved by the program (e.g., the number of syringes

exchanged by a SEP would be compared to the estimated number of drug injections made by IDUs in the area).

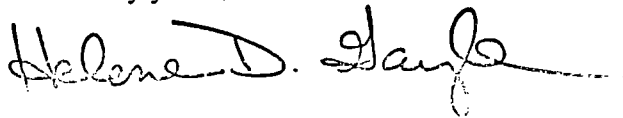
- The Montreal SEP provided only a small proportion (< 5%) of the sterile syringes needed by IDUs in Montreal.
- Pharmacists are key "gate keepers" in the sale of sterile syringes to IDUs.
- Pharmacists are apparently reluctant to sell sterile syringes to persons who may be IDUs.
- Many locations have organized effective community-based programs to provide safe disposal of used syringes for both IDUs and persons who use insulin.

This publication focuses on a variety of issues related to improving access to sterile syringes for IDUs to prevent the transmission of HIV and other blood-borne infections. Access to sterile syringes must be recognized as only one component of a comprehensive approach for preventing the transmission of such blood-borne infections among IDUs, to their sex partners, and to their children.

In addition to the special issue of *JAIDS*, a special issue of *Public Health Reports* entitled *HIV Prevention With Drug-Using Populations: Current Status and Future Prospects* was released by the National Institute on Drug Abuse in July 1998. A copy of the cover and table of contents of the *Public Health Reports* special issue also is enclosed. Copies of the *Public Health Reports* special issue can be obtained from National Prevention Information Network (NPIN) by calling 1-800-458-5231 and asking for item number D070.

The special issues of *JAIDS* and *Public Health Reports* make substantial contributions to the understanding of appropriate interventions for preventing HIV and other blood-borne infections in an epidemiologically very important group, injection drug users. We believe these publications will be useful to you. If you have comments or questions about them, please contact Dr. T. Stephen Jones at (404) 639-5200.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Helene D. Gayle", with a long horizontal flourish extending to the right.

Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD,
and TB Prevention

Enclosures

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11311	Sebastian	Castillo, Jr.	3/15/99	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		
		Sandy		

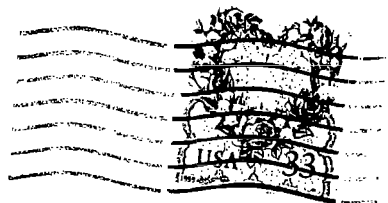
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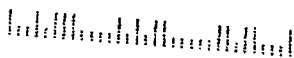
Sender's Organization	Sender's Street1	Sender's Street2
	2928 Ellm Road	
Sender's City	Sender's State	Sender's Zip
Del Valle	TX	78617

*File
Answer*

Sebastian Castillo, Jr.
2928 Elm Rd.
Del Valle, Texas 78617



Sandra L. Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington D.C.
20503



3-12-90

Page 1 of 2

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy

Thank you for your letter. It confirms my belief that President Clinton, Vice President Gore & their administration, including you and your office has done far more for the cause of advocacy for the AIDS Community, than any other President or Administration.

I don't know what more I could ask from you or the President Clinton or Vice President Gore, I just did not know of the effort their administration had done.

Perhaps I was expecting the publicity Princess Diana got, but my mother explained to me it's not realistic to expect that the Princess Diana's efforts could be matched, she was a league of her own. I miss her.

My prayers are with you, and your office as you continue to be at the forefront of battle of this awful disease.

I hope you will forgive me for my misinformation, misconception on the progress, and efforts that you, your office, President Clinton, Vice-President Gore, and their administration have done and will continue to do.

Thank you for your service.

Sincerely,

Sebastian Castillo, Jr.

P.S. Please if ~~as~~ you would let me know if you or President Clinton or Vice-President Gore comes to the Central Texas area any time soon. If I can I would love to meet you.

512-335-8870

WORLD HEALTH ORGANIZATION

APPLICATION FOR DESPATCH

PART "A"

**PART "A" TO BE FILLED IN
BY REQUESTOR;
PART "B" LEAVE BLANK.**

From: (Div/Unit): PSR Name (typewritten): A. FIRLEY Date 09.03.99
Tel. No.: 46 51 Allotment and Obligation Nr.: GL/ULO/UNA/721/UA/98
Signature of approving officer: 

To: ☐ AOC (for Unit items) ☐ MLG (if for mailing only).
☒ DST (for wrapping of documentation) ☐ GRD (for packing of goods)

SERIES, VOLUME, NUMBER OF PUBLICATIONS OR REFERENCES OF DOCUMENTATION.
FOR OTHER ITEMS DESCRIBE IN DETAIL OR ATTACH AN INVENTORY.

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ICPD December updated	80 80	E E			

TO BE SENT TO: Indicate exact address, including postal code, and attach gummed label(s) with exact postal address typed. For internal distribution, indicate organizational unit symbol & floor or Annex.

**TYPE EXACT ADDRESS BELOW, ATTACH GUMMED LABEL,
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VALUE (FOR INSURANCE PURPOSE):

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PLEASE MAKE SURE THAT ANY ANNEXES
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Ms SandraaThurman
Office of National AIDS Policy
The White House
736 Jackson PL NW
Washington,mDC 20503-0007
USA

Telephone:

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☒ AIRMAIL, ☐ POUCH, ☐ COURIER SERVICE, ☐ SURFACE FREIGHT, ☐ AIRFREIGHT.

PART "B" - LEAVE BLANK

PREPARED BY: ON:

[illegible]

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Sent by DST/GRD ON..... NAME

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COST
ON
NAME

WHO 161 HQ/CMS (6/93)

**PHOTOCOPY
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From: (Div/Unit): PSR Name (typewritten): A. FIRLEY Date 09.03.99
Tel. No.: 46 51 Allotment and Obligation Nr.: GL/BLO/UNA/721/DA/98
Signature of approving officer: 

To: ☐ AOC (for Unit items) ☐ MLG (if for mailing only).
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OR ARE DELIVERED TO DST OR GRD

Ms SandraaThurman
Office of National AIDS Policy
The White House
736 Jackson PL NW
Washington, mDC 20503-0007
USA

Telephone:

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PART "B" LEAVE BLANK

PREPARED BY: ON:

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Sent by MLG/SHP

COST

ON

NAME



NOBCO

Washington Office:
440 First Street, NW, Suite 410
Washington, DC 20001
(202) 347-6953
(202) 393-6596, fax
E-mail address: nobco@ami.net
Internet: http://www.nobco.org

Atlanta Office:
NOBCO-Minority AIDS Information
Network (MAIN)
84 Walton Street, 5th Floor
Atlanta, Georgia 30303
(404) 651-8187
(404) 651-8190, fax
E-mail address: nobcoatl@avana.net

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Maria D. Lopes
Executive Director

March 8, 1999

Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman:

Thank you for your participation on the "HIV/AIDS: The County Official's Role" panel at NACo's Annual Legislative Conference on February 28. Your remarks gave those in attendance insight into the issue and its effect on their communities, as well as strategies for overcoming these problems.

I look forward to working with you again in the future. Please call me at 202.347.6953, if I may be of assistance to you.

Thank you again for helping to make the seminar a success.

Sincerely,

Maria D. Lopes
Executive Director

The National Native American
AIDS Prevention Center
134 Linden Street
Oakland, CA 94607



*Asian & Pacific
Islander American*
Health Forum

942 Market Street
Suite 200
San Francisco CA 94102

March 11, 1999

Please find enclosed an **Action Plan on HIV/AIDS for Native Americans, Asian Americans and Pacific Islanders** endorsed by over sixty indigenous Native American, Asian American and Pacific Islander national, regional and local community-based organizations and other organizational supporters. Although our respective communities have distinct needs regarding HIV/AIDS prevention and services, there are significant areas of commonality that we are committed to work together on in our advocacy efforts. We presented the Action Plan earlier this week to Dr. Eric Goosby of the Office of HIV/AIDS Policy and look forward to working with his office on its implementation by the Department of Health and Human Services.

Please do not hesitate to contact Ignatius Bau at the Asian and Pacific Islander American Health Forum at 415/954-9951 or Ron Rowell at the National Native American AIDS Prevention Center at 510/444-2051 x305 if you have any questions.

**ACTION PLAN ON HIV/AIDS
FOR NATIVE AMERICANS, ASIAN AMERICANS AND PACIFIC ISLANDERS**

**SUBMITTED TO
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Updated MARCH 10, 1999**

Epidemiology and Surveillance

Issue: Neither the Centers for Disease Control (CDC) nor state/local health departments consistently comply with Office of Management and Budget Statistical Policy Directive No. 15 (revised October 1997) requiring all health and other data to be collected and reported for each racial/ethnic group.

Responsible Agency: CDC

Proposed Agency Action: **CDC will publicly commit to compliance with OMB Directive 15 and ensure that every public presentation of HIV/AIDS data includes data about each racial/ethnic group, including Asian Americans, Native Hawaiians and Other Pacific Islanders, American Indians and Alaskan Natives. Data also will be presented about risk behavior populations within each of these racial/ethnic groups, including but not limited to men who have sex with men, injection drug users, women, youth, etc. If such data is not available, CDC will publicly note the inadequacy of its data for these populations.**

Timeline: Issue CDC guidance no later than March 1999

Proposed Agency Action: **CDC will monitor and proactively ensure that state/local health departments funded by the CDC for HIV surveillance and prevention activities comply with OMB Directive 15; such compliance will become an explicit condition for continuation funding.**

Timeline: Incorporate into FY2000 state/local health department continuation applications

Issue: The CDC does not collect nor report HIV/AIDS data disaggregated by Asian American or Pacific Islander ethnicities or national origins.

Responsible Agency: CDC Division of HIV/AIDS Prevention-Surveillance and Epidemiology and CDC Division of HIV/AIDS Prevention-Intervention, Research and Support

Proposed Agency Action: **CDC will determine the barriers to its collecting and reporting HIV/AIDS data disaggregated by Asian American and Pacific Islander ethnicities and national origins, and develop a strategy to overcome such barriers.**

Timeline: No later than September 1999

Proposed Agency Action: **CDC will work with state/local health departments to determine the barriers to their collecting and reporting HIV/AIDS data disaggregated by Asian American and Pacific Islander ethnicities and national origins, and jointly develop a strategy to overcome such barriers.**

Timeline: No later than September 1999

Issue: Most tribes do not report HIV/AIDS surveillance data to the Indian Health Service (IHS), to state health departments, or to the CDC. IHS does not routinely collect such information from tribes.

Responsible Agencies: CDC Division of HIV/AIDS Prevention-Surveillance and Epidemiology and Indian Health Service

Proposed Agency Action: **DHHS will convene a meeting between the CDC, Indian Health Service, the National Native American AIDS Prevention Center, the National Indian Health Board, the National Council of Urban Indian Health, the National Alliance of State and Territorial AIDS Directors, and the Council of State and Territorial Epidemiologists to begin to establish a uniform, standard HIV/AIDS surveillance system for Native Americans throughout the United States.**

Timeline: Convene meeting no later than March 1999

Issue: There remains under-reporting and racial/ethnic misclassification of HIV and AIDS cases among Native Americans, Asian Americans and Pacific Islanders.

Responsible Agency: CDC DHAP-Surveillance and Epidemiology

Proposed Agency Action: **CDC will fund targeted prevalence studies to investigate under-reporting and racial/ethnic misclassification of HIV and AIDS cases among Native Americans, Asian Americans and Pacific Islanders. CDC also will work with the National Native American AIDS Prevention Center, the Asian and Pacific Islander American Health Forum and state/local/tribal health departments to review and strengthen CDC guidelines for the self-identification of race/ethnicity for HIV and AIDS case reporting.**

Timeline: No later than December 1999

HIV Prevention Community Planning

Issue: There has been inadequate technical assistance and training targeted for state/local health departments and HIV prevention community planning groups on developing comprehensive epidemiological profiles and community-based needs assessments as part of HIV prevention community planning, especially for smaller populations such as Native Americans, Asian Americans and Pacific Islanders.

Responsible Agency: CDC DHAP-Intervention, Research and Support and CDC DHAP-Surveillance and Epidemiology

Proposed Agency Action: **CDC will work with the Council of State and Territorial Epidemiologists, the National Alliance of State and Territorial AIDS Directors, National/Regional Minority Organizations (NRMOS) and other technical assistance and training providers to provide additional technical assistance and training to state/local health departments and HIV prevention community planning groups on developing comprehensive epidemiological profiles and conducting comprehensive community-based needs assessments as part of HIV prevention community planning, especially for smaller populations such as Native Americans, Asian Americans and Pacific Islanders.**

Timeline: No later than December 1999

Issue: There is inadequate technical assistance and training currently funded and available for Native Americans, Asian Americans and Pacific Islanders regarding HIV prevention community planning, especially on issues of parity, inclusion and representation.

Responsible Agency: CDC DHAP-Intervention, Research and Support

Proposed Agency Action: CDC will fund additional technical assistance and training activities by indigenous Native American, Asian American and Pacific Islander national or regional community-based organizations to increase the participation, inclusion and representation of Native Americans, Asian Americans and Pacific Islanders in HIV prevention community planning.

Timeline: No later than September 1999

HIV Prevention Programs

Issue: The HIV prevention needs of Native Americans, Asian Americans and Pacific Islanders should be prioritized through the CDC's direct community-based organization funding.

Responsible Agency Action: CDC DHAP-Intervention, Research and Support

Proposed Agency Action: CDC will continue to directly fund indigenous Native American, Asian American and Pacific Islander national, regional and local community-based organizations for HIV prevention. Native American, Asian American and Pacific Islander populations at risk for HIV infection, including but not limited to men who have sex with men, injection drug users, women, youth, urban and rural populations, immigrants and refugees, etc. will be targeted.

Timeline: No later than September 1999

Issue: The technical assistance and training activities currently funded and available for Native American, Asian American and Pacific Islander community-based organizations, tribal health departments and tribal governments regarding HIV prevention are inadequate.

Responsible Agency: CDC DHAP-Intervention, Research and Support

Proposed Agency Action: CDC will fund additional technical assistance and training activities by indigenous Native American, Asian American and Pacific Islander national, regional or local community-based organizations, including existing National and Regional Minority Organizations (NRMOS), to increase the organizational and community capacity of Native American, Asian American and Pacific Islander community-based organizations, tribal health departments and tribal governments to conduct HIV prevention.

Timeline: No later than September 1999

Issue: There are no technical assistance and training projects currently funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist Native American, Asian American and Pacific Islander substance abuse treatment centers in the development of appropriate and integrated HIV/AIDS prevention programs.

Responsible Agency: SAMHSA, Center for Substance Abuse Prevention (CSAP)

Proposed Agency Action: SAMHSA CSAP will fund technical assistance and training activities by indigenous Native American, Asian American and Pacific Islander national, regional or local community-based organizations to assist in the development and implementation of HIV/AIDS prevention programs within Native

American, Asian American and Pacific Islander substance abuse treatment centers.

Timeline: No later than September 1999

Issue: There is no clarity on the goals, objectives, activities, staffing and budget for the CDC's People of Color HIV Prevention Initiatives in the Native American, Asian American and Pacific Islander communities.

Responsible Agency: CDC DHAP-Intervention, Research and Support.

Proposed Agency Action: **CDC will specify the goals, objectives, activities, staffing and budget for its People of Color HIV Prevention Initiatives in the Native American, Asian American and Pacific Islander communities. CDC will coordinate the development of these initiatives with indigenous Native American, Asian American and Pacific Islander national, regional and local community-based organizations such as Native American, Asian American and Pacific Islander NRMOS and directly-funded CBOs.**

Timeline: No later than March 1999

Issue: The CDC recently concluded a review of current prevention science that identified only two research projects regarding Asian Americans and Pacific Islanders (Choi, K et al. on a series of group workshops for Asian American and Pacific Islander gay men; Choi, K is principal investigator on the Asian American and Pacific Islander arm of current CDC study of young gay men) and none regarding Native Americans.

Responsible Agencies: CDC Division of HIV/AIDS Prevention-Intervention, Research and Support; National Institute of Mental Health; National Institutes of Health Office of AIDS Research

Proposed Agency Action: **NIH OAR will convene a strategic planning meeting with relevant Institutes and the CDC in order to develop and implement a research agenda regarding HIV prevention in Native American, Asian American and Pacific Islander communities; there will be at least two new research projects funded in each community included in the FY2000 budget that include collaborations with indigenous Native American, Asian American and Pacific Islander community-based organizations.**

Timeline: Prior to FY2000 budget finalization

Issue: There is virtually no research documenting and evaluating the relationship between substance use and risks for HIV infection among Native American, Asian American and Pacific Islander populations.

Responsible Agency: SAMSHA and National Institutes for Health

Proposed Agency Action: **SAMHSA and/or NIH will fund at least two new research projects to study the relationship between substance use and risks for HIV infection among Native American, Asian American and Pacific Islander populations.**

Timeline: No later than September 1999

HIV Health Care and Services Programs
--

Issue: There are no materials on current HIV treatment options, including Highly Active Retroviral Therapies, available in any Asian or Pacific Islander languages. One Asian and Pacific Islander CBO in New York, has just been funded to begin to develop such materials.

Responsible Agency: Health Resources Services Administration

Proposed Agency Action: **HRSA will fund the additional development of Asian and Pacific Islander language materials on current HIV treatment options by indigenous national, regional or local Asian American and Pacific Islander community-based organizations. Materials will be made available in at least three Asian and Pacific Islander languages.**

Timeline: No later than September 1999

Issue: There are inadequate technical assistance and training activities to provide cultural competency training and other technical assistance to health care providers serving Native Americans, Asian Americans and Pacific Islanders living with HIV/AIDS in order to promote and improve their access to health and related services.

Responsible Agency: Health Resources Services Administration

Proposed Agency Action: **HRSA will fund additional technical assistance and training activities by indigenous Native American, Asian American and Pacific Islander national, regional or local community-based organizations to provide cultural competency training and other technical assistance to health care providers serving Native Americans, Asian Americans and Pacific Islanders living with HIV/AIDS in order to promote and improve their access to health and related services.**

Timeline: No later than September 1999

Issue: There are inadequate technical assistance and training projects currently funded by HRSA to increase the participation of Native Americans, Asian Americans and Pacific Islanders in Ryan White CARE Act planning councils.

Responsible Agency: Health Resources Services Administration

Proposed Agency Action: **HRSA will fund additional technical assistance and training activities by indigenous Native American, Asian American and Pacific Islander national, regional or local community-based organizations to increase the participation of Native Americans, Asian Americans and Pacific Islanders in Ryan White CARE Act planning councils.**

Timeline: No later than September 1999

Issue: There have only been two Special Projects of National Significance (SPNS) funded to evaluate the AIDS services needs of Native Americans, Asian Americans and Pacific Islanders living with HIV/AIDS (one at the National Native American AIDS Prevention Project, including a subcontract to Papa Ola Lokahi for Native Hawaiians, and one at the Asian and Pacific Islander Coalition on HIV/AIDS in New York).

Responsible Agency: Health Resources Services Administration

Proposed Agency Action: **HRSA will prioritize at least one SPNS program announcement annually to evaluate the AIDS services needs of Native Americans, Asian Americans and Pacific Islanders living with HIV/AIDS; priority will be given to applicants which are indigenous Native American, Asian American and Pacific Islander national, regional or local community-based organizations.**

Timeline: No later than September 1999

Issue: There are no technical assistance and training projects currently funded by SAMHSA to assist Native American, Asian American and Pacific Islander substance abuse treatment centers in the development of linkages to HIV/AIDS and related service programs.

Responsible Agency: SAMHSA, Center for Substance Abuse Treatment (CSAT)

Proposed Agency Action: **SAMHSA-CSAT will fund technical assistance and training activities by indigenous Native American, Asian American and Pacific Islander national, regional or local community-based organizations to develop and increase the linkages between HIV/AIDS and related service programs and Native American, Asian American and Pacific Islander substance abuse treatment centers.**

Timeline: No later than September 1999

DHHS Coordination

Issue: There is no clear action plan for Native Americans, Asian Americans and Pacific Islanders on HIV/AIDS issues in the President's Race and Health Disparities Initiative; similarly, there are no clear DHHS-wide action plans on HIV/AIDS issues within either the Tribal Colleges and Universities Initiative or the Asian American and Pacific Islander Initiative. These efforts also are not yet adequately coordinated with the National Minority HIV Action Plan developed by the DHHS Office of Minority Health.

Responsible Agency: Deputy Secretary's Office, Minority Initiatives Steering Committee; Office of Minority Health

Proposed Agency Action: **Community representatives will be invited to make a presentation and participate in a discussion of a DHHS-wide action plan on HIV/AIDS issues for Native Americans, Asian Americans and Pacific Islanders at a meeting of the Minority Initiatives Steering Committee.**

Timeline: No later than June 1999

Issue: The six U.S.-affiliated Pacific jurisdictions are often overlooked within HIV/AIDS programs.

Responsible Agencies: Office of Pacific Health and Human Services, HRSA, CDC, SAMHSA

Proposed Agency Action: **DHHS will formalize its departmentwide working group coordinated by the Office of Pacific Health and Human Services to ensure that the programmatic, infrastructure and technical assistance and training needs of the Pacific jurisdictions are met. There will be at least one site visit by one DHHS agency to the Pacific jurisdictions each year. There also will be adequate funding to increase the participation of the Pacific jurisdictions in relevant trainings, conferences and consultations.**

Timeline: Formalize working group no later than March 1999

Endorsed by:

**Asian and Pacific Islander American Health Forum, San Francisco, CA
National Native American AIDS Prevention Center, Oakland, CA
National Indian Health Board, Denver, CO
Association of Asian Pacific Community Health Organizations, Oakland, CA**

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AIDS Benefits Counselors, San Francisco, CA
AIDS Foundation of Chicago, Chicago, IL
AIDS Services in Asian Communities, Philadelphia, PA
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American Indian Community House, New York, NY**

Asian and Pacific Islander Coalition on HIV/AIDS, New York, NY
 Asian and Pacific Islander Community AIDS Project, San Diego, CA
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 Filipino AIDS Prevention Project, Kapaa, HI
 Hui No Ke Ola Pono, Wailuku, HI
 Hunter Health Clinic, Wichita, KS
 Indian Health Care Resource Center of Tulsa, Tulsa, OK
 Indochinese Community Center, Washington, DC
 Institute for Community Health Outreach, San Francisco, CA
 Intercultural Family Services, Philadelphia, PA
 International Community Health Services, Seattle, WA
 Korean Youth and Community Center, Los Angeles, CA
 Life Foundation, Honolulu, HI
 Malama Pono: The HIV Service Agency of Kauai, Lihue, HI
 Manavi, Union, NJ
 Massachusetts Asian AIDS Prevention Project, Boston, MA
 Maui AIDS Foundation, Wailuku, HI
 Minnesota American Indian AIDS Task Force, Minneapolis, MN
 National Association for Equal Opportunity in Higher Education, Silver Spring, MD
 National Minority AIDS Council, Washington, DC
 Native American AIDS Project, San Francisco, CA
 Native American Community Health Center, Phoenix, AZ
 Native American Health Center, San Francisco, CA
 Native American Health/AIDS Coalition, Kansas City, MO
 Navajo AIDS Network, Chinle, AZ
 Nebraska Urban Indian Medical Center, Lincoln, NE
 Nevada Urban Indians, Reno, NV
 North East Medical Services, San Francisco, CA
 Organization of Chinese Americans, Washington, DC
 Papa Ola Lokahi, Honolulu, HI
 Passamaquoddy Tribe, Pleasant Point Reservation, Perry, ME
 People of Color Against AIDS Network, Seattle, WA
 United States-Mexico Border Health Association, El Paso, TX
 University of Hawaii AIDS Education Project, Honolulu, HI

Family AIDS Network

Administrative Offices:
678 Front Street NW, Suite 159
Grand Rapids, MI 49504
ph: 616.451.2361 • fax 616.451.9180

FAX

To: Sarah Holewinski 202.456.2439

OF: (Company/Agency): The White House

From: Gary L. Wyenga Phone: 616.451.2361

Date: 03/05/99

Re: Thanks, Sarah!

Number of pages (including cover sheet): 2

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February 25, 1999

President William Clinton and First Lady Hillary Rodham Clinton
The White House
Pennsylvania Avenue
Washington, DC 20502

Dear President and Mrs. Clinton:

I know you are familiar with the work of Mary Fisher, founder of the Family AIDS Network. Since her stirring speech at the Republican National Convention in 1992, Mary has brought her message of compassion and awareness about AIDS to many throughout our country. On January 28 at the 1999 Elizabeth Glaser Scientist Awards you spoke several kind words about Mary and her work, and I wanted to take this opportunity to pass along her deep appreciation.

Although Mary was taking a combination of potent drugs to help in her fight against AIDS, the side effects were devastating. She has chosen quality of life over quantity and has made the decision to stop taking the drugs so that she may be a better mother to her two young sons. Her experience illustrates that much research is still needed on the effects these life-prolonging drugs have on women.

During the last eight years, Mary has worked tirelessly in the cause of AIDS. We have never paid tribute to her, and we would like to do that this year. Broadway producer Lee Tannen and Tony-award winning lyricist David Zippel have offered to create a Celebration of Mary Fisher. On Monday, June 7, "Something About Mary," will be produced at the Danny Kaye Theater in New York City. A tribute dinner and reception will be held in conjunction with the show.

We would like to ask you to be Honorary Co-Chairs for the event. We plan to ask former President Gerald Ford and Mrs. Ford to be the other Honorary Co-Chairs. Mary worked for President Ford as the first female advance person ever in the White House. We would be honored if you would accept our invitation to be Honorary Co-Chairs. Having your endorsement for this event and being able to use your names on invitations will help this evening be a tremendous success for both the Family AIDS Network and Mary Fisher.

This invitation entails no obligations on your part. Ideally, if time permits, we would like to tape a video from you for use in the program. However, we will contact your office separately to see if this is possible. Thank you for your consideration.

Sincerely,

Steve Gunderson

Steve Gunderson
Managing Trustee

cc: Richard Socarides
Michael Iskowitz
Candra Thurman

1601 N. Kent Street, Ste. 1003
Arlington, VA 22209
703 / 243 8276
703 / 243-8377 fax

Administrative Center
678 Front Street NW
Grand Rapids, MI 49504
616 / 451-2361
616 / 451-9180 fax

www.familyaidsnet.org



March 1, 1999

Ms. Sandy Thurman, Director
White House Office on AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman,

On Thursday, March 11th, more than 180 Washington area restaurants will make dinner – and a difference in the lives of hundreds of people in our area who are living with HIV/AIDS.

Dining Out For Life is a unique program that benefits Food & Friends, and allows local residents to make an immediate contribution to our work while doing something they do every evening – enjoy dinner with family and friends. This event, where local restaurants donate a portion of their food sales from lunch and dinner on March 11th, will help support our efforts to prepare 1 million meals this year.

We hope that you'll plan to dine at one of our participating restaurants that evening, and show your support for this important event. Your appearance, and availability to local media, will allow us to further assist the more than 5,000 people Food & Friends provides nutritional support to on an ongoing basis.

For more information on participating restaurants, or to confirm your participation in this year's event, please feel free to contact me at (202) 863-1836.

Sincerely,

Suzanne McMahon

Dining Out

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703.847.0500
North Arlington
703.243.0004
North Old Town
703.548.3030
Oakton
703.255.0900
Pan Am
703.280.5950
Reston
703.860.4900
Rosslyn
703.276.1400
Seven Corners
703.533.9000
Skyline
703.820.0800
South Valley
703.799.3030
Tysons Corner
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Vienna
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Dine Out for Life
**Good food.
 Better world.**



*Dine Out for Life on Thursday, March 11.
 It's easy: Eat out at any participating restaurant on Thursday,
 March 11, and a donation—equal to 25% of your
 food bill—goes to Food & Friends.*



**FOOD &
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*With the help of more than 700 volunteers,
 Food & Friends provides nutritious meals—
 home-delivered and free of charge—to individuals
 and families living with HIV/AIDS in the Washington
 metropolitan area. Food & Friends also offers
 home-delivered groceries, and nutrition and HIV education.*

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