Issues Groups.
About CBC

October 27, 1998

HIV/AIDS ANNOUNCEMENT

DATE:	October 28, 1998
LOCATION:	Room 450 OEOB
BRIEFING TIME:	4:40 pm - 4:55 pm
EVENT:	5:00 pm - 6:00 pm
FROM:	Bruce Reed/Minyon Moore/Sandy Thurman

I. PURPOSE

To unveil a $156 million historic new initiative to address the urgent problem of HIV/AIDS in minority communities.

II. BACKGROUND

You will be addressing approximately 150 representatives of the african american, civil rights, public health, AIDS, and gay and lesbian communities to discuss the urgent problem of HIV/AIDS in racial and ethnic minority communities. In your remarks, you will declare the status of HIV/AIDS in minority communities to be a "severe and ongoing health care crisis." To address the chronic and overwhelmingly disproportionate burden of HIV/AIDS on minorities, you will announce a $156 million new comprehensive initiative that includes unprecedented efforts to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American and Hispanic communities. This is also an opportunity to highlight other important increases to fight HIV/AIDS in the budget, as well as new funding for your initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

- **Declare HIV/AIDS in the minority community to be a "severe and ongoing health care crisis."** While overall AIDS deaths have declined for two years in a row, it remains the leading killer of African American men age 25-44 and the second leading killer of African American women in the same age group. African-Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases and only about 10 percent of the population.

- **Unveil historic $130 million increase for HIV/AIDS in the minority community.** This new initiative, which has been strongly endorsed by

the Congressional Black Caucus, will address the urgent problem of HIV/AIDS among minorities including new prevention efforts, improved access to HIV/AIDS drug treatments, and training for health professionals who treat this disease.

-- **Crisis response teams.** HHS will make available Crisis Response Teams to a number of highly-impacted areas. These teams will include experts in public health and HIV prevention and treatment, doctors, nurses, and epidemiologist from a range of agencies including the CDC, SAMSHA, HRSA. The teams will, over a period of several weeks, help assess existing prevention and treatment services for racial and ethnic minorities and develop new innovative effective strategies that best meet the needs of these communities.

-- **Enhanced HIV/AIDS prevention efforts in racial and ethnic minority communities.** These funds will be used for important HIV prevention purposes at the Centers for Disease Control. For example, funding will be made available for minority community-based organizations to create innovative outreach approaches in communities heavily impacted by HIV/AIDS, such as working with local health clinics, making testing available, conducting community workshops, and developing HIV and substance abuse prevention programs on the campuses of Historically Black Colleges and Universities. Recognizing that substance abusers are one of the fastest-growing populations of new HIV/AIDS cases, this investment also will enhance the HIV prevention and treatment component of drug treatment services.

-- **Reducing disparities in treatment and health outcomes for minorities with HIV/AIDS.** Studies show that African-Americans and Hispanics are much less likely to have receive treatments that meet federally-recommended treatment guidelines. This new funding, which supplements the already large increase in the Ryan White program, will help minorities get access to cutting edge HIV/AIDS drug treatments as well as the range of primary health services needed to treat this disease. It also will be used to educate health care providers who treat largely minority populations on treatment guidelines for HIV/AIDS.

- **Highlight Unprecedented Increases in Effective HIV/AIDS Treatment, Prevention, and Research Programs.** This is a good opportunity to highlight the fact that Congress has approved substantial critical increases in a wide range of effective HIV/AIDS programs that were

strongly supported by you and the Vice President. These include:

-- **A historic $250 million increase in the Ryan White Care Act** which provides for primary HIV health care services, treatments, and teaching health care professionals HIV treatment guidelines. This investment provides over 60 percent increase for the AIDS drug assistance program, which provides protease inhibitors and other life-saving HIV/AIDS treatments to those who could not afford these treatments, which run as high as $20,000 per year.

-- **A $275 million increase in SAMHSA's Substance Abuse Block Grant.** Drug treatment is a critical weapon used to prevent the spread of HIV. This 21 percent increase in the Block Grant will dramatically improve the availability of drug treatment services. It also enhances HIV early intervention services to improve the quality of life for substance abusers living with HIV infection, to slow the progression of disease, and to prevent the onset of life threatening illnesses among this target population.

-- **Ten Percent Increase for HIV/AIDS Research at NIH.** In FY 1999, research on HIV/AIDS at the National Institutes of Health (NIH) will total over $1.8 billion, a 10 percent increase. This increase will enhance both basic research to further our understanding of the HIV virus as well as applied research that includes clinical testing of new HIV/AIDS pharmacological therapies.

- **Reiterate your Commitment to Eliminate Racial Health Disparities.** Minorities suffer from higher rates for a number of critical diseases, including HIV/AIDS. Hispanics are more than four times as likely to get HIV/AIDS than whites, while African-Americans are more than eight times as likely. The Congress has taken a first step in investing in the President's proposal to address racial health disparities by funding over $50 million of this initiative. Congress partially funded the proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs, such as heart disease and diabetes prevention at CDC, that have showed promise in attacking these disparities.

- **Call on Congress to Pass Unfinished Agenda for People With HIV/AIDS.** You have repeatedly urged the Congress to pass a strong, enforceable patients' bill of rights that contains critical protections for people with HIV/AIDS including: access to specialists, continuity of care so to prevent abrupt changes in critical treatment when an employer changes health plans. Congress also failed to pass the bipartisan Jeffords-Kennedy bill that enables people with disabilities and other disabling conditions, such as HIV/AIDS, to go back to work by expanding options to buy into Medicaid and Medicare, as well as

other pro-work initiatives.

III. PARTICIPANTS

BRIEFING PARTICIPANTS:
Maria Echaveste
Minyon Moore
Bruce Reed/Chris Jennings
Sandy Thurman
Richard Socarides
Broderick Johnson

PARTICIPANTS:
Secretary Shalala
Dr. David Satcher
Rep. Maxine Waters
Rep. Louis Stokes
Denise Stokes, Member of the President's Advisory Council on HIV and AIDS

*Seated on Stage: Sandy Thurman and Members of Congress will be seated on stage.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- **YOU** will be announced onto the stage and proceed directly to the podium.
- **YOU** will make remarks and then introduce Dr. David Satcher.
- Dr. David Satcher will make remarks and introduce Secretary Shalala.
- Secretary Shalala will make remarks and introduce Rep. Louis Stokes
- Rep. Louis Stokes
- Maxine Waters
- Denise Stokes, Member of the President's Advisory Council on HIV and AIDS.
- **YOU** will thank Denise Stokes for her remarks and make informal closing remarks.
- **YOU** will work a ropeline and then depart.

*A reception for guests will be held in the Indian Treaty Room following the event.

VI. REMARKS

Provided by Speechwriting.

TALKING POINTS FOR FOX MORNING NEWS - 10/8/98

Source of Info: Report from CDC's National Center on Health Statistics released yesterday

REPORT

- Report released by CDC showed a **47% decline** in HIV-related deaths from 1996 to 1997
- Among 25-44 year olds, HIV dropped from **leading cause of death in 1995** to **third in 1996** and now **fifth in 1997**
- HIV is still the leading cause of death for young African-Americans (25-44)

RESPONSE

- While we are very pleased to see such a dramatic decline in AIDS deaths, we have to be very careful about becoming complacent with this epidemic. AIDS is **still** the leading cause of death for young African-Americans (25-44).
- The **rate of new HIV infections remains steady** (40-000 to 60,000 per year), with half occurring in persons under 25.
- We are years away from a cure and a vaccine, and these new treatments are extremely difficult to manage and don't help everybody, so our **best hope** of stopping this epidemic is **prevention and education**.
- There are other reports that present troubling data on **the disparity in AIDS among African-Americans, Latinos, and other communities of color.** They are still disproportionately impacted by AIDS, and are an increasing percentage of those getting infected.
- We also have to remember that the situation here in the United States is very different from other countries facing AIDS. There are over 5.8 million new HIV infections every year across the globe, with over 90% occurring in poor countries. They have no access to the complicated and expensive treatments that have produced this dramatic decline in AIDS deaths in the US. **The United States cannot become complacent in meeting its responsiblities to the rest of the globe to assist in ending this terrible epidemic.**

690-7431 Mary Beth
- Wendy
- Monica
- Ron

Todd A. Summers
09/22/98 03:46:37 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP

cc:

Subject: Draft Briefing Memo for POTUS on CBC

BACKGROUND - The Congressional Black Caucus has publicly requested that the Administration declare a public health emergency on AIDS in the African-American community. During its recent Washington conference, the AIDS crisis was declared on of CBS's highest priorities. The situation is indeed severe. In 1997, 45% on new adult and adolescent (and 62% of pediatric) AIDS cases reported were African-Americans. Similarly 56% of new adult and adolescent (and 69% of pediatric) HIV infections reported were African-Americans. AIDS is the leading cause of death for African-Americans between the ages of 25 and 44. 6090 -

TALKING POINTS

- Secretary Shalala and Surgeon General Satcher have given CBC's request high priority, and have responded with a comprehensive package of HIV prevention, education and care with funding specifically targeting African-Americans. Through discretionary reallocation, HHS is currently proposing approximately $39 million in services, and has committed to sustaining or improving upon that amount for FY99.

- Secretary Shalala and Dr. Satcher have agreed that the AIDS crisis is of crisis proportions, but do not feel that the declaration of a public health emergency, as requested by the CBC, is appropriate. Such a declaration is reserved for short-term, immediate crises, whereas the AIDS crisis will require a long-term, sustained initiative.

- Your Administration is seeking $400 million in funding over five years for its Initiative to Eliminate Racial and Ethnic Disparities and Health; HIV/AIDS is one of six diseases receiving specific focus in this Initiative. The goal of the Initiative is to close the gaps between African-Americans and other racial and ethnic minorities and white Americans by the year 2010.

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Title II - 36 - 20
III 39 - 24

Peter Maer CBS News

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U.S. Senate

Carol Moseley-Braun, IL - '93

August 3, 1998

VIA TELECOPIER AND U.S. MAIL

The Honorable Donna Shalala
Secretary
The Department of Health and
Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Shalala:

I have reviewed the proposals your agency submitted for discussion in response to the Congressional Black Caucus' call for a "public health emergency" designation of HIV/AIDS in the African American community. I am pleased to see that your agency has done some preliminary work to further address this dreaded epidemic. While your proposal is a good beginning, I believe there are a few other points that must be addressed

I understand from your staff that you do not want to simply declare a "public health emergency" and be bound by the short term nature of a statutory designation. I suggest that you declare a "public health emergency and beyond." By using this phrase, you can explain to the American people, through the media, the horrors of the HIV/AIDS epidemic in our country. This allows you to give HIV/AIDS the same attention that President Clinton gave the nursing home issue earlier this month.

I am also interested in a direct mail campaign in the regions highly impacted with the disease. A piece of mail in every mailbox will help to educate the community and help increase discussions between neighbors and families about the HIV/AIDS epidemic.

In addition, I suggest that the Department develop an advertising campaign with ads in all of the African American newspapers and many mainstream newspapers to make communities aware that HIV/AIDS is a

public health emergency. The ads also should tell individuals where they can obtain treatment.

The Department also needs to develop a working model to show organizations and communities how to run a testing site for HIV/AIDS. The model should be replicated across the country in every community and neighborhood. It can be finely tuned in identified high impact areas. CBC Members also can help promote the issue by attending public meetings and appearances in each of five targeted areas.

I look forward to working with you on the fight to get the HIV/AIDS crisis in the African American community under control in this country.

Sincerely,

Maxine Waters

Maxine Waters, Chair
Congressional Black Caucus

Sandy –

Here's the letter from Nilba (and her phone number) – She's out of town so you should have Sarah call to schedule a call with you –

Todd

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857

MAY 1 1 1999

The Honorable Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
808 17th Street, NW, Suite 820
Washington, D.C. 20006

Dear Ms. Thurman:

Thank you for your recent letter applauding LCDR Brad Austin for his invaluable contributions made during his detail to the Office of National AIDS Policy (ONAP). We too are proud that a SAMHSA agency representative provided valuable expertise on substance abuse treatment, mental health and HIV prevention. While we recognize the service LCDR Austin has provided to your office, he must resume his work with the Center for Substance Abuse Treatment, and we cannot support his attendance at this year's World AIDS Conference in Geneva, Switzerland.

In our commitment to continue to provide staff support to ONAP, we are pleased to have identified another individual, CDR Ilze L. Ruditis, LCSW, who will replace LCDR Austin. CDR Ruditis will be available to start this detail assignment on June 1 and will remain until September 30. A copy of CDR Ruditis' resume is enclosed for your review. We are confident that CDR Ruditis will be able to provide you with valuable professional support.

We look forward to continuing to work with you.

Sincerely yours,

Nelba Chavez, Ph. D.
Administrator

Enclosure

(301) 443-4795

ANALYSIS OF FY99 BUDGET
AIDS FUNDING

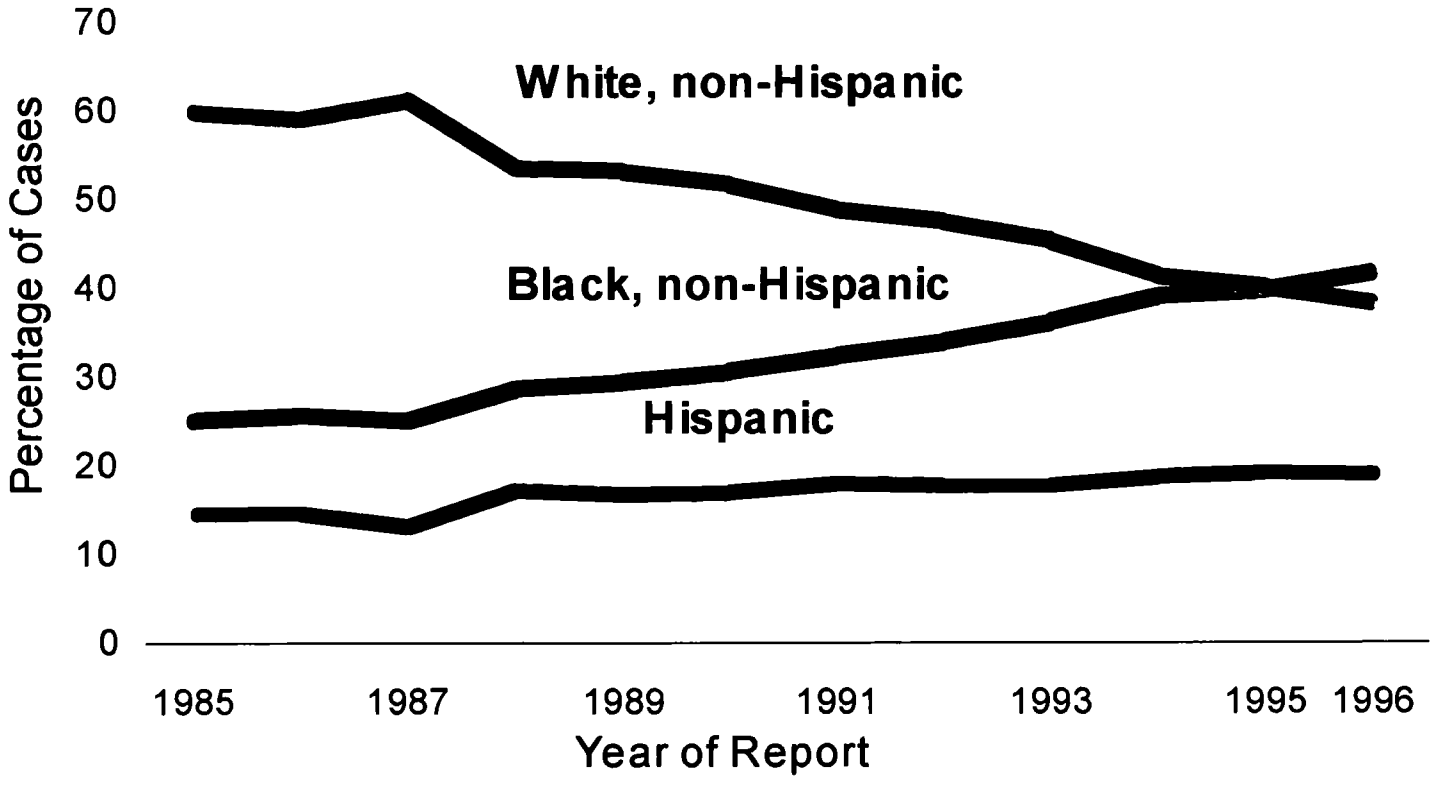
DRAFT

	1998 Enacted	1999 Regular Funding	1999 CBC AIDS Initiative	1999 Total	$ Change from 1998	% Change from 1998	CBC Objective
Office of the Secretary (HHS)							
Discretionary fund			50,000	50,000	+ 50,000		Discretionary fund for emergency measures
Office of Minority Health	2,300	2,300	8,000	10,300	+ 8,000	+ 348%	
Subtotal	**2,300**	**2,300**	**58,000**	**60,300**	**+ 58,000**	**+ 2522%**	
HRSA - Ryan White (HHS)							
Title I	464,800	500,200	5,000	505,200	+ 40,400	+ 9%	quality of care and health outcomes
Title II (excluding ADAP)	257,500	277,000		277,000	+ 19,500	+ 8%	
Title II (AIDS Drug Assistance Program)	285,500	461,000		461,000	+ 175,500	+ 61%	
Title III (Early Intervention)	76,300	91,300	3,000	94,300	+ 18,000	+ 24%	capacity building for indigenous organizations
Title IV (Women, Children, Youth)	41,000	44,000	2,000	46,000	+ 5,000	+ 12%	African-American children
Dental Services	7,800	7,800		7,800	+ 0	+ 0%	
AIDS Education Training Centers	17,300	18,000	2,000	20,000	+ 2,700	+ 16%	Historically Black Colleges and Univ. - treatment skills
Subtotal	**1,150,200**	**1,399,300**	**12,000**	**1,411,300**	**+ 261,100**	**+ 23%**	
CDC (HHS)							
HIV Prevention and Education	624,994	629,000	18,000	647,000	+ 22,006	+ 4%	
Set-Aside		10,000		10,000	+ 10,000		*Implement tx guidelines for pregnant women living with HIV*
Set-Aside			*10,000*				*Directly-funded indigenous organizations*
Set-Aside			*4,000*				*20 pilot cities program*
Set-Aside			*2,500*				*technical assistance*
Set-Aside			*1,500*				*faith-based initiative*
Subtotal	**624,994**	**639,000**	**18,000**	**657,000**	**+ 32,006**	**+ 5%**	
SAMHSA (HHS)							
CSAT	54,000	62,244	16,000	78,244	+ 24,244	+ 45%	
Set-Aside			*9,000*				*treatment for women and children*
Set-Aside			*7,000*				*treatment for men and youth*
CSAP			6,000	6,000	+ 6,000		prevention among African-American youth
Subtotal	**54,000**	**62,244**	**22,000**	**84,244**	**+ 30,244**	**+ 56%**	
NIH (HHS)							
AIDS Research	1,604	1,793		1,793	+ 189	+ 12%	
HUD							
HOPWA	204,000	225,000		225,000	+ 21,000	+ 10%	
TOTAL	**$ 2,037,098**	**$ 2,329,637**	**$ 110,000**	**$ 2,439,637**	**+ 402,539**	**+ 20%**	

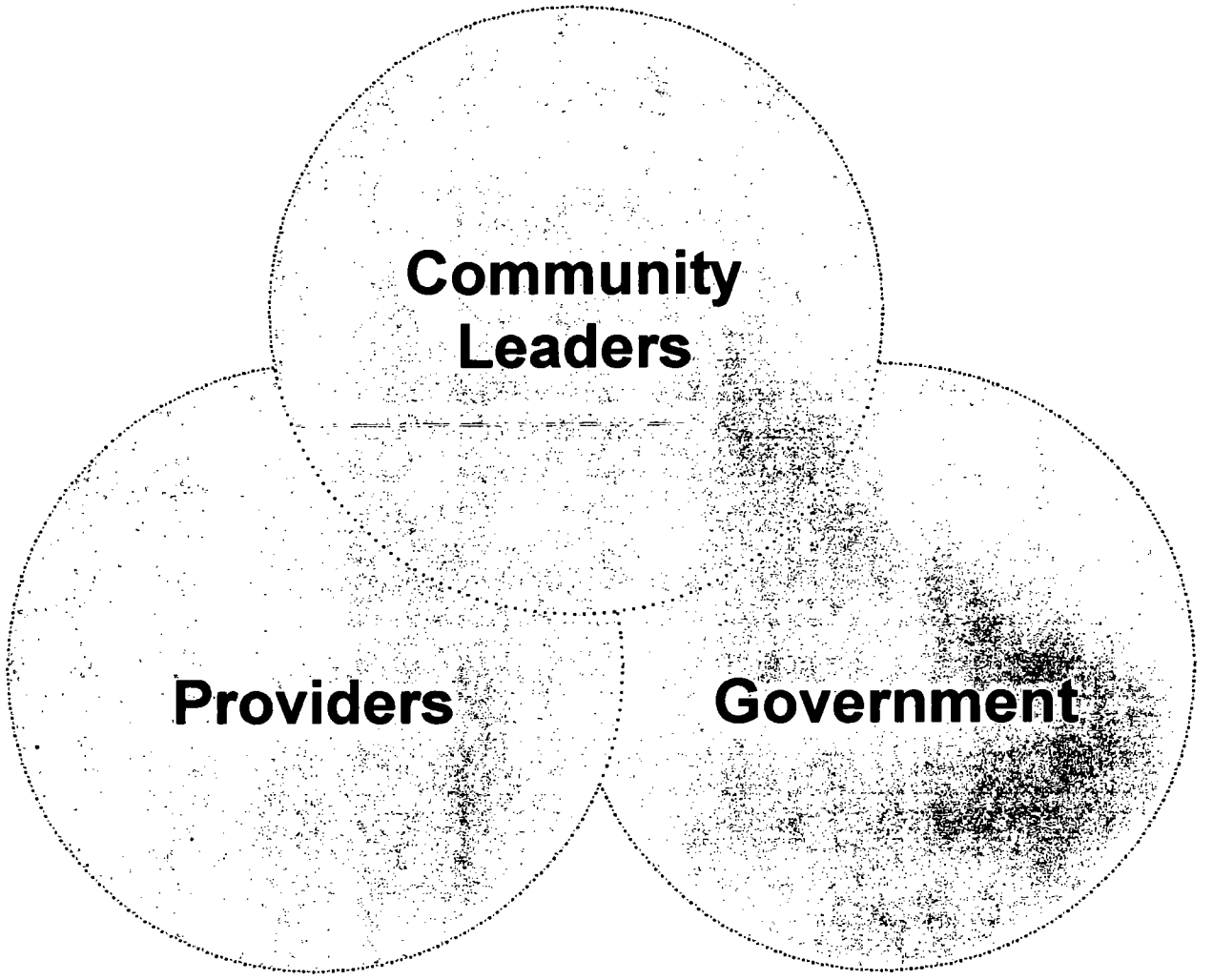
Working Together For Life!

Addressing HIV/AIDS in the African-American and Racial/Ethnic Minority Communities

AIDS Cases by Race/Ethnicity - 1985-1996



Success Through Partnership



Administration Support

President Clinton
Vice President Gore
Office of National AIDS Policy
Office of National Drug Control Policy

Health and Human Services
Secretary
Surgeon General

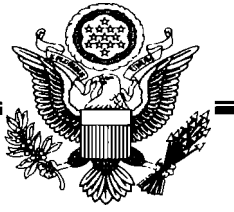
Office of HIV/AIDS Policy
Office of Minority Health

HRSA
Primary Care and Supportive Services

CDC
Education and Prevention

SAMHSA
Drug Addiction Prevention and Treatment

NIH
Office of AIDS Research
Office of Research on Minority Health



All communications should be addressed in care of:
US Department of Health and Human Services
Office of Minority Health
Rockwall II Building, Suite 1000
6515 Security Lane
Rockville, MD 20852
(301) 443-9923 fax (301) 443-8280

National Minority HIV Working Group

Fax

To:	Sandy Thurman	**From:**	National Minority HIV Working Group
Fax:	(202) 456-2438	**Pages:**	4
Phone:	(202) 456-2438	**Date:**	11/02/98
Re:	National Minority HIV Plan	**CC:**	

X **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

If transmissions problems occur, please call (301) 443-9923.

• **Comments:**

October 30, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building, Rm. 615-F
200 Independence Avenue, SW
Washington, DC 20201

Dear Madame Secretary:

As members of the National Minority HIV Working Group, we are writing to express our strong support for the National Minority HIV Plan and our disappointment in its delayed release. As you know, the National Minority HIV Plan was developed under the leadership of the Office of Minority Health (OMH), Office of the Secretary. We also urge that as the Administration prepares its budget for fiscal year 2000, the Department of Health and Human Services (HHS), in addition to continuing its support for the African American Initiative, request new targeted funding for the Latino, Asian Pacific Islander and Native American communities not directly targeted by the Congressional Black Caucus Initiative. The Action Steps and Recommendations contained in the Plan set a framework for the implementation of necessary programs and activities to decrease the impact of HIV/AIDS in all our communities. Support for all communities of color disproportionately affected by HIV is still the Working Group's top priority.

OMH convened our Working Group, which is composed of community leaders from the Asian/Pacific Islander, Native American, Latino and African American communities, to work collaboratively with the various Operating Divisions of the Department of Health and Human Services (HHS) in the development of the Plan. Over the years, members of racial and ethnic communities gathered under the auspices of OMH and all of HHS to identify the HIV prevention, research and care services gaps and address the policy needs of people of color communities which resulted in a series of recommendations to HHS for improvements. At the 1994 Breaking Barriers and Building Bridges our communities presented additional recommendations to HHS for the development of action plans, which were supplemented by the 165 recommendations presented to OMH at the 1996 National Minority HIV Institute.

Since 1997, the National Minority HIV Working Group has continued the work of developing recommendations in the areas of HIV-related prevention, services and research. In April of this year, we gathered with representatives of HHS OpDivs to develop action steps which resulted in the National Minority HIV Plan. This Plan is the culmination of work our communities have done collaboratively with HHS over the years and we respectfully urge that the action steps and recommendations it contains be incorporated throughout HHS. We also urge that the Plan be broadly distributed to our communities nationally.

We would like to commend the Office of Minority Health and their contractor, Vélez Associates, for their consistent support and guidance in the preparation of this HIV Plan.

The process that culminated in the National Minority HIV Plan started in 1994. The Plan reflects the dramatic unmet needs and policy concerns of communities of color which today are even more disproportionately impacted by HIV/AIDS than when this process began. The rapid increases in HIV/AIDS cases in communities of color represent a failure by the US Public Health Service (PHS) to provide the necessary resources to communities of color to implement appropriate and effective prevention programs in our communities.

The ongoing disparity in the reduction in mortality and health outcomes demonstrates the failure of our care systems to ensure equal access to all. The recent advances in HIV clinical practices, treatment and research have not had the same positive impact in our communities. Indeed, by every measure, the health disparities between whites and people of color continue to widen. That is why the Administration's announcement of its partnership with the Congressional Black Caucus on a $156 million HIV initiative targeted to the African American community is so important to all of us. We view it as an excellent model for future HIV specific program funding targeted to people of color agencies and programs.

Our efforts to end the epidemic for everyone must not be splintered by an inability to meet the basic needs of the disproportionately under served populations that we represent. Your efforts to attain additional support to our communities are critical at this juncture in the process.

Additionally, the Working Group requested that some of its members be represented on committees related to the Centers for Disease Control and Prevention (CDC) Initiative for people of color. The members of the National Minority HIV Working Group are well informed by their communities and would make excellent assets to the CDC process. We would ask that this request, already agreed to by CDC, be implemented.

We would like to request a meeting with you as soon as possible to discuss the issues included here. On behalf of the Working Group we ask for a reply to these requests, to be shared with the members of the Working Group, by December 31, 1998. The request can be communicated to the Office of Minority Health, which will communicate it to us.

Yours Respectfully,

The Members of the
National Minority HIV Working Group

Mr. James Abrams (deceased)
Native American AIDS Project
San Francisco, CA

Ms. Pua Aiu
Papa Ola Lokahi
Honolulu, HI

Mr. Ignatius Bau
API Health Forum
San Francisco, CA

Mr. Jerome Boyce
Detroit, MI

Mr. Vincent Crisostomo
API Wellness Center
San Francisco, CA

Mr. Dennis de León
Latino Commission on AIDS
New York, NY

Ms. Cissy Elm
American Indian Community House
Syracuse, NY

Dr. Damian Goldvarg
CARE Programs
Long Beach, CA

Mr. Melvin Harrison
Navajo AIDS Network
Chinle, AZ

Ms. Marshia Herring
SF Dept. of Health AIDS Office
San Francisco, CA

Mr. Ernest Hopkins
San Francisco AIDS Foundation
San Francisco, CA

Mr. Kiyoshi Kuromiya
Critical Path AIDS Project
Philadelphia, PA

Mr. Juan Ledesma
El Rescate
Los Angeles, CA

Mr. Miguel Milanés
Florida Department of Family Services
Miami, FL

Ms. Mary Moreno
Austin, TX

Ms. Suki Terada Ports
Family Health Project
New York, NY

Ms. Andrea Green Rush
Francis J. Curry National Tuberculosis Center
San Francisco, CA

Ms. Karlita A.M. Tarpenning
Seattle Indian Health Board
Seattle, WA

Mr. Tom Valverde
Hispanic AIDS Coalition
Kansas City, KS

Dr. Darrell Wheeler
Columbia University School of Social Work
New York, NY

Ms. Dana Williams
St. Louis Metro AIDS
St. Louis, MO

Mr. John Wilson
Many Farms, AZ

Mr. Phill Wilson
University of Southern California
Los Angeles, CA

Dr. Frank Wong
Fenway Community Health Center
Boston, MA

PRESIDENT CLINTON DECLARES HIV/AIDS IN RACIAL AND ETHNIC MINORITY COMMUNITIES TO BE A "SEVERE AND ONGOING HEALTH CARE CRISIS" AND UNVEILS NEW INITIATIVE TO ADDRESS THIS PROBLEM
October 28, 1998

Today, the President declared HIV/AIDS in racial and ethnic minority communities to be a "severe and ongoing health care crisis" and unveiled a $130 million historic new initiative to address this urgent problem. Citing chronic and overwhelmingly disproportionate burden of HIV/AIDS on minorities, the President outlined a new comprehensive initiative that includes unprecedented efforts to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American and Hispanic communities. The President also highlighted other important increases to fight HIV/AIDS in the budget as well as new funding for his initiative to address racial health disparities for a range of diseases, including HIV/AIDS. Today, the President:

- **Declared HIV/AIDS in the minority community to be a "severe and ongoing health care crisis."** While overall AIDS deaths have declined for two years in a row, it remains the leading killer of African American men age 25-44 and the second leading killer of African American women in the same age group. African-Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases and only about 10 percent of the population.

- **Unveiled historic $130 million increase for HIV/AIDS in the minority community.** This new initiative, that has been strongly endorsed by the Congressional Black Caucus, will address the urgent problem of HIV/AIDS among minorities including new prevention efforts, improved access to HIV/AIDS drug treatments, and training health professionals who treat this disease.

  -- **Crisis response teams.** HHS will make available Crisis Response Teams to a number of highly-impacted areas. These teams of public health and HIV prevention and treatment experts, doctors, nurses, epidemiologists, from a range of agencies including the CDC, SAMSHA, HRSA, and others will, over a period of several weeks, help assess existing prevention and treatment services for racial and ethnic minorities and develop new innovative effective strategies that best meet the needs of these communities.

  -- **Enhanced HIV/AIDS prevention efforts in racial and ethnic minority communities.** These funds will be used for important HIV prevention purposes at the Centers for Disease Control such as: grants for minority community-based organizations to create innovative outreach approaches in communities heavily impacted by HIV/AIDS, such as working with local health clinics, making testing available, conducting

community workshops, and developing HIV and substance abuse prevention programs on the campuses of Historically Black Colleges and Universities. Recognizing that substance abusers are one of the fastest-growing populations of new HIV/AIDS cases, this investment also will enhance the HIV prevention and treatment component of drug treatment services.

-- **Reducing disparities in treatment and health outcomes for minorities with HIV/AIDS.** Studies show that African-Americans and Hispanics are much less likely to have receive treatments that meet federally-recommended treatment guidelines. This new funding, which supplements the already large increase in the Ryan White program, will help minorities get access to cutting edge HIV/AIDS drug treatments as well as the range of primary health services needed to treat this disease. It also will be used to educate health care providers who treat largely minority populations on treatment guidelines for HIV/AIDS.

- **Highlighted Unprecedented Increases in Effective HIV/AIDS Treatment, Prevention, and Research Programs.** The President also highlighted the fact that Congress has approved substantial critical increases in a wide range of effective HIV/AIDS programs that were strongly advocated by the Vice President. These include:

-- **A historic $250 million increase in the Ryan White Care Act** which provides for primary HIV health care services, treatments, and teaching health care professionals HIV treatment guidelines. This investment provides over 60 percent increase for the AIDS drug assistance program, which provides protease inhibitors and other life-saving HIV/AIDS treatments to those who could not afford these treatments, which run as high as $20,000 per year.

-- **A $275 million increase in SAMHSA's Substance Abuse Block Grant.** Drug treatment is a critical weapon used to prevent the spread of HIV. This 21 percent increase in the Block Grant will dramatically improve the availability of drug treatment services. It also enhances HIV early intervention services to improve the quality of life for substance abusers living with HIV infection, to slow the progression of disease, and to prevent the onset of life threatening illnesses among this target population.

-- **Ten Percent Increase for HIV/AIDS Research at NIH.** In FY 1999, research on HIV/AIDS at the National Institutes of Health (NIH) will total over $1.8 billion, a 10 percent increase. This increase will enhance both basic research to further our understanding of the HIV virus as well as applied research that includes clinical testing of new HIV/AIDS pharmacological therapies.

- **Reiterated His Commitment to Eliminate Racial Health Disparities**. Minorities suffer from higher rates for a number of critical diseases, including HIV/AIDS. Hispanics are more than four times as likely to get HIV/AIDS than whites, while African-Americans are more than eight times as likely. The Congress has taken a first step in investing in the President's proposal to address racial health disparities by funding over $50 million of this initiative. Congress partially funded the proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs, such as heart disease and diabetes prevention at CDC, that have showed promise in attacking these disparities.

- **Called on Congress to Pass Unfinished Agenda for People With HIV/AIDS.** The President and Vice President have repeatedly urged the Congress to pass a strong, enforceable patients' bill of rights that contains critical protections for people with HIV/AIDS including: access to specialists, continuity of care so to prevent abrupt changes in critical treatment when an employer changes health plan. Congress also failed to pass the bipartisan Jeffords-Kennedy bill that enables people with disabilities and other disabling conditions, such as HIV/AIDS, to go back to work by expanding options to buy into Medicaid and Medicare, as well as other pro-work initiatives. This bill was on the list of top Administration priorities in the final budget negotiations.

Working to Save Lives and Improve Health Care

President Clinton has worked hard to reinvigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources and a closer working relationship with affected communities. Funding for AIDS research has increased by over 65 percent, and funding for HIV prevention has increased 32 percent. Funding for the Ryan White CARE Act has increased by over ~~280~~ 265 percent. Although much work remains to find a cure, some progress has been made. In 1996, the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 47 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

Helping Those In Need:

Pushing for an AIDS Vaccine. On May 18, 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He has supported that goal by dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations. OK

Dramatically Increasing Overall AIDS Funding. The Clinton Administration has responded aggressively to the significant threat posed by HIV/AIDS with increased attention to research, prevention, and treatment. President Clinton increased public health spending for HIV/AIDS programs by over 56 percent, funding for the Ryan White CARE programs has increased ~~280~~ 265 percent and support for AIDS-related research has increased by over 65 percent.

Increasing AIDS Drug Assistance and Accelerating AIDS Drug Approvals. Funding for AIDS drug assistance has increased by 450 percent during the Clinton Administration. This program provides new life-prolonging drugs to people with HIV and AIDS. In addition, President Clinton convened the National Task Force on AIDS Drug Development, and removed dozens of bureaucratic obstacles to the effective and decent treatment of people with AIDS. Since 1993, the Food and Drug Administration has approved 9 new AIDS drugs, 20 new drugs for AIDS-related conditions and three new diagnostic tests, included in the approvals are drugs known as protease inhibitors. OK

Historic $130 Million Effort to Address HIV/AIDS in the African American Community. African Americans make up the fastest growing portion of the

HIV/AIDS caseload (44 percent of all new HIV cases). An unprecedented $130 million investment, including $50 million in emergency funding, will improve prevention efforts in high risk communities and will expand access to cutting edge HIV therapies and other treatment needed for HIV/AIDS. OK

Protecting Medicaid and Social Security Coverage. The President fought for and won the preservation of the Medicaid guarantee of coverage for the more than 50 percent of people living with AIDS -- and the 92% of children with AIDS -- who rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits. OK

Increasing Research. In one of his first acts in office, President Clinton signed the National Institutes of Health Revitalization Act of 1993, placing full responsibility for planning, budgeting and evaluation of the AIDS research program at NIH in the Office of AIDS Research. The Administration has increased NIH AIDS research funds by 67% in five years. OK

Focusing on Prevention and Increasing Outreach: 347.

Supporting the Centers for Disease Control and Prevention. The Administration has increased funds for HIV prevention at the CDC by ~~92%~~ in five years. Under the leadership of the Clinton Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis.

Targeting Young People With Warnings of the Dangers of AIDS. The Clinton Administration launched the Prevention Marketing Initiative, focusing on the risk to young adults (18-25) with frank public service announcements recommending sexual abstinence and, for those who are sexually active, the correct and consistent use of latex condoms.

Educating the Federal Workforce. The Administration issued a directive on September 30, 1993, that requires every Federal employee to receive comprehensive education on HIV/AIDS.

Established a White House AIDS Office and Created a Presidential Advisory Council. President Clinton created a White House Office of National AIDS Policy to bring greater direction and visibility to the war on AIDS. At the same time, the Administration has sharpened the focus of its AIDS programs. The President also created the Presidential Advisory Council on HIV and AIDS to provide him and his Administration with expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic. Dr. R. Scott Hitt, an openly

gay California physician, chairs the panel.

The Administration Convened the First Ever White House Conference on HIV and AIDS. On December 6, 1995, the President convened the first White House Conference on HIV and AIDS in the history of the epidemic, bringing together more than 300 experts, activists and citizens from 37 states, the District of Columbia and Puerto Rico for a full day of discussions of key issues.

"I think if we really could create a society where there is opportunity for all and responsibility from all and we believed in a community of all Americans, we could truly meet every problem we have and seize every opportunity we have." -- President Clinton, November 8, 1997

HIV/AIDS in the African-American Community

	AIDS Cases Reported (1997)	Cumulative AIDS Cases (thru 1997)	HIV Infections Reported (1997)*	Cumulative HIV Infections (thru 1997)*
Adults/ Adolescents	**45%**	**36%**	**56%**	**52%**
Men	**40%**	**32%**	**50%**	**47%**
Women	**60%**	**56%**	**69%**	**67%**
Pediatric	**62%**	**58%**	**69%**	**63%**

*Includes only those 27 states that provide confidential HIV infection reporting to the CDC (30 for pediatric cases). In addition, states implemented HIV reporting at different times; cumulative numbers do not include infections that occurred prior to the implementation of confidential HIV reporting.

Office of HIV/AIDS Policy

Office of Public Health and Science
Office of the Secretary
200 Independence Avenue, S.W., Room 736-E
Washington, DC 20201

Deliver To: Sandy

Fax: ( ) 456-2439

Phone: ( )

From: Deborah von Zinkernagel
Deputy Director for Policy
Phone: (202) 690-5560
Fax: (202) 690-6584
E-mail: DvonZinkernagel@osophs.dhhs.gov

Date: / /

This fax contains 10 page(s) plus cover

If transmission problems occur, please call: Shellie Abramson @ 202-690-5560

Comments:

HOUSE OF REPRESENTATIVES

1998

KERMAN (for himself and Mr. COBURN) introduced the following bill; was referred to the Committee on Commerce

---

>
>A BILL
>
>To amend title XXVI of the Public Health Service Act to provide for State >programs of partner notification with respect to individuals with HIV >disease.
>
>Be it enacted by the Senate and House of Representatives of the United >States of America in Congress assembled,
>
>SECTION 1. SHORT TITLE.
>
>This Act may be cited as the `HIV Partner Protection Act'.
>
>SEC. 2. PROGRAM FOR HIV HEALTH CARE SERVICES; AMENDMENT REGARDING STATE >PROGRAMS OF PARTNER NOTIFICATION.
>
>Subpart I of part B of title XXVI of the Public Health Service Act (42 >U.S.C. 300ff-21 et seq.) is amended by inserting after section 2616 the >following section:
>
>`SEC. 2616A. PARTNER NOTIFICATION.
>
>`(a) IN GENERAL- Subject to subsection (d), for fiscal year 2000 and >subsequent fiscal years the Secretary shall not make a grant to a State >under this part unless the State demonstrates to the satisfaction of the >Secretary that the law or regulations of the State are in accordance with >the following:
>
>`(1) The State requires that the public health officer of the State carry >out a program of partner notification to inform partners of individuals >with HIV disease that the partners may have been exposed to the disease.
>
>`(2) In the case of a health entity that provides for the performance on an >individual of a test for HIV disease, the State requires that the entity >confidentially report positive test results to the State public health >officer, including the name of the individual, together with any additional >information necessary for carrying out such program.
>
>`(3) The program is carried out in accordance with the following:
>
>`(A) Partners are provided with an appropriate opportunity to learn that >the partners have been exposed to HIV disease, subject to subparagraph (B).
>
>`(B) The State does not inform partners of the identity of the infected >individuals involved.
>
>`(C) Counseling and testing on HIV disease are made available to the >partners and to infected individuals, and such counseling includes >information on modes of transmission for the disease, including information >on prenatal and perinatal transmission and preventing transmission.
>
>`(D) Counseling for infected individuals includes the provision of >information regarding therapeutic measures for preventing and treating the

3. GRANTS TO STATES TO ASSIST WITH COSTS OF REQUIRED LAW.

IN GENERAL- The Secretary of Health and Human Services may make grants to States to assist the States with the costs of carrying out the program of partner notification with respect to the human immunodeficiency virus >that is required in section 2616A of the Public Health Service Act (as >added by section 2 of this Act).

>

>(b) AUTHORIZATION OF APPROPRIATIONS- For the purpose of carrying out >subsection (a), there is authorized to be appropriated $10,000,000 for each >of the fiscal years 2000 through 2004.

>

>END

>

Sandy – confidential – please don't share

Comparison of HR4431 with CDC Guidelines and Other Legislation (DRAFT - DO NOT DISTRIBUTE)

Policy Area	HIV Partner Protection Act (HR 4431)	HIV Partner Counseling and Referral Services Operational Guidelines (Draft: 9/11/98)	Cooperative Agreement Announcement 99004: HIV Prevention Projects	Guidelines for National HIV ~~Case Surveillance~~, Including Monitoring for HIV Infection and AIDS NOT published yet	Other Legislation/ Guidance	Legislative Interpretation/ Other Comments
Requirements for funding	Section 2. Subpart I of part B of title XXVI of the Public Health Service Act is amended by inserting after section 2616 the following section: (a) In General – subject to subsection (d), for fiscal year 2000 and subsequent fiscal years the Secretary shall not make a grant to a State under this part unless the State demonstrates to the satisfaction of the Secretary that the law or regulations of the State are in accordance with the following: (1): "The state requires that the public health officer of the State carry out a program of partner notification to inform partners of individuals with HIV disease that the partners may have been exposed to the disease."	How to Use this Document: "Standards [in the document] are intended to be applied consistently, so they must be followed by CDC grantees in virtually all cases." Standard (Section 1.5): "All publicly funded HIV prevention counseling and testing sites, both confidential and anonymous, must make PCRS available to all clients." Standard (Section 2.1): "Publicly funded programs must provide all HIV-infected persons with access or referral to PCRS." Section 3.3: "federal legislation requires that a good faith effort be made to notify all current spouses or persons who have been spouses during the past 10 years."	Required Recipient Activities: "All recipients must provide counseling, testing, referral, and partner counseling and referral services consistent with the current CDC HIV Counseling, Testing, and Referral Standards and Guidelines."	HIV Prevention and Care: "Voluntary partner notification services provide HIV counseling and testing to persons who may be unaware of HIV risk exposures, and these services are a required component of federally-sponsored HIV prevention programs. States are required to develop standards and implement procedures for HIV prevention partner notification."	PL 104-146 Section 8(a): "The Secretary of Health and Human Services shall not make a grant under Part B of title XXVI of the Public Health Service Act . . . to any State unless such State takes administrative or legislative action to require that a good faith effort be made to notify a spouse of a known HIV-infected patient that he or she may have been exposed to [HIV] . . . and should seek testing." PHS Act Section 2646(b): Requires states in order to receive funding "to carry out a program of partner notification regarding cases of HIV disease." Unfunded.	HR 4431 further expands the CDC requirement for partner notification by legislating that states must pass laws or regulations that provide partner notification programs in order to qualify for Part B funding under Ryan White. If HR4431 becomes law, states would have to *demonstrate to the Secretary's satisfaction* that their partner notification laws or regulations meet the bill's provisions to qualify for Part B funds. This represents a higher level of accountability than currently exists. Currently, in order to receive funding from CDC, state health departments must follow CDC guidelines that require states to provide partner notification programs.

9/11/98

Confidential draft

Names Reporting and Anonymous Testing	Section 2(a)(2): "In the case of a health entity that provides for the performance on an individual of a test for HIV disease, the State requires that the entity confidentially report positive test results to the State public health officer, including the name of the individual, together with additional information necessary for carrying out such program."	Standard (Section 2.1.1): "Anonymous counseling and testing sites must provide PCRS without requiring that the infected client disclose his or her identity." Section 2.1.1: "An HIV-infected client must not be denied PCRS because he or she has been tested anonymously and chooses to remain anonymous. CDC requires that, unless prohibited by state law or regulation, grantees must provide reasonable opportunities for anonymous testing."	Required Recipient Activities: "All recipients must provide, unless prohibited by law or regulation, anonymous opportunities for persons to receive client-centered HIV prevention counseling and HIV laboratory testing.	Relationship to HIV prevention and care program: "Unless prohibited by state law or regulation, CDC requires that States and local areas provide opportunities to receive anonymous HIV counseling and testing services as a condition of federal funding for HIV prevention. CDC strongly recommends that states prohibiting anonymous HIV testing change this practice, given the overriding public health objective of encouraging knowledge of HIV serologic status." Performance Standards: "CDC advises that State and local surveillance programs use the same name-based approach for HIV surveillance as is currently used for AIDS surveillance nationwide and for HIV surveillance in 31 states."	PHS Act Section 2664(b): The applicant in order to receive funding will offer " substantial opportunities" to undergo anonymous testing and counseling. **Unfunded.** PHS Act Section 2646(c)(1): Does not " require or prohibit any State from providing that identifying information concerning individuals with HIV disease is required to be submitted to the state." **Unfunded.**	Section 2(a)(2) requires that entities who perform HIV tests report the name of those who test positive to the state. CDC HIV reporting guidelines will allow for HIV reporting systems using unique identifiers. HR4431 seems to prohibit this practice, although it is not clear that states will have to maintain a statewide name registry. Anonymous testing sites have been strongly encouraged by CDC because they have been proven to bring people in earlier for testing. Although this legislation does not forbid anonymous testing per se, testing sites may find it impractical to collect only the names of those who test HIV-positive. It seems that labs processing at-home HIV-tests would also have to report the names of those who test HIV-positive.

9/11/98

confidential draft

Partner Notification Methods	Section 2(a)(3)(A): "Partners are provided with an appropriate opportunity to learn that the partners have been exposed to HIV disease, subject to subparagraph (B)." Section 2(a)(3)(B): "The State does not inform partners of the identity of the infected individuals" Section 2(a)(3)(F): "Notifications under subparagraph (A) are provided in person, unless doing so is an unreasonable burden."	Standard (Section 3.2): "The PCRS provider must explain to the HIV-infected client all the options for serving partners and then assist that client in deciding on the best plan to confidentially reach each partner and refer them to counseling testing and other support services." Section 3.2: Methods of Notification include client referral where the HIV-infected person notifies his or her partners and provider referral where the provider notifies partners and refers them to counseling and testing. Section 5.2: A PCRS program should keep data on the percentage of partners actually reached and how many of those partners are HIV-infected.	Required Recipient Activities: "Partner counseling and referral programs should include the following components (ensuring they are consistent with state and federal laws): client referral; provider referral; spousal notification." Required Recipient Activities: "All recipients must: Develop, implement, and maintain a mechanism to determine that partners have been counseled and referred to appropriate services and appropriate follow up of partners has been completed."			Section 2(a)(3)(A) calls on states to demonstrate to the Secretary's satisfaction that state laws or regulations assure that partner notification programs offer partners an "appropriate opportunity" to learn that they have been exposed and to receive counseling, testing and referral services. "Appropriate opportunity" is not clearly defined. Section 2(a)(3)(F) directs that notifications should be done in person unless "doing so is an unreasonable burden." Unreasonable burden is not clearly defined. This standard greatly increases program costs for states who will now have to increase funding for data collection, quality assurance, training, and more stuff.

9/11/98

Confidential draft

Confidentiality	Section 2(a)(3)(B): "The State does not inform partners of the identity of the infected individuals involved."	Standard (Section 4.3): "While conducting PCRS activities in the community, providers must continue to maintain confidentiality for all HIV-infected clients and their partners." Section 4.3: "As the PCRS provider works in the community serving partners, confidentiality for all persons involved must continue to be maintained."	Required Recipient Activities: "All recipients must routinely offer, on a voluntary basis with informed consent, confidential client-centered HIV prevention counseling and HIV laboratory testing services."	HIV Prevention and Care: "CDC advises that the decision about linkage between surveillance systems and prevention and care services such as partner notification be made at the local level."	PHS Act Section 2661 (a)(1): "The State agrees to ensure that information regarding the receipt of early intervention services is maintained confidentially." **Unfunded.**	Section 2(a)(3)(B) provides a narrow protection of confidentiality that only prohibits the state from informing a prospective partner of the index case's identity. CDC guidelines exceed this standard by already requiring that states maintain the confidentiality of both the HIV infected individual as well as his and her partners. HR 4431 does not explicitly protect the confidentiality of either the index case or his or her partners except in the above-mentioned case.

Confidential draft

Counseling, Testing, and Referral	Section 2(a)(3)(C): "Counseling and testing on HIV disease are made available to the partners and to infected individuals, and such counseling includes information on modes of transmission for the disease, including information on prenatal and perinatal trans-mission and preventing transmission." Section 2(a)(3)(D): "Counseling for infected individuals includes . . . information regarding therapeutic measures for preventing and treating the deterioration of the immune system and conditions arising from the disease and providing other prevention information." Section 2(a)(3)(E): "Referrals for appropriate services are provided to partners and infected individuals."	Standard (Section 1.5): "All publicly funded HIV prevention counseling and testing sites, both confidential and anonymous, must make PCRS available to all clients." Standard (Section 2.1): "Publicly funded programs must provide all HIV-infected persons with access or referral to PCRS." Standard (Section 2.2): "All HIV-infected clients must be offered PCRS regardless of ability to pay." Standard (Section 4.4): "As each partner is informed of possible exposure to HIV, the PCRS provider must be prepared to assist that person with immediate counseling and referrals . . . ."	Required Recipient Activities: "All recipients must develop, implement, and maintain a system to ensure clients who are HIV positive receive appropriate counseling, and are entered and maintained in an appropriate system of care, which includes preventive services." Required Recipient Activities: "All recipients must establish standards and implement, and maintain procedures for confidential, voluntary, client-centered counseling and referral of sex and needle-sharing partners of HIV-infected persons."	Relationship to HIV prevention and care programs: "All persons who are diagnosed with HIV infection should be referred to programs that provide HIV care, treatment, and comprehensive management services." HIV Prevention and Care: "Persons who have been diagnosed with HIV infection at either confidential or anonymous sites should be promptly referred to facilities that provide confidential HIV care."	PHS Act Section 2662(d): Requires that counseling provided to HIV-infected individuals be "provided under conditions appropriate to the needs of the individual." Unfunded.	Section 2(a)(3)(C) and 2(a)(3)(D) prescribe information that must be included in counseling, testing and referral messages to infected persons and their partners. The bill is contrary to language in Section 2662(d) of the PHS Act which requires the messages be tailored as "appropriate to the needs of the individual." CDC requires that health departments provide client-centered counseling, testing, treatment and referral services that are tailored to best address the person's lifestyle.

Confidential draft

Voluntary Participation and Criminal or Civil Liability	Section 2(a)(3)(G): "There is no criminal or civil penalty on, or civil liability for, an infected individual if the individual chooses not to identify, or if the individual does not otherwise cooperate with such program." Section 2(a)(3)(H): "There is no criminal or civil penalty on, or civil liability for, a person who in good faith makes errors in submitting reports or making disclosures under such program." Section 2(a)(3)(I): "The failure of the State to notify partners is not a basis for the civil liability of any health entity who under the program reported to the state the identity of the infected individual involved."	Standard (Section 1.5): "The PCRS provider must explain the purpose and process before PCRS activities can begin." Preface: "PCRS is voluntary on the part of the infected person and his or her partners." Section 3.4.2: "All states should have a policy established to guide health department staff in situations where an HIV-infected client indicates he or she does not plan to notify known partners and will not provide the information necessary for the health department staff to make a notification."	Required Recipient Activities: "All recipients must routinely offer, on a voluntary basis with informed consent, confidential client-centered HIV prevention counseling and HIV laboratory testing services."	Relationship to HIV prevention and care: "All HIV testing services should continue to be voluntary and preceded by informed consent with local laws"	PHS Act Section 2661(b)(1): States may not receive funding unless they have received a statement "that the decision of the individual with respect to undergoing such testing [for HIV disease] is voluntarily made." Unfunded.	Section 2(a)(3)(G) emphasizes the voluntary nature of the program by protecting persons who do not cooperate with the partner notification program from civil or criminal penalties. This section does not mean HIV-infected persons are not subject to other laws (e.g. willful exposure). CDC already requires that partner, counseling, testing and referral for HIV infected persons and their partners be voluntary. HR 4431 Section 2(a)(3)(H) protects persons from liability who in good faith make errors in submitting reports or making disclosures. HR 4431 Section 2(a)(3)(I) protects health entities if the state fails to follow through with a partner notification.

Confidential draft

Privilege to Disclose	Section 2(a)(3)(J): "The state provides that the provisions of the program may not be construed as prohibiting the State from providing a notification without the consent of the infected individual involved."	Section 3.4.2: "Whether or not a legal "duty to warn" exists for PCRS providers is best determined by reviewing applicable state laws or regulations, especially regarding spousal notification."			The Association of State and Territorial Health Official's 1988 "Guide to Public Health Practice HIV Partner Notification Strategies" recommends that a health care provider invoke his or her privilege to disclose when that provider knows of an identifiable at-risk partner who has not been named by the HIV infected person.	Section 2(a)(3)(J) forbids a program to condition the notification of partners on receiving consent of the infected person. CDC HIV Partner, Counseling, and Referral Services Operational Guidelines allow for partner notification of uncooperative HIV-infected clients, and also describe how and under what circumstances states may want to engage in this practice. States which have such regulations or laws requiring the HIV-infected client's consent before notifying partners may have to change them.

Medicaid Expansion *
Targeted Funds *
Presidential *

FAX 265-0672

Discussion Draft

HIV/AIDS AMONG RACIAL AND ETHNIC MINORITY COMMUNITIES

Overview

The burden of HIV/AIDS on racial and ethnic minorities is a severe and ongoing crisis which requires both immediate measures and a long term sustained commitment to overcome. The Department is committed to developing and implementing a comprehensive response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS as well as developing new and innovative strategies that target assistance to address specific needs. Although a substantial portion of federal AIDS dollars are serving racial and ethnic minorities, it is clear that much more needs to be done to assure that these communities fully benefit from effective prevention and treatment interventions.

The epidemiology of the HIV/AIDS epidemic clearly documents the disproportionate effect that HIV/AIDS has had on racial and ethnic minority communities over many years. African Americans accounted for 43% of new AIDS cases in 1997, and 36% of cumulative AIDS cases while they comprise only 13% of the U.S. population. While the overall national numbers of persons of color newly diagnosed with HIV or AIDS has not increased in recent years, these individuals represent a rising proportion of new AIDS cases and present unique challenges to HIV prevention and treatment efforts particularly in highly impacted communities.. A summary of key HIV/AIDS surveillance data reflecting the impact on racial and ethnic minority communities is provided in Appendix A of this document.

Over the remaining weeks of FY 98, a number of competitive grants will be announced by HHS agencies which will directly impact the availability of prevention and treatment services, support community based outreach and infrastructure, and support research among racial and ethnic minority communities. In addition, the Department will be targeting remaining FY 98 program resources as an investment, with the expectation that this commitment will form the basis for growth. A more comprehensive set of strategies for implementation in FY 99 is also provided here for the purposes of further discussion. Many of the strategies described would have broad benefit to racial and ethnic minority populations in addition to the African American community, as issues of community based capacity and infrastructure are shared concerns. It is the Department's desire to engage in a fruitful dialogue with the CBC, with the goal of achieving consensus around an effective action plan.

Placing the DHHS Response in Context - The Role of Technical Assistance and Infrastructure Support

The HIV/AIDS epidemic within racial and ethnic minority communities has continued to evolve within a context of complex individual and community-level factors that have compromised a robust and organized response against its heavy toll. For the first time, a national dialogue around HIV/AIDS in communities of color has been stimulated through the leadership of the Congressional Black Caucus. This has created a unique opportunity to marry an empowered community-level/ community-generated dialogue with targeted resources to assist in the development of a durable and effective response to HIV/AIDS as well as benefitting other health disparities.

Experience in communities across the nation has taught us that resources alone do not build an effective

completed the formative evaluation phase of this research to learn how to best construct effective interventions for HIV seropositive gay men of color. CDC is now moving into the next phase, testing new prevention interventions. Grant recipients would be universities and organizations with expertise in conducting research interventions. The funding reflects a continued and expanded emphasis on conducting prevention research projects in communities of color.

- **Reducing Transmission** As part of CDC's initiative to reduce HIV transmission among people of color, $400,000 will be awarded to develop population-specific strategies aimed at (1) better targeting of HIV prevention resources toward those communities experiencing the greatest impact of the HIV/AIDS epidemic, and (2) improving the capacity of CBOs to deliver effective interventions. This funding is a redirection of existing FY98 funds.

- **Bilingual/Bicultural Demonstration Grants** The Office of Minority Health will be awarding $500,000 to 5 grantees to implement projects to increase access to bilingual/bicultural HIV/AIDS education and prevention services for racial/ethnic minority populations.

- **Defining the Gaps for Women** SAMHSA will fund the National Minority AIDS Council (NMAC) for $100,000 to define the gaps in HIV/AIDS activities and substance abuse treatment, prevention and mental health services for women in communities of color. NMAC will host a series of 5 meetings across the country to assure that SAMHSA achieves a holistic picture of the integration and gaps of these services.

- **Enhancing State and Local Coordination** A cooperative project to be supported by SAMHSA at $50,000 involving the CDC, National Association of State and Territorial AIDS Directors (NASTAD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) will better define the barriers to collaboration of state and local HIV and substance abuse and mental health programs, particularly for communities of color.

Newly Expanded or Directed Activities

- **Helping CBOs** HRSA proposes to add $100,000 to an existing cooperative agreement with the National Minority AIDS Council to provide technical assistance to minority community based organizations to assist them in enhancing their ability to compete more effectively for Federal, State or local government funds for the provision of services to people with HIV/AIDS.

- **Outreach Through Faith Communities** The Office of Minority Health and the NIH Office of Research on Minority Health, in collaboration with SAMHSA, will establish a $225,000 cooperative agreement with the Congress of National Black Churches to mobilize the outreach capability of the faith community to stem the rising rate of new cases by forging linkages with new and nontraditional partners. The churches will open their facilities to serve as centers for HIV/AIDS education, training of HIV/AIDS counselors and referral for services in conjunction with local health authorities. Pastors and other leaders of the churches will work to provide continuing education on HIV/AIDS and substance abuse to the congregation, extended families and friends in their various communities. Of this amount, $25,000 will be targeted to joint

activities related to the ongoing minority faculty development program with faith communities at SAMHSA.

- **Strategy Meetings** On September 18, the Surgeon General will co-convene a meeting with influential African American business leaders to discuss ways that this important sector of the Black community can partner with Federal, State, and local efforts to build capacity for HIV prevention in their communities. In partnership with the 100 Black Men of America and the National Council of Negro Women, this will be the first in a series of small strategy meetings with key segments of national Black leadership to mobilize and link their efforts to respond to the growing HIV/AIDS epidemic among African American youth, women and men.

Recently Announced or Initiated Activities

- **HIV/AIDS Care for Children, Women, Youth and Families** In the week of August 3rd, HRSA awarded $10.2 million in new and competing continuation grants to 16 grantees to support care and access to research for children, women, youth and families affected by HIV/AIDS. The majority of clients served by this program are from racial and ethnic minority groups, specifically 48% African American, 30.8% Hispanic, and 9.6% other non-Caucasian.

- **Expanded Access to Care** The Office of Minority Health has awarded $2.97 million to the Cook County Rush Health Center (CORE Center) to implement an information technology infrastructure to service providers, payers, HIV/AIDS patients and caregivers, researchers and policy makers. The Center is a state of the art 60,000 square feet freestanding outpatient facility which provides comprehensive care, prevention services, and research opportunities to people with HIV/AIDS and infectious diseases, serving a predominantly minority population (African American and Latino). It will increase access to services and treatment for HIV/AIDS patients in Cook County when it opens later in 1998. The construction of the facility is supported by combined Federal and private funds.

- **Strategic Planning for Substance Abuse and HIV/AIDS at SAMHSA** SAMHSA began the development of a strategic plan in July 1998 to guide all future HIV/AIDS related activities, investing $50,000 in this effort. The strategic plan will contain specific components geared towards coordination of activities specifically targeted toward communities of color. Development of the plan will be done by all relevant stakeholders, i.e. professionals from communities of color, the substance abuse and mental health fields, the general public including consumers, and appropriate agency personnel. A minority consulting firm has been contracted with for this activity.

Comprehensive Multi-Year Action Plan To Start in FY 1999

A sustained commitment will be required to effectively address those contributing factors underlying the severity of the HIV/AIDS epidemic among racial and ethnic minorities. The Department proposes a more comprehensive set of strategies for a multi-year action plan, grouped into the following three broad categories: technical assistance and infrastructure support; increasing access to prevention and care; and building stronger linkages to address the needs of specific populations. Additional initiatives are still

under development and may be added to these strategies in the near future.

Technical Assistance and Infrastructure Support

o Provide targeted technical assistance through contracts with national organizations to assist minority community-based organizations in developing expertise in fiscal and administrative grants management and the preparation of competitive funding applications, and through organizational mentoring strategies. The number and amount of grants will be determined when FY99 budgets are available.

o Increase the number of targeted planning grants under Title III of Ryan White to build new capacity for primary care provider organizations to link with community based organizations in highly impacted minority communities to deliver needed health care services. Average planning grant amount is $50,000 for a one year project period. These grants go to organizations serving minorities and have typically been used to hire personnel to develop the necessary linkages and develop the organizational capacity to meet the requirements of Title III grantees, support formal needs assessments regarding HIV primary care needs of consumers and providers in the proposed service area, completing an epidemiologic profile of the service area, and identifying needed components of care and forming linkages with related providers in the community. Current statute limits planning grants to 1% of appropriated amounts. Under the House Subcommittee allowance, with an increase in the allowable proportion to 3% of the appropriation, 54 grants of $50,000, or 36 grants of $75,000 could be funded.

o Increase the proportion of new National Health Service Corps loan repayees who are directed to serve in highly impacted minority communities. As of September 1997, there were 2278 NHSC clinicians serving in high need Health Professional Shortage Areas (HPSAs) -- 41.8% in urban areas, and 58.2% in rural areas; roughly 46% serve in community and migrant health centers, including some supported through Ryan White Title III funds. For FY99, 400 individuals serving through the loan repayment program will be assigned to HPSAs. The NHSC has also developed a training module on HIV/AIDS for the care of HIV/AIDS patients that can be used in a variety of settings.

o Develop and implement model programs for training and engaging community members as lay community health workers, building on the strengths of existing organizations such as communities of faith, business and civic groups within racial and ethnic minority communities. This activity would be directed through partnerships and contracts with national organizations. This proposal is still in development.

o Support the early exposure of children in communities of color to the opportunities of a career in the health professions by requiring every grantee supported by the Bureau of Health Professions to establish outreach programs to local grade schools, junior high and high schools. This affects approximately 650 educational institutions.

Increasing Access to Prevention and Care

o Provide outreach and primary care services in highly impacted minority communities through activities such as the availability of mobile medical units linked with existing health care providers. These activities could be directed through the Section 330 program or Title III of Ryan White. This proposal is still in development.

o Strengthen the requirement in CDC's HIV Prevention Community Planning cooperative agreements so that State allocation decisions must reflect the demographics of the HIV epidemic in that State. CDC has been working collaboratively with State and local health departments over the last several years to achieve this objective. This activity reflects a redirection of funds within the existing HIV prevention cooperative agreements to ensure that currently available resources are spent proportionate to the epidemic in a given locale, and does not fully address substantial unmet needs.

o Develop a pilot program in up to 5 sites applying best practices to integrate the planning and provision of HIV, STD, TB and substance abuse prevention and treatment services. Each project site would incorporate and build on behavioral and social science research and bring prevention and service delivery systems for STDs, TB and drug treatment into formal relationships with HIV systems, address gaps in enabling services that serve as barriers to care, support community outreach strategies, and target prevention to high risk groups. The project period would run over 3 years.

o Develop and implement a program to train, place, and support a cadre of peer treatment educators from racial and ethnic minority groups as a strategy to engage more persons of color in high quality care, with the inclusion of an evaluation component to study the effect of this intervention. This proposal is still in development and would be competitively bid.

o Prepare a user-friendly guide to clinical services for women. This resource is intended for the lay reader to assist women in accessing appropriate care.

o The Ryan White programs are initiating a quality of care initiative to address issues of health care quality and those factors which result in the provision of an uneven quality of care among persons in care.

o Explore the development of measures of health care quality for HIV disease. Development of such quality indicators, for use in both the public and private sector health care arena, could have an important impact on the quality of care provided to all people with HIV disease, including racial and ethnic minorities.

o Support new research regarding the use of HIV therapies in drug-using populations with the following research goals: (1) to investigate how to recruit drug users into AIDS treatment and define what issues determine their adherence to AIDS therapy; (2) identify barriers preventing drug using populations from entering AIDS treatment; (3) develop clinical strategies for active drug users who cannot or will not enter AIDS treatment; (4) evaluate changes in risk behaviors as a result of therapy; (5) investigate comorbid mental health conditions which would affect adherence to antiretroviral therapy; (6) determine the clinical complications of pharmacologic interactions between antiretroviral drugs, illicit drugs of abuse, and addiction treatment drugs; and (7) develop strategies for recruiting drug users in vaccine trials. It is intended that study participants will be primarily from minority communities. NIH will also additional resources on the epidemiologic and prevention of drug-abuse related HIV infection and the development of new drug abuse treatment strategies towards adolescents.

o Support a phase I multicenter clinical trial of a new topical microbicide to determine its safety, tolerance and acceptability as a vaginal microbicide. Topical microbicides are critically needed to allow women to prevent HIV transmission. As the majority of new HIV infections among women are minorities, the focus for recruitment in the study will be in minority communities.

Building Stronger Linkages

o Initiate a pilot project in 6 States and the District of Columbia working with State and local correctional systems to track the impact of HIV within these systems, guide effective prevention and treatment interventions, and establish linkages to community care for persons soon to be released. This project would reach 60% of the incarcerated population and 66% of reported AIDS cases in State correctional systems. ~~The final scope of this project will be determined when FY99 budgets are available.~~

o Increase the number of Ryan White SPNS grants to: (1) develop new models for continuity of care between prison systems and community providers, and (2) develop new models to integrate substance abuse treatment with HIV care among specific populations. Current statute has capped SPNS grants at $25 million. The average grant award was $400,000 in FY98, with resources going both to minority CBOs and to CBOs serving minorities. If this cap was raised to $40 million, an additional 38 new grants could be started in FY99.

o Establish linkages between substance abuse treatment and HIV services within SAMHSA's new Targeted Capacity Expansion initiative, and place a setaside within the program next year for an integrated substance abuse and HIV care component. Address substance abuse and HIV issues within the Knowledge Development and Application initiatives in FY99.

o Sponsor a women's conference in 1999 (SAMHSA) with sessions centered on issues relating to women in communities of color and HIV/AIDS.

New Partnerships

o In recognition that a broad-based strategy to mobilize effective community responses must go beyond federal programs, the Secretary and the Surgeon General want to join with the CBC in reaching out to the leadership of major organizations to engage them in a national and grassroots effort to raise awareness and involvement around HIV/AIDS, seeking commitments to action from the leadership of national business and civic groups, and media organizations. The Surgeon General has made the issue of racial disparities in HIV and the urgency of HIV/AIDS in minority communities a top priority to be addressed in his public appearances as well as in the Race and Health Initiative.

Current DHHS Activities Targeting the HIV/AIDS Epidemic among Racial and Ethnic Minorities

The Department has a broad range of activities and programs that both directly and indirectly serve racial and ethnic minority communities affected by HIV/AIDS. A substantial portion of federal HIV/AIDS dollars are serving these minority communities through programs targeted to HIV prevention, care, drug abuse prevention and treatment, and research. Provided in Appendices B through F are a compilation of OPDIV activities specifically targeting aspects of HIV/AIDS in racial and ethnic minority communities. Two specific areas of interest raised by staff of CBC Member offices -- the role of community health centers in addressing HIV/AIDS in minority communities, and the Department's investment in the intersection of substance abuse and HIV -- are reviewed in Appendix G.

Appendix A HIV/AIDS Surveillance Data
Appendix B CDC Activities

Appendix C NIH Activities
Appendix D HRSA Activities
Appendix E SAMHSA Activities
Appendix F Office of Minority Health Activities
AppendixG Information on HIV/AIDS in Community Health Centers and Support for Substance Abuse and HIV

RESPONSE FROM THE CONGRESSIONAL BLACK CAUCUS

CBC Principals and Policies

These are entirely consistent with the Department's priorities and proposals. In brief:

- o federal funds must follow epidemiological trends, including prevention funding
- o promote understanding that new treatments increase length and quality of life
- o build and sustain organizational infrastructure and capacity of minority CBOs
- o ensure access to state of art HIV care working to increase the supply and knowledge base of minority providers through clinical training and professional development
- o address intersecting epidemics of HIV, STD, substance abuse in both prevention and care
- o support large scale public information and education campaigns for African Americans

FY98 Proposals (in addition to the HHS proposed investments) = $48,150,000

The CBC proposal builds on and expands many items in the HHS proposal. Major increased investments are in NIH population-specific intervention research (+ $12 mil: Black heterosexual men, women ages 15-44, pregnant and parenting teenagers and their partners, risk reduction for crack-abusing youth); strengthening OMH (+$10 million); more money to African American CBOs for HIV prevention under 704 program (+ $8 million); community development grants for technical assistance (+ $5 million); and more emphasis on HIV prevention through STD treatment nationally (+ $3.4 mil) and specifically in Baltimore and the Southeast US (+ $3 mil). Other proposals would supplement other activities described in the HHS proposal. A major emphasis is placed on reform of the CDC Prevention Community Planning Process (3 pages).

FY 99 Proposals = $245,650,000

The CBC picks up on many of the HHS proposals and assigns dollar amounts to them, and requests a number of specific reports from the Secretary. Major dollar investments are requested for OMH (+ $70 million) and Office of Research on Minority Health (+ $40 mil); expanding comprehensive substance abuse residential treatment programs for women and their children (+ $50 mil); building and sustaining HIV service infrastructure in African American communities (+ $15 mil); the demonstration program to integrate HIV, STD, TB and substance abuse treatment and prevention in 15 sites (+ $12 mil); intensive community-based outreach to substance abusers (+ $ 10 mil); sustained HIV prevention interventions for African American women (+ $10 mil); and increasing participation of African American health care professionals in HIV service delivery through recruitment and training (+ $9 mil). Emphasis is placed on building an extended minority focused HIV clinical care research capacity through the NIH CPCRA program (one and a half pages). Other targeted proposals with smaller price tags pick up on many DHHS proposals, such as regional peer educator training programs, HIV care capacity planning grants, targeted TA programs at SAMHSA CDC and HRSA, and care linkages for incarcerated populations. An emphasis is placed on working with faith-based communities in four small proposals.

Key reports requested include: HRSA report on quality of care initiatives, report on substance abuse treatment expansion,and report on the use of the HIV setaside at SAMHSA.

CONGRESSIONAL BLACK CAUCUS RECOMMENDED HIV/AIDS PREVENTION, TREATMENT AND CONTROL PROJECTS AND INITIATIVES FY 1998 AND FY 1999

THE PROJECTS AND INITIATIVES OUTLINED HEREIN ARE IN ADDITION TO THE PROJECTS OUTLINED IN THE DHHS PROPOSAL.

INTRODUCTION

THE BURDEN OF HIV/AIDS ON RACIAL AND ETHNIC MINORITIES IS A SEVERE AND ONGOING CRISIS WHICH REQUIRES BOTH IMMEDIATE MEASURES, AND A LONG-TERM SUSTAINED COMMITMENT TO RESOLVE. SERVICES AND RELATED RESOURCES MUST FOLLOW THE TREND OF THE DISEASE.

THE ASSISTANCE PROVIDED MUST BE TARGETED FOR MAXIMUM EFFECTIVENESS, SUSTAINABLE CAPACITY AND COMMUNITY INFRASTRUCTURE BUILDING THROUGH MINORITY NATIONAL, REGIONAL AND COMMUNITY-BASED ORGANIZATIONS THAT ARE OWNED AND OPERATED BY REPRESENTATIVES OF RACIAL/ETHNIC MINORITY COMMUNITIES WHICH HAVE THE GREATEST INCIDENCE OF HIV/AIDS, AND WHICH HAVE A DEMONSTRATED COMMITMENT AND HISTORY OF SERVICE TO THOSE COMMUNITIES.

CLEARLY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES MUST EXPAND THE INVESTMENT OF RESOURCES AND EFFORT TO ADDRESS HIV/AIDS IN THE AFRICAN AMERICAN COMMUNITY. STEPS MUST BE TAKEN TO ENSURE THAT AFRICAN AMERICANS FULLY BENEFIT FROM EFFECTIVE PREVENTION AND TREATMENT INTERVENTIONS THAT CURRENTLY EXIST, AS WELL AS THOSE THAT ARE ON THE HORIZON..

INVESTMENTS IN FISCAL YEAR 1998 (IN ADDITION TO THE DHHS PREVIOUSLY IDENTIFIED PROJECTS)

HIV INTERVENTION AND RESEARCH PROGRAMS - (NIH/OAR)

THESE RECOMMENDATIONS SHOULD BE FUNDED THROUGH NIH, WITH SPECIFIC EMPHASIS ON OAR AND OTHER APPROPRIATE ENTITIES.

TO FUND PROGRAMS THAT BUILD THE RESEARCH CAPACITY WITHIN AFRICAN AMERICAN COMMUNITIES, SUPPORT RESEARCH CONDUCTED BY PERSONS INDIGENOUS TO THE COMMUNITIES TARGETED, AND PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO AFRICAN AMERICAN

INSTITUTIONS AND COMMUNITY-BASED ORGANIZATIONS IN THE DESIGN AND IMPLEMENTATION OF BEHAVIORAL RESEARCH. INCREASE THE DIRECT PARTICIPATION OF AFRICAN AMERICAN PRINCIPAL RESEARCHERS AND INSTITUTIONS IN BEHAVIORAL AND BIOMEDICAL RESEARCH.

NIH POPULATION SPECIFIC INTERVENTIONS (NIH/OAR) **+$12 MILLION**

IN ADDITION TO FUNDS ALREADY OUTLINED FOR TARGETED AFRICAN AMERICAN COMMUNITIES AND POPULATIONS, FUND ADDITIONAL POPULATION SPECIFIC GRANTS TO MORE EFFECTIVELY TARGET AT RISK PERSONS, ADDRESS COMMUNITY NORMS AND SUPPORT THE ADOPTION OF HIV RISK REDUCTION BEHAVIORS AND SUSTAIN BEHAVIORAL CHANGE AMONG HIGH RISK POPULATIONS. FUND ADDITIONAL PROGRAMS THAT:

- SPECIFICALLY TARGET PREGNANT AND PARENTING TEENAGERS AND THEIR SEXUALLY ACTIVE PARTNERS;

- TARGET BLACK HETEROSEXUAL MEN IN AGE SPECIFIC POPULATIONS;

- TARGET BLACK WOMEN IN AGE SPECIFIC POPULATIONS RANGING IN CHILD BEARING AGES OF 15-44; AND

- PROVIDE FOR RISK REDUCTION FOR CRACK COCAINE ABUSING YOUTH WHO PARTICIPATE IN THE SEX FOR DRUGS TRADE ASSOCIATED WITH CRACK USE.

AFRICAN AMERICAN COMMUNITY RESEARCH CONFERENCE (NIH/CDC) **+$200,000**

THE NIH AND THE CDC WILL JOINTLY FUND A BLACK ORGANIZATION WITH THE HISTORY AND CAPACITY IN PROGRAM DEVELOPMENT IN COMMUNITY PLANNING, EDUCATION, COORDINATION, AND POLICY DEVELOPMENT AND COMMUNITY RESEARCH TO COORDINATE A CONFERENCE OF BLACK BEHAVIORAL AND BIOMEDICAL SCIENTISTS. THE INITIATIVE IS DESIGNED TO ESTABLISH A RESEARCH AND INTERVENTION AGENDA FOR THE BLACK COMMUNITY.

COMMUNITY RESEARCH COORDINATING GRANTS (NIH/OAR) **+$600,000**

CREATE THREE (3) GRANTS OF $200,000 EACH , AWARDED TO AGENCIES WITH A HISTORY AND CAPACITY OF COMMUNITY PLANNING, DEVELOPMENT, PUBLIC POLICY AND SERVICE TO AFRICAN AMERICAN COMMUNITIES IN HIV AND AIDS AND PUBLIC HEALTH, ON NATIONAL, REGIONAL AND/OR LOCAL LEVELS. THESE FUNDS WILL BE USED TO

ESTABLISH SCIENTIFIC PANELS OF BLACK BEHAVIORAL AND BIOMEDICAL RESEARCHERS TO SERVE AS ADVISORS, IMPLEMENT STRATEGIES THAT ADVANCE AN AFRICAN AMERICAN FOCUSED RESEARCH AGENDA WHILE OFFERING TECHNICAL ASSISTANCE TO COMMUNITIES AND ORGANIZATIONS SEEKING TO IMPLEMENT BEHAVIORAL INTERVENTION STRATEGIES IN HIV AND AIDS. THESE PANELS WILL SERVE AS ADVISORS ON PROGRAMS AND EVALUATIONS. ALTHOUGH COMMUNITY FOCUSED, THESE GROUPS WILL PROVIDE ADVICE AND ASSISTANCE TO THE NIH GRANT DEVELOPMENT AND APPLICATION PROCESS, AND WILL COORDINATE TECHNICAL ASSISTANCE TO CBOs ON A REGIONAL LEVEL.

NIH BEHAVIORAL SCIENCE RESEARCH GRANTS (NIH) **+$500,000**

CREATE FIVE (5) NEW BEHAVIORAL SCIENCE RESEARCH GRANTS OF $100,000 EACH TO AFRICAN AMERICAN RESEARCHERS TO EXPAND EXISTING STUDIES TARGETING SPECIAL POPULATIONS FOR SPECIFIC INTERVENTIONS AND COMMUNITY LEADERSHIP DEVELOPMENT THAT TARGET THE BEHAVIORAL LINKS BETWEEN IV DRUG USE AND THE INCREASED INFECTION RATES AMONG BLACK WOMAN AND CHILDREN. THIS INITIATIVE SERVES TO BREAK THE LINK BETWEEN UNSAFE SEXUAL PRACTICES AND SEXUAL NEGOTIATION DEFICITS BETWEEN BLACK WOMEN AND MEN AND SEXUAL PRACTICES AMONG HIGH RISK SEXUALLY ACTIVE HETEROSEXUAL TEENS.

STRENGTHEN THE INVESTMENT IN AFRICAN AMERICAN CBO's PROVIDING PREVENTION SERVICES (CDC) **+ $8 MILLION**

THE CDC IS TO FUND, DIRECTLY, AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS (CBOs) TO PROVIDE HIV PREVENTION SERVICES IN HIGHLY IMPACTED AND/OR UNDER-SERVED REGIONS OF THE COUNTRY INCLUDING THE SOUTHEAST AND SOUTH. THESE FUNDS WILL PROVIDE GRANTS RANGING BETWEEN $150,000-$250,000 TO AFRICAN AMERICAN CBOs TO PROVIDE HIV PREVENTION, HEALTH EDUCATION AND RISK REDUCTION SERVICES TO TARGETED AT RISK POPULATIONS OF AFRICAN AMERICANS. THIS INITIATIVE MUST FOCUS ON ORGANIZATIONS IN GEOGRAPHICAL REGIONS THAT HAVE PASSED ALL CRITERIA FOR FUNDING UNDER PROGRAM ANNOUNCEMENT 704 BUT WERE NOT FUNDED DUE SOLELY TO THE LIMITATION OF FUNDING AVAILABLE UNDER THE GRANT PROGRAM. SPECIAL ALLOCATIONS MUST BE MADE TO REGIONS WHERE AFRICAN AMERICANS ARE HIGHLY IMPACTED, BUT WHERE THE FUNDING IN THE REGION DOES NOT MATCH THE NEED FOR SERVICES IN THESE COMMUNITIES OR WHERE ENTIRE HIGH NEED COMMUNITIES WERE OMITTED FROM THE FINAL SELECTION FOR APPROVED FUNDING.

PREVENTION AMONG HIV POSITIVE AFRICAN AMERICAN GAY MEN (CDC) **$400,000**

THE CDC TO DIRECT AT LEAST $400,000, OF THE $800,000 IN FUNDING PROPOSED FOR BEHAVIORAL RESEARCH ON THE EFFECTIVENESS OF HIV PREVENTION INTERVENTIONS SERVING HIV SEROPOSITIVE GAY MEN, TO PROJECTS SPECIFICALLY DESIGNED TO RESEARCH INTERVENTIONS TARGETED TO AFRICAN AMERICAN SEROPOSITIVE GAY MEN.

PREVENTION AMONG HIV POSITIVE AFRICAN AMERICANS (CDC) **+$1.5 MILLION**

IN ADDITION TO THE $3.9 MILLION TARGETED THROUGH STATE, LOCAL, TERRITORY HEALTH DEPARTMENTS, THE CDC SHOULD PROVIDE FUNDS TO SUPPORT 3 DEMONSTRATION PROJECTS, SPECIFICALLY DIRECTED TO AFRICAN AMERICANS, EXPERIENCING DIFFICULTY ACCESSING PREVENTION AND TREATMENT SERVICES TO PROVIDE PRIORITY HIV PRIMARY PREVENTION SERVICES TO AFRICAN AMERICANS, TO ENCOURAGE THEM TO LEARN THEIR HIV STATUS. FOR THOSE WHO ARE SEROPOSITIVE, THE PROGRAMS WOULD INCREASE ACCESS AND ACTUAL LINKAGE TO HIV TREATMENT AND SUPPORTIVE SERVICES.

PREVENTION AMONG AFRICAN AMERICAN MEN (CDC) **+1.5 MILLION**

THE CDC SHOULD PROVIDE AN ADDITIONAL $1.5 MILLION TO SUPPORT A MINIMUM OF 3 BEHAVIORAL RESEARCH PROJECTS SPECIFICALLY DIRECTED TO INVESTIGATING THE EFFECTIVENESS OF PRIMARY PREVENTION INTERVENTIONS TARGETED TO FUND BEHAVIORAL RESEARCH CONDUCTED BY AFRICAN AMERICAN RESEARCHERS TO INVESTIGATE THE EFFECTIVENESS OF HIV PRIMARY PREVENTION INTERVENTIONS SERVING AFRICAN AMERICAN GAY, BISEXUAL AND HETEROSEXUAL MEN. THE PRINCIPAL INVESTIGATORS AND RESEARCHERS ON THESE PROJECTS MUST BE AFRICAN AMERICAN.

PREVENTION OF HIV THROUGH STD TREATMENT (CDC) **+$3.4 MILLION**

AT A MINIMUM, PROVIDE AN ADDITIONAL $3.4 MILLION INCREASE FOR COMMUNITY LEVEL INTERVENTIONS TO DETECT, TREAT AND CONTROL SEXUALLY TRANSMITTED DISEASES INCLUDING, BUT NOT LIMITED TO SYPHILIS, GONORRHEA (INCLUDING RECTAL), CHLAMYDIA AND HERPES IN AREAS ACROSS THE COUNTRY WHERE AFRICAN AMERICANS ARE MOST HIGHLY IMPACTED. THIS GRANT PROGRAM IS TO BE TARGETED TO COMMUNITY LEVEL INTERVENTIONS (SUCH AS THOSE SHOWING SIGNIFICANT REDUCTIONS OF HIV IN AFRICA) WHICH INCLUDE A PARTNERSHIP BETWEEN THE LOCAL, STATE AND TERRITORY PUBLIC

HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS. AND COMMUNITY AND MIGRANT HEALTH CENTERS. SPECIFIC EMPHASIS MUST BE PLACED ON THE CITY OF BALTIMORE AND THE SOUTH AND SOUTH EASTERN SECTIONS OF THE U.S.

STD INTERVENTION -BALTIMORE AND SOUTH EASTERN REGION (CDC) **+$3MILLION**

IN ADDITION TO FUNDS ALREADY ALLOCATED TO THESE AREAS, AN ADDITIONAL GRANT OF $1.5 MILLION SHOULD BE ALLOCATED TO THE CITY OF BALTIMORE WHERE SYPHILIS RATES ARE 18 TIMES HIGHER THAN THE NATIONAL AVERAGE. IN BALTIMORE, DURING THE LAST 24 MONTHS, 115 BABIES WERE BORN WITH UNTREATED SYPHILIS. THE GRANT WILL FOCUS ON EDUCATION AND INTERVENTION, SPECIAL PROGRAMS FOR PRENATAL CARE AND SYPHILIS TESTING, TREATMENT AND PREVENTION. THE GRANT WILL ALSO SERVE TO INCREASE STD TREATMENT IN DRUG TREATMENT PROGRAMS.

AN ADDITIONAL $1.5 MILLION SHOULD BE ALLOCATED TO THE SOUTH EAST REGION OF THE UNITED STATES TO CONDUCT THE SAME SERVICES IN COUNTIES WHERE STD's ARE HIGHEST AMONG AFRICAN AMERICAN COMMUNITIES.

STD & DRUG TREATMENT REPORTS TO CBC

THE HHS WILL DELIVER A REPORT TO THE CONGRESSIONAL BLACK CAUCUS, NO LATER THAN DECEMBER 31ST 1998, THAT OUTLINES THE STATISTICS, INTERVENTION AND IMPLEMENTATION FINDINGS IN BALTIMORE AND THE SOUTH EAST REGION OF THE UNITED STATES. IN ADDITION, THE REPORT WILL OUTLINE THE 25 CITIES WHERE AFRICAN AMERICANS ARE MOST HEAVILY IMPACTED BY STD, HIV AND DRUG ADDICTION. IN CONJUNCTION WITH LOCAL HEALTH OFFICIALS ACROSS THE COUNTRY, THE REPORT WILL OUTLINE METHODS FOR A COMBINED STRATEGY TO REDUCE THE NUMBER OF STD TRANSMISSIONS, ELIMINATE CURRENT INFECTION AND INCREASE THE NUMBER OF DRUG TREATMENT SLOTS IN THESE COMMUNITIES BY THE YEAR 2001.

REDUCING HIV TRANSMISSION AMONG AFRICAN AMERICANS (CDC) **+$400,000**

THE CDC SHOULD PROVIDE $400,000 IN FUNDING TO CARRY OUT THE AFRICAN AMERICAN COMPONENT OF ITS COMMUNITIES OF COLOR INITIATIVE. THIS WILL INCLUDE FOLLOW UP FOCUS GROUPS AND STRATEGY MEETINGS WITH AFRICAN AMERICAN EXPERTS IN HIV/AIDS TO DEVELOP AND FINE TUNE A SPECIFIC INITIATIVE TO REDUCE HIV INFECTION AMONG DIVERSE AFRICAN AMERICAN SUB POPULATIONS.

ENHANCING STATE, LOCAL, TERRITORY COORDINATION (SAMHSA) **+$100,000**

THE COOPERATIVE PROJECT TO BE SUPPORTED BY SAMHSA WITH A $50,000 GRANT TO BETTER DEFINE THE BARRIERS TO COLLABORATION OF STATE, LOCAL, AND TERRITORY HIV, SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS, PARTICULARLY FOR COMMUNITIES OF COLOR REQUIRES ADDITIONAL SUPPORT. THE PROJECT INCLUDES COLLABORATION BETWEEN THE CDC, THE NATIONAL ASSOCIATION OF STATE AND TERRITORIAL AIDS DIRECTORS. (NASTAD) AND THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD). ADDITIONAL GRANTS, IN THE SUM OF $50,000 EACH, SHOULD BE AWARDED THE NATIONAL CAUCUS OF BLACK STATE LEGISLATORS (NCBSL) AND THE NATIONAL ORGANIZATION OF BLACK COUNTY OFFICIALS (NOBCO) TO IDENTIFY THE BARRIERS TO COLLABORATION AND DEVELOP A CORRECTIVE ACTION PLAN TO OVERCOME THE BARRIERS AND IMPROVE ACCESS TO HIV, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES FOR AFRICAN AMERICANS.

STRATEGY MEETINGS (CDC, SAMHSA, HRSA AHCPR, NIH) **+$350,000**

IN COLLABORATION, CDC, SAMHSA, HRSA, AHCPR, AND NIH, SHOULD PROVIDE $350,000 IN A GRANT, TO BE AWARDED TO A CONSORTIUM OF NATIONAL AFRICAN AMERICAN AND MINORITY HIV/AIDS LEADERSHIP ORGANIZATIONS, TO COORDINATE A MEETING OF AFRICAN AMERICAN LEADERS IN THE HIV, HEALTH, FAITH, BUSINESS AND CIVIL RIGHTS COMMUNITIES TO DEVELOP A NATIONAL AGENDA AND ACTION PLAN TO COMBAT HIV/AIDS AMONG AFRICAN AMERICANS IN THE UNITED STATES. THIS ACTION PLAN WILL BE USED IN FISCAL YEARS 1999, 2000, AND THEREAFTER TO DIRECT THE FEDERAL RESPONSE TO THE STATE OF EMERGENCY OF HIV/AIDS AMONG AFRICAN AMERICANS.

CDC PREVENTION COMMUNITY PLANNING PROCESS

THE CURRENT PREVENTION COMMUNITY PLANNING PROCESS MANDATED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION HAS HAD SPORADIC IMPACT ON COMMUNITIES OF AFRICAN DESCENT ACROSS THE NATION. BY ALL ACCOUNTS, INCLUDING THE CDC'S OWN ADMISSION, THE PROCESS IS NOT WORKING FOR BLACK AMERICA. AMONG THE GREATEST FAILURES OF THIS PROCESS HAS BEEN THE LACK OF RESPONSE TO THE DIVERSE NEEDS OF THE AFRICAN AMERICAN COMMUNITY AT LARGE, A COMMUNITY WHERE NEW HIV INFECTIONS ARE GROWING AT AN UNPRECEDENTED RATE. THE PROCESS ALSO LACKS THE ABILITY TO COORDINATE AN ADEQUATE RESPONSE FROM KEY INDIGENOUS COMMUNITY LEADERS WITH A HISTORY AND CAPACITY TO ADVANCE

COMMUNITY DEVELOPMENT ON THE LOCAL LEVEL. SIMILARLY, THE PROCESS PLACES LITTLE OR NO EMPHASIS ON CREATING OR IDENTIFYING AVAILABLE FUNDING STREAMS OUTSIDE OF THE GOVERNMENT PROCESS. THESE FUNDING STREAMS WOULD SERVE TO ENHANCE PROGRAM DEVELOPMENT WHILE OFFERING LITTLE TECHNICAL SUPPORT IN ORGANIZATIONAL DEVELOPMENT TO MEET CURRENT CHALLENGES. EQUALLY DETRIMENTAL IS THE PROCESS' CONSISTENT INABILITY TO CREATE INFORMATION STREAMS OUTSIDE OF THE HIV/AIDS COMMUNITY. THESE INFORMATION STREAMS ARE ALSO CRITICAL TO ADVANCING KNOWLEDGE FOR COMMUNITIES WHO REMAIN IN PERIL. FINALLY, MANY AFRICAN AMERICANS IN OUR COMMUNITY, WHO SIT AT VARIOUS DECISION MAKING TABLES IN TERRITORIES, STATES AND MUNICIPALITIES ACROSS THIS COUNTRY, ARE SUBJECT TO VOTES BY CONSENSUS IN A PROCESS WITH UNBALANCED REPRESENTATION OF THE TARGET COMMUNITIES.

THE CDC's PROCESS MANDATES ADHERENCE TO COMMUNITY PLANNING, YET IT ALLOWS THE DECISION MAKING TO TAKE PLACE AT VARIOUS LEVELS IN GOVERNMENT. DESPITE THE CONTROLS INHERENT IN THIS MANDATE, THE PROCESS MOVES TO ADMINISTRATIVE LEVELS IN STATE, LOCAL AND TERRITORY GOVERNMENTS, WHERE KEY ADMINISTRATIVE LEADERSHIP IN LOCAL HEALTH DEPARTMENTS BEAR NO RESEMBLANCE TO THE TARGETED COMMUNITIES. TODAY, MANY KEY PARTICIPANTS IN THE PROCESS HOLD STEADFAST THE BIASES INHERITED FROM OLDER AGENCIES AND SCHOOLS OF THOUGHT, WHO GAINED POWER DURING THE FIRST WAVE OF THIS EPIDEMIC, BIASES THAT ARE NOT TRANSFERABLE TO OUR COMMUNITY PROCESS.

THE PROCESS, HOWEVER, SHOULD NOT BE ELIMINATED. RATHER, THE CDC MUST RECOGNIZE THAT IF AFRICAN AMERICANS ARE TO BENEFIT FROM THE ENORMOUS INVESTMENT THAT THIS NATION HAS MADE IN HIV/AIDS, A SERIES OF PROCESSES MORE RESPECTFUL OF THE AFRICAN AMERICAN COMMUNITY'S NEEDS, MUST BE IMPLEMENTED. THE PREVENTION COMMUNITY PLANNING PROCESS IN COMMUNITIES OF AFRICAN DESCENT NEEDS A BROADER APPROACH. ONE THAT COMBINES THE EXPERTISE OF THE COMMUNITY AT LARGE WITH THE WILL AND DETERMINATION OF COMMUNITY LEADERS WHO POSSESS A HISTORY AND TRADITION IN COMMUNITY DEVELOPMENT. THE CURRENT PROCESS IS NOT ONE THAT LEADS TO CONSENSUS BECAUSE OF AN UNBALANCED REPRESENTATION OF THE AFRICAN AMERICAN COMMUNITY AND MUST THEREFORE ALLOW THE COMMUNITY TO COME TO A CONSENSUS AMONG ITSELF AND THEN ENGAGE IN A BROADER PROCESS. THE FOLLOWING IS A LIST OF RECOMMENDATIONS TO MEET THIS GOAL.

RECOMMENDATIONS:

THE CDC MUST REQUIRE STATES AND TERRITORIES TO ENGAGE IN A PROCESS OF AFRICAN AMERICAN COMMUNITY FOCUS GROUPS TO GARNER ADDITIONAL INFORMATION FOR PREVENTION PLANNING. THESE GROUPS MUST INCLUDE INDIVIDUALS REPRESENTING POPULATIONS IN THE BLACK COMMUNITY THAT ARE AT RISK AS DETERMINED BY CURRENT HIV INFECTION RATES. COMMUNITY LEADERS AND ORGANIZATIONS THAT HAVE TRADITIONALLY SERVED THE COMMUNITY (I.E.: CIVIL RIGHTS, CLERGY AND GROUPS SERVICING YOUTH, WOMEN, BLACK GAY MEN, BLACK HETEROSEXUAL MEN, DRUG USERS AND OTHERS) MUST BE TARGETED FOR INCLUSION IN THIS PROCESS.

THE CDC MUST ESTABLISH SYSTEMS WITHIN THE PREVENTION COMMUNITY PLANNING PROCESS, THAT ALLOW LOCAL INDIGENOUS LEADERS TO ENGAGE IN PLANNING, INFORMATION SHARING AND THE MAKING OF RECOMMENDATIONS REGARDING COMMUNITY NEEDS. THIS PROCESS MUST INCLUDE PEOPLE LIVING WITH HIV AND AIDS, MANY OF WHOM ARE AMONG THE INDIGENOUS BLACK LEADERSHIP.

WHEN POSSIBLE, THE CDC MUST REQUIRE LOCAL GOVERNMENTS TO HOLD QUARTERLY MEETINGS WITH PRIVATE FOUNDATION EXECUTIVES THAT INCLUDE THE PARTICIPATION OF VARIOUS FOCUS GROUPS. LOCAL GOVERNMENTS MUST LIST PRIORITY ANCILLARY SERVICE NEEDS OF FUNDED ORGANIZATIONS AND WORK WITH PRIVATE FUNDERS TO CREATE PROGRAMS TO MEET THESE NEEDS IN A JOINT PUBLIC PRIVATE PARTNERSHIP'S THAT ENHANCE THESE EFFORTS. LOCAL GOVERNMENTS MUST ALSO HOLD REGIONAL MEETINGS WITH PRIVATE FOUNDATIONS AND CORPORATE GIVING ENTITIES THAT INCLUDE THE PARTICIPATION OF LOCAL BLACK LEADERS AND PEOPLE LIVING WITH HIV AND AIDS. ALL LOCAL GOVERNMENTS MUST PRODUCE A MONTHLY INFORMATION REPORT ON PROSPECTIVE FUNDERS THAT CAN PROVIDE FUNDING FOR ANCILLARY SERVICES TO COMMUNITY ORGANIZATIONS.

THE CDC AND HRSA MUST DEVELOP AN ADEQUATE INFORMATION SYSTEM THAT INFORMS THE COMMUNITY AT-LARGE OF THE SCOPE OF THE AIDS EPIDEMIC. SPECIAL EMPHASIS MUST BE MADE TO ENSURE THE INVOLVEMENT OF A BROAD RANGE OF COMMUNITY

ORGANIZATIONS NOT YET WORKING IN AIDS, AS WELL AS ORGANIZATIONS DESIGNED TO COORDINATE LEGISLATORS, PUBLIC POLICY OFFICIALS, MEMBERS OF THE MEDIA AND OTHER LEADERS. PUBLIC INFORMATION FORUMS THAT MAKE USE OF BOTH THE PRINT AND ELECTRONIC MEDIA IN THE BLACK COMMUNITY MUST BE ADVISED QUARTERLY ON ALL ASPECTS OF THE LOCAL EPIDEMIC AND A FORMAL RELATIONSHIP FOR QUARTERLY REPORTING IN THE BLACK PRESS MUST BE MANDATED.

ALL GOVERNMENT ENTITIES HOLDING CONTRACTS WITH LOCAL MUNICIPALITIES MUST ENSURE THAT TOP LEVEL ADMINISTRATION, WITH OVERSIGHT TO THE COMMUNITY PROCESS, EMPLOY MEMBERS OF THE COMMUNITY THAT WILL BE SPECIFICALLY TARGETED FOR ON-GOING PUBLIC HEALTH AND DISEASE PREVENTION ACTIVITIES. IN ADMINISTRATIONS WHERE A DEFICIT IN THE HIRING OF PEOPLE OF COLOR IS EVIDENT, ALL EFFORTS AND ASSISTANCE FOR THE IDENTIFICATION OF QUALIFIED APPLICANTS FROM THE BLACK COMMUNITY, WITH THE WILLINGNESS AND CAPACITY TO WORK WITHIN GOVERNMENT, MUST BE SOUGHT. THE CDC MUST DELIVER A REPORT ON THE RACIAL AND ETHNIC BREAKDOWN OF THE LEADING PUBLIC HEALTH OFFICIALS ASSIGNED TO HIV AND AIDS IN EACH AREA WHERE THE EPIDEMIC HAS STRONGLY IMPACTED COMMUNITIES OF AFRICAN DESCENT. THIS REPORT MUST BE DELIVERED TO THE CONGRESSIONAL BLACK CAUCUS IN THE NEXT 90 DAYS FOR REVIEW BY MEMBERS.

THE CDC AND HRSA MUST MAKE EVERY EFFORT TO ENSURE THAT LOCAL GOVERNMENTS RECEIVING FUNDING EXPAND THEIR CONSULTANT BASE TO INCLUDE ACTIVISTS, BLACK ORGANIZATION DIRECTORS, LEADERSHIP, PUBLIC HEALTH OFFICIALS AND BEHAVIORAL SCIENTISTS.

THE CDC AND HRSA MUST ESTABLISH A SYSTEM TO IMMEDIATELY EVALUATE, ADJUST AND REMEDY ANY FUNDING DECISIONS EMANATING FROM THE CURRENT REVIEW AND PLANNING PROCESS WHEN IT IS EVIDENT THAT SPECIFIC SEGMENTS OF ANY POPULATION DEMONSTRATING THE HIGHEST NEED WILL NOT BE REPRESENTED IN THE FINAL SELECTION PROCESS. SYSTEMS THAT ALLOW FOR IMMEDIATE REDRESS IN CASES WHERE AFRICAN AMERICAN COMMUNITIES ARE NOT REPRESENTED IN FINAL FUNDING DECISIONS MUST ALSO BE DEVELOPED.

BUILDING COMMUNITY CAPACITY

THE CDC HAS MADE AN UNPRECEDENTED INVESTMENT IN THE MANDATED COMMUNITY PREVENTION PLANNING PROCESS, WHICH HAS NOT BENEFITED THE AFRICAN AMERICAN COMMUNITY. THE ISSUES ASSOCIATED WITH THE FAILURE OF THIS SYSTEM TO MEET COMMUNITY NEEDS AND PRELIMINARY RECOMMENDATIONS FOR IMPROVEMENT ARE OUTLINED IN OTHER SECTIONS OF THIS DOCUMENT.

HIV AND AIDS ARE BEING FUELED BY A HOST OF ACCOMPANYING CO-FACTORS THAT HAVE NEVER BEEN ADEQUATELY ADDRESSED FOR THE BLACK COMMUNITY. DRUG ABUSE, SEXUALLY TRANSMITTED DISEASES, UNACCEPTABLY HIGH MORTALITY RATES FROM CHRONIC ILLNESS AND CHILDHOOD DISEASES, COUPLED WITH FAILING PUBLIC HEALTH INFRASTRUCTURES IN THE AREAS OF DISEASE PREVENTION AND HEALTH PROMOTION, HAVE PLAYED A TREMENDOUS ROLE IN THE OUTBREAK OF NEW HIV INFECTIONS WITH MULTI-GENERATIONAL IMPACT ON THE BLACK COMMUNITY.

THERE ARE SEVERAL ESSENTIAL ELEMENTS TO BUILDING THE CAPACITY OF A COMMUNITY TO RESPOND TO THIS HEALTH CRISIS. PRIORITIES INCLUDE EFFECTIVE PUBLIC HEALTH INTERVENTIONS AND HIV/AIDS PREVENTION EDUCATION FOR AFRICAN AMERICAN POPULATIONS OFFERING A WIDE RANGE OF ORGANIZATIONAL SUPPORT. THIS SUPPORT SHOULD ENHANCE EXISTING SERVICES AND CREATE THOSE THAT ARE NEEDED. LOCAL, REGIONAL AND NATIONAL COMMUNITY DEVELOPMENT INITIATIVES THAT EXPAND RESOURCES AND POLICY DEVELOPMENT, OFFER SUSTAINED BENEFIT TO COMMUNITY PLANNING AND BROADEN PARTICIPATION OF COMMUNITY INSTITUTIONS AND LEADERS, ARE PRIORITIES.

WHILE THE HHS DOCUMENT OUTLINES AN INTEGRATED SERVICE PATTERN FOR AFRICAN AMERICANS, IT ALSO MAKES CLEAR THAT MANY PREVENTION INITIATIVES ARE RECENT ADDITIONS. IN THE AREAS OF RESEARCH AND CARE, COMMUNITY RESPONSE INDICATES A NEED FOR IMPROVED OUTREACH AND RECRUITMENT EFFORTS. MOREOVER, THE HHS DOCUMENT DOES NOT PROVIDE SUBSTANTIVE SUPPORT FOR INTERNAL DEVELOPMENT OR SUSTAINING CURRENT COMMUNITY DEVELOPMENT INITIATIVES.

THE OFFICE OF MINORITY HEALTH (OMH) **+10 MILLION**

OMH MUST BE ALLOCATED THE RESOURCES THAT ARE NECESSARY TO FULLY CARRY OUT ITS MANDATED ROLE. IF THERE WAS EVER A TIME FOR THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON

MINORITY HEALTH TO SERVE AS A TRUE FORCE IN ENDING AMERICAS RACIAL DISPARITIES IN PUBLIC HEALTH, CARE AND SERVICES, THE TIME IS NOW.

THE CONGRESSIONAL BLACK CAUCUS RECOMMENDS THAT THE OFFICE OF MINORITY HEALTH ASSUME SOME OF THE GRANT AND FUNDING RESPONSIBILITY FOR COMMUNITY PLANNING AND DEVELOPMENT IN CONJUNCTION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, HRSA AND THE NIH, FOR THE BLACK COMMUNITY, AND THEN USE ITS LEGISLATIVE MANDATE TO REPLICATE PROGRAMS THAT HAVE MERIT IN OTHER ETHNIC MINORITY COMMUNITIES.

COMMUNITY DEVELOPMENT GRANTS **$1.2 MILLION**

IN 1998, THE OFFICE OF MINORITY HEALTH, IN CORPORATION WITH THE CDC, NIH AND SAMHSA SHOULD JOINTLY ESTABLISH THREE (3) GRANTS FOR APPROXIMATELY $320,000 EACH, UNDER A NEW COMMUNITY DEVELOPMENT INITIATIVE. THE GOAL IS TO ESTABLISH LOCAL BLACK PUBLIC HEALTH AWARENESS COALITIONS IN TARGETED COMMUNITIES AT HIGH RISK OF HIV AND AIDS, TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASES, INFANT MORTALITY AND DRUG ABUSE. THE COALITIONS WILL BE COORDINATED BY A NATIONAL, REGIONAL ENTITY AND SERVE TO ORGANIZE, EDUCATE, DEVELOP AND PROVIDE TECHNICAL ASSISTANCE TO INDIGENOUS COMMUNITY LEADERS FOR THE PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH IN TARGETED COMMUNITIES. GRANTS WILL FOCUS ON THE SUSTAINED AND COORDINATED MOBILIZATION EFFORTS, LOCAL PROGRAM AND POLICY DEVELOPMENT ASSISTANCE, TARGETING A COALITION CONSISTING OF LOCAL CLERGY, ELECTED OFFICIALS, SOCIAL POLICY EXPERTS, BUSINESS AND MEDIA LEADERSHIP.

THESE FUNDS WILL BE USED TO ESTABLISH COMMUNITY BASED COALITIONS IN PUBLIC HEALTH AND AIDS IN COMMUNITIES OF AFRICAN DESCENT, AND WILL NOT RENDER OR DISPLACE DIRECT SERVICE ORGANIZATIONS, BUT WILL SERVE TO ENHANCE ANY AND ALL COMMUNITY EFFORTS, INCLUDING THE COORDINATION OF LOCAL PRIVATE FUNDING,EDUCATION AND SUPPORT FOR COMMUNITY AGENCIES WHILE RENDERING TECHNICAL ASSISTANCE IN ALL AREAS WHERE NECESSARY.

THE PROVISION OF SUPPORT FOR ON GOING COMMUNITY EFFORTS, WILL BROADEN LEADERSHIP PARTICIPATION, NEW OPPORTUNITIES FOR FUNDING AND THE ASSESSMENT OF NEEDS WHILE EDUCATING LEADERS WHO WILL EDUCATE THEIR CONSTITUENCY. AN ADDITIONAL $210,000

SHOULD BE TARGETED TO FUND COMMUNITY LEADERSHIP NEEDS ASSESSMENTS AND PROVIDE A FORMAL EVALUATION PROCESS FOR PROGRAM INITIATIVES.

COMMUNITY DEVELOPMENT /TECHNICAL ASSISTANCE **+$5 MILLION**

A JOINT EFFORT BETWEEN THE OFFICE OF MINORITY HEALTH, NIH/SAMSHA/HRSA AND THE CDC TO AWARD $5 MILLION PER YEAR FOR COMMUNITY DEVELOPMENT GRANTS TO 40 AFRICAN AMERICAN COMMUNITIES IN AREAS HIGHLY IMPACTED BY HIV AND AIDS. THE FUNDS WILL SUPPORT COMMUNITY-WIDE NEEDS ASSESSMENTS AND A PLANNING PROCESS FOR HIV, SUBSTANCE ABUSE AND STD PREVENTION, TREATMENT, CARE AND SUPPORTIVE SERVICES, FOR THOSE INFECTED, OR AFFECTED BY HIV/AIDS. FUNDING WOULD ALSO ENABLE THESE COMMUNITIES TO IMPLEMENT THE PLAN AND BEGIN THE PROCESS OF SERVICE DEVELOPMENT. THE GRANTS MUST BE AWARDED FOR A MINIMUM OF THREE YEARS TO ALLOW FOR CONTINUITY OF SERVICE PLANNING, DEVELOPMENT AND IMPLEMENTATION.

COMPREHENSIVE MULTI-YEAR ACTION PLAN TO START IN FISCAL YEAR 1999
(IN addition TO THE DHHS PREVIOUSLY IDENTIFIED PROJECTS)

TECHNICAL ASSISTANCE, INFRASTRUCTURE AND CAPACITY BUILDING MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS GRANT PROGRAM (CDC) **+$3.1 MILLION**

CDC TO ESTABLISH A $3.1 MILLION GRANT PROGRAM TO FUND TECHNICAL ASSISTANCE AND HIV PREVENTION CAPACITY BUILDING ACTIVITIES TARGETED TO AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS. THIS PROGRAM WILL FUND APPROXIMATELY 3 MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS WITH GRANTS AVERAGING $200,000 EACH TO PROVIDE TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS (CBOs) THAT QUALIFIED UNDER THE CDC'S ANNOUNCEMENT NUMBER 704 GRANT PROGRAM, TO ASSIST THEM IN ENHANCING THEIR ABILITY TO COMPETE MORE EFFECTIVELY.

AT LEAST 100 ORGANIZATIONS WILL RECEIVE THE TECHNICAL ASSISTANCE NEEDED TO IMPROVE AND INCREASE THEIR CAPACITY IN GRANT WRITING SKILLS, ORGANIZATIONAL MANAGEMENT AND INFRASTRUCTURE, PROGRAM DESIGN AND EVALUATION, ETC.

FOLLOWING COMPLETION OF THE TECHNICAL ASSISTANCE EACH ORGANIZATION WILL RECEIVE A $25,000 PLANNING GRANT TO PLAN, DEVELOP AND DESIGN HIV PREVENTION INTERVENTION PROGRAMS TARGETED TO AFRICAN AMERICAN SUB POPULATIONS.

DEVELOPMENT OF TECHNICAL ASSISTANCE PROGRAMS (CDC, SAMHSA, HRSA) **+$2.5 MILLION**

ESTABLISH A FUNDING MECHANISM TO AWARD APPROXIMATELY 100 INDIVIDUAL COMMUNITY BASED ORGANIZATIONS TO OBTAIN SMALL GRANTS FOR ORGANIZATIONAL INFRASTRUCTURE SUPPORT AND DEVELOPMENT FOR TARGETED NEEDS SUCH AS INTERNAL FINANCIAL SYSTEMS, PUBLIC AND PRIVATE SECTOR FUND DEVELOPMENT, PROGRAM PLANNING, MANAGERIAL STAFF AND BOARD DEVELOPMENT. THESE GRANTS WOULD ALLOW ORGANIZATIONS TO PURCHASE SPECIFIC TECHNICAL ASSISTANCE AND TO SUBSEQUENTLY HIRE STAFF TO CARRY OUT AND STRENGTHEN ORGANIZATIONAL FUNCTIONING IN THE SPECIFIED AREAS. THESE GRANTS SHOULD BE TARGETED TO INDIVIDUAL ORGANIZATIONS AND ALSO INCLUDE SUPPORT FOR LOCAL AND REGIONAL AFRICAN AMERICAN AIDS SPECIFIC COALITIONS/GROUPS TO

PROVIDE AND MAINTAIN LOCAL TECHNICAL ASSISTANCE TO THESE ORGANIZATIONS.

TARGETED PLANNING GRANTS UNDER TITLE III RYAN WHITE

INCREASE THE NUMBER OF TARGETED PLANNING GRANTS UNDER TITLE III OF THE RYAN WHITE CARE ACT, TO BUILD NEW CAPACITY FOR PRIMARY CARE PROVIDERS IN AFRICAN AMERICAN COMMUNITIES TO LINK WITH AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS TO DELIVER NEEDED HEALTH CARE SERVICES. THESE GRANTS WOULD AVERAGE BETWEEN $75,000-100,000. GRANTEES WOULD BE RESPONSIBLE FOR DEVELOPING NECESSARY ASSESSMENTS OF THE PRIMARY CARE NEEDS OF CONSUMERS AND PROVIDERS IN THE AREA; DEVELOPING EPIDEMIOLOGICAL PROFILES OF THE SERVICE AREA; DEVELOPING LINKAGES WITH CBOS AND PROVIDERS IN THE AREA; AND PROVIDING ASSISTANCE TO CBOS TO DEVELOP THEIR CAPACITY TO DIVERSIFY THEIR FUNDING BASE AND ACCESS PRIVATE OR PUBLIC THIRD PARTY REIMBURSEMENT (SUCH MEDICAID) TO MEET THE SERVICE NEEDS OF THE CONSUMERS. THE ADMINISTRATION SHOULD PURSUE THE LEGISLATIVE CHANGES NECESSARY TO INCREASE THE LEVEL OF FUNDING FOR THESE PLANNING GRANTS.

INCREASE THE PARTICIPATION OF AFRICAN AMERICAN HEALTH CARE PROFESSIONALS IN PROVIDING HIV CARE IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES (HRSA) **+$9 MILLION**

HRSA TO FUND A PROGRAM THROUGH THE NATIONAL MEDICAL ASSOCIATION, AND OTHER NATIONAL AFRICAN AMERICAN PROFESSIONAL HEALTH AND MENTAL HEALTH ORGANIZATIONS TO DEVELOP, SUPPORT AND ENHANCE SYSTEMS OF RECRUITMENT, REFERRAL AND PLACEMENT OF AFRICAN AMERICAN HEALTH AND MENTAL HEALTH CARE PROFESSIONALS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES. THESE WOULD INCLUDE SPECIALISTS IN HIV CARE, INFECTIOUS DISEASES, COMMUNITY HEALTH, INTERNAL MEDICINE, AS WELL AS NURSES, PHYSICIAN EXTENDERS AND MENTAL HEALTH PROVIDERS. PARTICIPANTS WOULD RECEIVE EDUCATIONAL LOAN FORGIVENESS ALONG THE LINES OF THE NATIONAL HEALTH SERVICE CORP. LOAN REPAYEE PROGRAM FOR WORKING IN AFRICAN AMERICAN COMMUNITIES HIGHLY IMPACTED BY HIV/AIDS. FUNDING FOR THIS PROGRAM SHOULD BE CHANNELED THROUGH THE PROGRAMS SUCH AS THE PRESIDENTS RACE INITIATIVE TO REDUCE HIV/AIDS HEALTH DISPARITIES AMONG AFRICAN AMERICANS.

TRAINING LAY COMMUNITY HEALTH WORKERS

WITHIN 90 DAYS THE SECRETARY OF HEALTH AND HUMAN SERVICES AND THE SECRETARY OF LABOR ARE TO DEVELOP A PLAN AND BUDGET TO BE PRESENTED TO THE CONGRESSIONAL BLACK CAUCUS TO CREATE A PROGRAM JOINTLY FUNDED BY THE DEPARTMENT OF LABOR AND HHS, THROUGH HRSAs BUREAU OF HEALTH PROFESSIONALS TO SUPPORT CONTRACTS FOR PROGRAMS TO TRAIN LOCAL COMMUNITY MEMBERS AS COMMUNITY HEALTH WORKERS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES.

THE GRANTS SHOULD SEEK TO BUILD ON THE CAPACITY AND STRENGTHS OF NATIONAL, REGIONAL AND LOCAL AFRICAN AMERICAN ORGANIZATIONS WITH A HISTORY AND TRADITION OF DEVELOPING AND IMPLEMENTING MODEL EMPLOYMENT PROGRAMS IN COMMUNITIES OF COLOR. TO MAXIMIZE THE IMPACT OF THESE INITIATIVES ON SUSTAINED COMMUNITY DEVELOPMENT, THE GRANTS SHOULD SUPPORT, TRAINING AND EMPLOYMENT TO PARTICIPANTS IN WELFARE REFORM PROGRAMS IN LOCAL COMMUNITIES.

ORGANIZATIONS SUCH AS THE NATIONAL URBAN LEAGUE COULD DEVELOP AND IMPLEMENT MODEL PROGRAMS THROUGH THEIR LOCAL AFFILIATES WHO WOULD FORM AGREEMENTS WITH LOCAL COMMUNITY CHURCHES, BUSINESS AND CIVIC GROUPS. THESE INSTITUTIONS WOULD SUPPORT RECRUITMENT, PROVIDE DAYCARE FACILITIES, COUNSELING AND OTHER ANCILLARY SERVICES TO THE TRAINEES.

TECHNICAL ASSISTANCE ACADEMY
(CDC, HRSA, SAMHSA) **+$750,000**

OVER THE PAST TWO DECADES, AFRICAN AMERICAN LEADERS IN HIV/AIDS HAVE DEVELOPED TECHNICAL EXPERTISE IN A RANGE OF SERVICE DELIVERY AND MANAGEMENT AREAS. EFFORTS MUST BE MADE TO CAPITALIZE ON THE EXPERTISE OF THOSE WHO HAVE SUCCESSFULLY DEVELOPED, DESIGNED AND IMPLEMENTED A WIDE ARRAY OF EFFECTIVE HIV AND SUBSTANCE ABUSE PREVENTION, CARE, TREATMENT, SUPPORT AND COMMUNITY DEVELOPMENT PROGRAMS IN AFRICAN AMERICAN COMMUNITIES.

THE CDC, IN COLLABORATION WITH HRSA AND SAMHSA, SHOULD DEVELOP A TECHNICAL ASSISTANCE ACADEMY THAT RECRUITS, COORDINATES AND UTILIZES THE SERVICES OF THE AFRICAN AMERICAN HIV/AIDS EXPERTS AND LEADERS TO SHARE THEIR KNOWLEDGE AND EXPERTISE WITH EMERGING ORGANIZATIONS THROUGH THE PROVISION OF HANDS-ON TECHNICAL ASSISTANCE TO SUPPORT ORGANIZATIONAL

INFRASTRUCTURE DEVELOPMENT, AND PROGRAM IMPLEMENTATION.

THE ACADEMY WOULD RECRUIT AFRICAN AMERICAN HIV/AIDS EXPERTS AND LEADERSHIP WHO HAVE DEMONSTRATED SUCCESS AND SKILL IN PROGRAM DESIGN AND DEVELOPMENT, EVALUATION, ORGANIZATIONAL AND FINANCIAL MANAGEMENT, AND COMMUNITY DEVELOPMENT, AND WHO HAVE THE WILLINGNESS AND CAPACITY TO PROVIDE SUCH TECHNICAL ASSISTANCE TO SMALLER LOCAL AND REGIONAL IN COMMUNITIES HARDEST HIT BY HIV/AIDS.

TECHNICAL ASSISTANCE TO INTEGRATE BEHAVIORAL SCIENCE IN PROGRAM PLANNING (CDC & SAMHSA) **+$1.7 MILLION**

THE CDC AND SAMHSA TO AWARD 5 DEMONSTRATION GRANTS TO MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS TO PROVIDE TRAINING, TECHNICAL ASSISTANCE AND/OR DIRECT SUPPORT TO ENHANCE AND BUILD THE CAPACITY OF AFRICAN AMERICAN CBOs TO INTEGRATE BEHAVIORAL SCIENCE AND EPIDEMIOLOGICAL FINDINGS TO DESIGN, IMPLEMENT AND EVALUATE EFFECTIVE HIV PREVENTION INTERVENTION PROGRAMS.

BUILDING AND SUSTAINING HIV SERVICE INFRASTRUCTURE IN AFRICAN AMERICAN COMMUNITIES (CDC, HRSA & SAMHSA) **+15 MILLION**

THROUGH JOINT FUNDING NIH, CDC, HRSA & SAMHSA, WILL ESTABLISH A THREE YEAR CONTINUING FUNDING GRANT PROGRAM TO PROVIDE TAILORED AND TARGETED TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS TO BUILD AND SUSTAIN HIV SERVICE CAPACITY. NATIONAL, REGIONAL AND LOCAL MINORITY TECHNICAL ASSISTANCE WOULD RECEIVE GRANTS TO PROVIDE TECHNICAL ASSISTANCE TO AFRICAN AMERICAN CBOs IN HIGHLY IMPACTED AREAS OF THE COUNTRY AND THOSE AREAS WHERE THERE ARE EMERGING EPIDEMICS OF HIV, STDS, AND SUBSTANCE ABUSE YET HAVE LIMITED HIV PREVENTION, TREATMENT AND CARE CAPACITY. THE TECHNICAL ASSISTANCE WOULD BE GEARED TO ASSIST CBOs TO DEVELOP AND SUSTAIN SKILLS AND INFRASTRUCTURE IN ORGANIZATIONAL AND FINANCIAL MANAGEMENT, BOARD DEVELOPMENT, FUNDRAISING, AND COMMUNICATIONS TECHNOLOGY.

THE PROGRAM WILL INCLUDE A COMPREHENSIVE ORGANIZATIONAL EVALUATION AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT; PROVISION OF HANDS ON TECHNICAL ASSISTANCE OVER A PERIOD OF 4-6 WEEKS AND PERIODIC FOLLOW UP AT 3 MONTH, SIX MONTH AND ANNUAL INTERVALS TO ASSURE APPLICATION AND INTEGRATION OR THE

TECHNICAL ASSISTANCE RECEIVED INTO ORGANIZATIONAL AND PROGRAM OPERATIONS.

EACH ORGANIZATION WILL BE PROVIDED TECHNICAL ASSISTANCE AND BE FOLLOWED UP FOR A PERIOD OF AT LEAST TWO YEARS TOTAL. THIS GRANT PROGRAM WILL ALSO ENABLE CBOs THAT ARE RECEIVING THE TECHNICAL ASSISTANCE TO EXPAND THEIR CAPACITY BY PROVIDING FUNDS TO ALLOW THEM TO HIRE KEY FISCAL AND MANAGEMENT PERSONNEL WHO WOULD CARRY OUT THE FUNCTIONS TO WHICH THE TECHNICAL ASSISTANCE WAS TARGETED.

HIV CARE CAPACITY PLANNING GRANTS HRSA **+$3 MILLION**

ESTABLISH A GRANT PROGRAM TO PROVIDE AT LEAST $3 MILLION FOR 30-40 TARGETED SUPPLEMENTAL PLANNING GRANTS TO BUILD NEW CAPACITY FOR HEALTH CARE PROVIDER ORGANIZATIONS SERVING AFRICAN AMERICAN COMMUNITIES TO PROVIDE HIV/AIDS SERVICES. THE PURPOSE OF THESE GRANTS WOULD BE TO BUILD PRIMARY CARE CAPACITY IN URBAN, SUBURBAN AND RURAL AREAS THAT HAVE HIGH NEEDS AND INADEQUATE PRIMARY CARE CAPACITY TO PROVIDE HIV/AIDS PREVENTION, COUNSELING.

TESTING, DIAGNOSTIC AND EARLY INTERVENTION AND TREATMENT SERVICES. THESE GRANTS SHOULD BE TARGETED TO TITLE III PROVIDERS, 330 CLINICS, RURAL HEALTH CLINICS AND COMMUNITY-BASED ORGANIZATIONS IN AFRICAN AMERICAN COMMUNITIES THAT ARE HIGHLY IMPACTED BY HIV/AIDS AND COMMUNITIES WHERE THE EPIDEMIC IS EMERGING AND SPREADING RAPIDLY. COMMUNITIES SHOULD BE SELECTED BASED ON MARKERS WHICH INCLUDE AREAS EXPERIENCING HIGH RATES OF HIV INFECTIONS, STDS, (INCLUDING SYPHILIS, CHLAMYDIA AND RECTAL GONORRHEA), SUBSTANCE ABUSE (INCLUDING CRACK COCAINE AND INJECTING DRUG USE), TEEN PREGNANCY, LATE OR NO PRENATAL CARE, AND HIGH RATES OF PERINATAL TRANSMISSION OF HIV.

SUSTAINED HIV PREVENTION INTERVENTIONS FOR AFRICAN AMERICAN WOMEN (CDC & SAMHSA) **+$10 MILLION**

CDC AND SAMHSA TO JOINTLY FUND A +$10 MILLION NATIONAL INITIATIVE FOCUSED ON SUSTAINED HIV PREVENTION INTERVENTIONS TARGETED TO AFRICAN AMERICAN FEMALES THAT ADDRESS THE FACTORS WHICH PLACE WOMEN AT HIGHER RISK OF HIV INFECTION INCLUDING SUBSTANCE ABUSE, POVERTY, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND LOW SELF ESTEEM. THIS INITIATIVE SHOULD PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN, OWNED AND OPERATED,

COMMUNITY-BASED ORGANIZATIONS WITH A COMMITMENT AND HISTORY OF PROVIDING SERVICES TO AFRICAN AMERICAN WOMEN AND FAMILIES. THE INITIATIVE SHOULD BE BASED ON EXISTING BEHAVIORAL SCIENCE KNOWLEDGE OF HIV/AIDS RISK FACTORS AND EFFECTIVE INTERVENTION STRATEGIES, AS WELL AS THE RECOMMENDATIONS OF CDCs FOCUS GROUPS ON AFRICAN AMERICANS. TARGET POPULATIONS SHOULD INCLUDE: BOTH RURAL AND URBAN YOUNG AFRICAN AMERICAN WOMEN AT RISK THROUGH SEXUAL CONTACT; ADOLESCENT FEMALES AT RISK THROUGH SEXUAL BEHAVIORS, INCLUDING EXCHANGE OF SEX FOR MONEY OR DRUGS AND UNPROTECTED SEX WITH AN HIV POSITIVE MAN; ADOLESCENT AND YOUNG WOMEN AT RISK DUE TO DRUG USE; AS WELL AS PREGNANT AND PARENTING YOUNG WOMEN AND THEIR MALE SEXUAL PARTNERS IN URBAN AND RURAL AREAS. INTERVENTIONS SHOULD BE TAILORED BY AGE, SOCIO-DEMOGRAPHIC AND RISK EXPOSURE FACTORS TO AFRICAN AMERICAN WOMEN WITHIN THE CHILDBEARING AGES OF 15-44 AND OLDER WOMEN (45 AND UP) AT RISK OF HIV INFECTION.

IN ADDITION, FUNDS SHOULD BE TARGETED TO ORGANIZATIONS IN AREAS WITH HIGH HIV INCIDENCE AMONG AFRICAN AMERICAN ADOLESCENTS, YOUNG WOMEN AND WOMEN IN GEOGRAPHIC AREAS SUCH AS THE SOUTH, WHERE HIV/AIDS AND STDS AMONG WOMEN (PARTICULARLY YOUNG WOMEN), IS INCREASING RAPIDLY.

NATIONAL INITIATIVE TO REDUCE HIV INFECTION AMONG GAY AFRICAN AMERICAN MEN (CDC, SAMHSA & OMH) **+ $5 MILLION**

CDC, SAMHSA AND OMH WILL JOINTLY FUND A NATIONAL INITIATIVE TO REDUCE HIV INFECTION AMONG GAY AFRICAN AMERICAN MEN, WHICH INCORPORATES THE ELEMENTS OF HIV/AIDS RISK REDUCTIONS THAT HAVE PROVEN EFFECTIVE AMONG GAY AFRICAN AMERICAN MEN. THIS INITIATIVE WOULD PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN ORGANIZATIONS WITH A HISTORY OF SERVICE TO GAY MEN AND EMERGING ORGANIZATIONS THAT ARE SERVING GAY MEN OF AFRICAN DESCENT.

INTEGRATION OF STDS, HIV, TB, SA PREVENTION AND TREATMENT DEMONSTRATION PROGRAMS (CDC, SAMHSA, HRSA) **+$12 MILLION**

ESTABLISH A JOINTLY FUNDED PROGRAM TO SUPPORT A MINIMUM OF 15 DEMONSTRATION PROGRAMS (WITH APPROXIMATELY 5 PROGRAMS IN RURAL AREAS) TO INTEGRATE THE PLANNING AND PROVISION OF HIV, STD, TB AND SUBSTANCE ABUSE PREVENTION AND TREATMENT

SERVICES. HISTORICALLY BLACK COLLEGES WITH MEDICAL SCHOOLS AND HEALTH CARE PROFESSIONAL ARE TO BE INTEGRATED INTO THESE DEMONSTRATION PROJECTS, PARTICULARLY IN THE RURAL AND SOUTHERN AREAS OF THE COUNTRY. PROGRAM GRANTS WOULD RANGE FROM $750,000 TO $1 MILLION, EACH.

REGIONAL TREATMENT PEER EDUCATOR TRAINING INSTITUTE (HRSA) **$4.1 MILLION**

ESTABLISH A PROGRAM TO FUND 6 NATIONAL/REGIONAL TRAINING INSTITUTES TO PROVIDE INTENSIVE 2 WEEK TRAINING AND SKILLS DEVELOPMENT EDUCATION FOR COMMUNITY-BASED ORGANIZATIONS TO DEVELOP AND IMPLEMENT PEER LED TREATMENT EDUCATION AND ADHERENCE SUPPORT PROGRAMS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES.

THESE PROGRAMS WILL ALSO PROVIDE TRAINING FOR THE PEER EDUCATORS AND FOLLOW UP TECHNICAL ASSISTANCE TO SUPPORT PROGRAMS IN THE IMPLEMENTATION OF THE PEER EDUCATION PROGRAMS. THEY WILL ALSO PROVIDE PERIODIC UPDATE TRAINING TO PROGRAMS AND PEER EDUCATORS TO KEEP THEM ABREAST OF NEW TREATMENT INFORMATION AND DEVELOPMENTS. ON AN ANNUAL BASIS THE INSTITUTES WILL PROVIDE TECHNICAL ASSISTANCE TO AT LEAST 200 COMMUNITY BASED ORGANIZATIONS AND TRAINING TO AT LEAST 1,200 PEER EDUCATORS.

SUPPORTING COMMUNITY BASED OUTREACH AND TREATMENT EDUCATION PROGRAMS (HRSA) **+$3 MILLION**

HRSA SHOULD DEVELOP A GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS FOR COMPREHENSIVE OUTREACH AND TREATMENT EDUCATION PROGRAMS TARGETED TO AFRICAN AMERICANS. THE GOALS OF THIS INITIATIVE ARE TO: INCREASE HIV/AIDS TREATMENT KNOWLEDGE AND THE BENEFITS OF KNOWING ONE'S HIV STATUS EARLY; SUPPORT INDIVIDUAL DECISION-MAKING ON TREATMENT OPTIONS AND SUPPORT TREATMENT ADHERENCE FOR PERSONS ON ANTIRETROVIRAL THERAPIES.

DEVELOP USER FRIENDLY GUIDES TO CLINICAL CARE SERVICES (HRSA)

HRSA WILL DEVELOP A PLAN AND BUDGET TO DEVELOP CULTURALLY COMPETENT GUIDES IN VARIOUS MEDIA (PRINT, AUDIOVISUAL) TO ADDRESS THE LANGUAGE AND LITERACY CAPACITY OF THE POPULATIONS TO BE REACHED, INCLUDING AFRICAN AMERICAN WOMEN, MEN AND YOUTH.

QUALITY OF CARE INITIATIVES

THE SECRETARY OF HEALTH AND HUMAN SERVICES SHOULD REQUEST THAT WITHIN 90 DAYS HRSA PROVIDE A DETAILED PLAN OF ITS EFFORTS TOWARD CLOSING THE DISPARITY IN ACCESS TO QUALITY HIV/AIDS HEALTH CARE AND HIV/AIDS HEALTH OUTCOMES CURRENTLY BEING EXPERIENCED BY AFRICAN AMERICANS LIVING WITH HIV/AIDS.

THIS PLAN MUST ADDRESS:

1) THE CAPACITY OF HRSA'S CURRENT AND FUTURE DATA COLLECTION EFFORTS TO PROVIDE RELEVANT INFORMATION ABOUT THE CAUSES OF DISPARATE HEALTH OUTCOMES AMONG AFRICAN AMERICANS LIVING WITH HIV/AIDS;

2) AN OUTLINE OF SPECIFIC HRSA INITIATIVES AND STRATEGIES DESIGNED TO ENHANCED HRSA'S CAPACITY TO PROVIDE SPECIFIC RECOMMENDATIONS TO HHS, STATE AND TERRITORY PUBLIC HEALTH OFFICIALS, HEALTH CARE PROFESSIONALS, AND RYAN WHITE CARE ACT GRANTEES REGARDING METHODS AND STRATEGIES TO IMPROVE HIV/AIDS HEALTH OUTCOMES AMONG AFRICAN AMERICANS; AND

3) RECOMMENDATIONS REGARDING CORRECTIVE ACTIONS TO BE UNDERTAKEN BY HHS AND/OR HRSA TO ENSURE THAT: 1) AFRICAN AMERICANS EQUITABLY RECEIVE HIV/AIDS CLINICAL CARE THROUGH RYAN WHITE CARE ACT FUNDED PROGRAMS; 2) IN EMAs, STATES AND TERRITORIES WHERE SIGNIFICANT DISPARITIES ARE IDENTIFIED, THAT CARE ACT PROGRAMS AND GRANTEES IN THOSE AREAS BE REQUIRED TO DEMONSTRATE SIGNIFICANT IMPROVEMENTS IN THE HEALTH STATUS OF AFRICAN AMERICAN PATIENTS LIVING WITH HIV/AIDS; AND 3) HRSA HAS THE CAPACITY TO ASSIST THE AFOREMENTIONED COMMUNITIES IN ITS EFFORTS TO IMPROVE HEALTH OUTCOMES FOR AFRICAN AMERICANS.

ADHERENCE RESEARCH

FUND DEMONSTRATION PROJECTS TO BE CARRIED OUT IN HIV/AIDS AND SUBSTANCE ABUSE TREATMENT FACILITIES IN AFRICAN AMERICAN COMMUNITIES HIGHLY IMPACTED BY HIV/AIDS. THE PURPOSE OF THESE PROJECTS IS TO EXPLORE DIFFERENT APPROACHES TO INCREASE AND SUPPORT PATIENT ADHERENCE TO HIGHLY AGGRESSIVE ANTIRETROVIRAL THERAPY (HAART) BY SUBSTANCE ABUSERS.

RESEARCH ACTIVITIES RELATED TO ADHERENCE SHOULD ALSO FOCUS ON

WOMEN AND MEN WHO ARE NOT SUBSTANCE ABUSERS, BUT ALSO HAVE COMPLEX LIFE SITUATIONS THAT IMPACT ON THEIR ABILITY TO ADHERE TO HAART AND OTHER HIV/AIDS THERAPIES.

MULTI CENTER CLINICAL TRIAL OF A NEW TOPICAL MICROBICIDE

NIH WILL PROVIDE THE NECESSARY FUNDING AND SUPPORT TO ACCELERATE THE DEVELOPMENT AND APPROVAL OF A NEW TOPICAL MICROBICIDE THAT IS AFFORDABLE, ACCESSIBLE AND ACCEPTABLE. IT IS THOUGHT THAT PROGRESS TOWARDS PRODUCT DEVELOPMENT IN THIS AREA IS 5 YEARS AWAY. CONSIDERING THE INCREASE IN SEXUALLY TRANSMITTED HIV AMONG WOMEN, IT IS CRITICAL TO PROVIDE WOMEN, PARTICULARLY WOMEN OF COLOR WITH FEMALE CONTROLLED METHODS TO PREVENT HIV TRANSMISSION. IT IS THEREFORE, IMPERATIVE TO ACCELERATE THE PRODUCT DEVELOPMENT, APPROVAL AND AVAILABILITY PROCESS. WHERE THERE IS LITTLE INTEREST ON THE PART OF THE PRIVATE SECTOR TO DEVELOP FEMALE CONTROLLED CHEMICAL METHODS TO PREVENT HIV TRANSMISSIONS, THE FEDERAL GOVERNMENT SHOULD SUBSIDIZE THE PRODUCT DEVELOPMENT RESEARCH AND TESTING.

HRSA WILL DEVELOP A GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS. THE PURPOSE OF THIS PROGRAM IS TO CONDUCT EDUCATION AND OUTREACH PROGRAMS TO INCREASE THE ENROLLMENT OF ELIGIBLE AFRICAN AMERICANS IN THE AIDS DRUG ASSISTANCE PROGRAM (ADAP). THE PROGRAM SHOULD FOCUS ON AREAS OF THE COUNTRY WHERE AFRICAN AMERICANS ARE DISPROPORTIONATELY UNDERREPRESENTED IN THE ADAP PROGRAM.

BUILDING STRONGER LINKAGES TO CONTINUITY OF CARE FOR INCARCERATED POPULATIONS (HRSA) **+4.7 MILLION**

FUND DEMONSTRATION PROJECTS, IN EIGHT STATES, TERRITORIES, AND THE DISTRICT OF COLUMBIA, COLLABORATING WITH STATE, LOCAL, AND TERRITORY CORRECTIONAL SYSTEMS TO: TRACK THE IMPACT OF HIV IN THESE SYSTEMS; GUIDE EFFECTIVE PREVENTION AND TREATMENT INTERVENTIONS AND ESTABLISH LINKAGES TO COMMUNITY CARE FOR PERSONS SOON TO BE RELEASED. THESE DEMONSTRATION PROJECTS SHOULD EXTEND TO INCLUDE THE RANGE OF THE CRIMINAL JUSTICE SYSTEM FACILITIES AND PROGRAMS, INCLUDING: CORRECTIONAL FACILITIES; JUVENILE JUSTICE FACILITIES AND THE PROBATION AND PAROLE SYSTEMS. THIS PROJECT WOULD REACH 60% OF THE INCARCERATED POPULATION AND 66% OF REPORTED AIDS CASES IN STATE CORRECTIONAL SYSTEMS.

SUPPORT AND SPONSOR CONFERENCE IN 1999 FOR AFRICAN AMERICAN MEN (CDC, HRSA, OMH, SAMHSA) **+$750,000**

IN ADDITION TO THE CONFERENCE ON WOMEN, SAMHSA, IN COLLABORATION WITH OMH, HRSA AND CDC, WILL FUND A NATIONAL CONFERENCE ON HIV PREVENTION, TREATMENT AND CARE FOR AFRICAN AMERICAN MEN AT RISK FOR AND LIVING WITH HIV/AIDS. THE CONFERENCE SHOULD INCLUDE HIV PREVENTION AND RISK REDUCTION STRATEGIES FOR GAY, BISEXUAL AND HETEROSEXUAL AFRICAN AMERICAN MEN. IT SHOULD ALSO INCLUDE PROGRAMS TO IMPROVE ACCESS TO HIV/AIDS CARE AND DRUG TREATMENT SERVICES FOR HIV+ AFRICAN AMERICAN MEN. THE GOAL OF THIS CONFERENCE IS TO DECREASE HIV INCIDENCE AND MORTALITY AND TO IMPROVE THE HEALTH OUTCOMES AND QUALITY OF LIFE AMONG THIS POPULATION.

REPORT TO THE CBC ON SUBSTANCE ABUSE TREATMENT EXPANSION

WITHIN 90 DAYS, SAMHSA AND RELATED ENTITIES, SUCH AS THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), WILL PROVIDE A REPORT TO THE CONGRESSIONAL BLACK CAUCUS ON THE EXPANSION OF SUBSTANCE ABUSE TREATMENT. THIS REPORT SHOULD ASSESS THE NEED FOR ADDITIONAL DRUG TREATMENT SLOTS IN HIGHLY IMPACTED AREAS WHERE SUBSTANCE USE/ABUSE IS DIRECTLY OR INDIRECTLY FUELING THE HIV EPIDEMIC AMONG AFRICAN AMERICANS. THE REPORT SHOULD INCLUDE: AN ESTIMATE OF THE NUMBER OF ACTIVE INTRAVENOUS DRUG USERS, AND CRACK COCAINE USERS; THE CURRENT TREATMENT CAPACITY AND THE NUMBER OF NEW TREATMENT SLOTS NECESSARY TO EFFECTIVELY ADDRESS THE NEEDS THAT EXISTS IN AFRICAN AMERICAN COMMUNITIES THAT ARE HIGHLY IMPACTED BY THE DUAL EPIDEMICS OF HIV AND SUBSTANCE ABUSE. THIS REPORT SHOULD ALSO INCLUDE AN ESTIMATE OF THE LEVEL OF FUNDING NEEDED FOR THE DEVELOPMENT AND EXPANSION OF SUBSTANCE ABUSE TREATMENT CAPACITY IN THESE COMMUNITIES AS WELL AS A PLAN TO IMPLEMENT SUBSTANCE ABUSE TREATMENT CAPACITY EXPANSION IN THESE COMMUNITIES.

THE REPORT SHOULD OUTLINE THE LEVEL OF FUNDS NEEDED TO INCREASE THE NUMBER OF AVAILABLE DRUG TREATMENT SLOTS BY 50 PERCENT BY THE YEAR 2000, AND 75 PERCENT BY THE YEAR 2003.

REPORT TO THE CBC ON THE HIV SET ASIDE

WITHIN 90 DAYS, SAMHSA IS TO PROVIDE A DETAILED REPORT TO THE CONGRESSIONAL BLACK CAUCUS. THIS REPORT WILL DETAIL HOW THE HIV SET-ASIDE, IN THE SUBSTANCE ABUSE PERFORMANCE PARTNERSHIP BLOCK GRANT TO STATES AND TERRITORIES, IS BEING EXPENDED ON A

STATE BY STATE BASIS TO: 1) PROVIDE SERVICES WHICH WILL REDUCE THE SPREAD OF HIV AMONG SUBSTANCE ABUSERS AND THEIR SEX AND NEEDLE SHARING PARTNERS; AND 2) EARLY INTERVENTIONS TO IMPROVE THE QUALITY OF LIFE FOR SUBSTANCE ABUSERS LIVING WITH HIV/AIDS, TO SLOW THE PROGRESSION OF DISEASE IN HIV POSITIVE SUBSTANCE ABUSERS, AND TO PREVENT THE ONSET OF LIFE THREATENING ILLNESSES AMONG SUBSTANCE ABUSERS.

EXPAND COMPREHENSIVE SUBSTANCE ABUSE TREATMENT FACILITIES FOR WOMEN AND THEIR CHILDREN (SAMHSA) **+$50 MILLION**

SAMHSA WILL MAKE AN ADDITIONAL $50 MILLION IN FUNDS AVAILABLE TO PROVIDE GRANTS TO COMMUNITY-BASED ORGANIZATIONS. THESE GRANTS WILL BE USED TO DEVELOP AND IMPLEMENT COMPREHENSIVE RESIDENTIAL DRUG TREATMENT FACILITIES FOR WOMEN AND THEIR CHILDREN IN COMMUNITIES WHERE THERE IS A HIGH INCIDENCE OF HIV INFECTIONS AMONG AFRICAN AMERICAN WOMEN WHICH ARE DIRECTLY OR INDIRECTLY ATTRIBUTABLE TO SUBSTANCE ABUSE. THESE PROGRAMS SHOULD DEVELOP WOMEN FOCUSED MODELS OF TREATMENT THAT ADDRESS THE COMPLEX FACTORS IN WOMENS' LIVES WHICH MAKE THEM MORE VULNERABLE TO SUBSTANCE ABUSE AND HIV INFECTION. THE PROGRAMS SHOULD ALSO INTEGRATE HIV, STDS AND TB PREVENTION AND TREATMENT SERVICES WITHIN THE DRUG TREATMENT FACILITIES.

INTENSIVE OUTREACH TO SUBSTANCE ABUSERS (SAMHSA) **+$10 MILLION**

SAMHSA WILL ESTABLISH A $10 MILLION GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO SUPPORT 30-35 AFRICAN AMERICAN COMMUNITY-BASED PROGRAMS, NATIONWIDE, TO PROVIDE INTENSIVE OUTREACH, EDUCATION, HIV COUNSELING AND VOLUNTARY TESTING AND DIRECT LINKAGE TO CARE FOR AFRICAN AMERICAN INJECTING DRUG USERS IN COMMUNITIES THAT ARE HIGHLY IMPACTED BY DRUG USE AND HIV/AIDS. THIS EFFORT SHOULD INCLUDE STREET OUTREACH AND SHOULD UTILIZE MOBILE HEALTH UNITS WHERE HIV PREVENTION AND PRIMARY HEALTH SERVICES, AS WELL AS REFERRAL AND LINKAGE TO DRUG TREATMENT PROGRAMS, CAN BE PROVIDED ON SITE.

BUILDING HIV CLINICAL CARE RESEARCH CAPACITY IN AFRICAN AMERICAN COMMUNITIES - COMMUNITY PROGRAMS FOR CLINICAL RESEARCH ON AIDS (CPCRA)- NIH

THE AVAILABILITY OF RESEARCH PARTICIPATION OFTEN MEANS THE DIFFERENCE BETWEEN RECEIVING NO CARE/INADEQUATE CARE AND RECEIVING COMPETENT CARE. CLINICIANS AND THEIR PATIENTS, WHO

HAVE ACCESS TO CLINICAL RESEARCH. ALSO TEND TO HAVE BETTER ACCESS TO NEWER AND MORE EFFECTIVE DIAGNOSTIC TOOLS, MONITORING TOOLS AND THERAPIES. HOWEVER, THIS CANNOT BE ACHIEVED WHEN HIV CLINICAL RESEARCH IS ONLY LOCATED ON ACADEMIC AGENCIES OR IN TEACHING HOSPITALS.

THE CPCRA HAS SIGNIFICANTLY MORE REPRESENTATION AMONG MINORITIES, WOMEN, AND FORMER INJECTING DRUG USERS THAN THE AIDS CLINICAL TRIAL GROUP (ACTG). HOWEVER, IT HAS FALLEN FAR SHORT OF INCREASING THE PARTICIPATION OF AFRICAN AMERICAN PATIENTS AND RESEARCHERS IN THE CPCRA.

TO EXPAND THE AVAILABILITY OF COMPETENT AND EFFECTIVE HIV THERAPIES, THERE MUST ALSO BE A CONCOMITANT EXPANSION OF THE AVAILABILITY OF PARTICIPATION IN CLINICAL RESEARCH BY AFRICAN AMERICAN PATIENTS AND THEIR CARE GIVERS. THIS CAN ONLY BE ACHIEVED BY:

1) INCREASING THE PARTICIPATION IN HIV CLINICAL RESEARCH OF THOSE INSTITUTIONS KNOWN TO PROVIDE CARE TO AFRICAN AMERICAN PATIENTS. THESE INCLUDE: HEALTH CARE INSTITUTIONS OWNED AND RUN BY AFRICAN AMERICANS; COMMUNITY-BASED HEALTH CARE AGENCIES, LOCATED IN AFRICAN AMERICAN COMMUNITIES WHICH HAVE ACTIVE COMMUNITY ADVISORY BOARDS CONTAINING AFRICAN AMERICANS AND HEALTH CARE AGENCIES ASSOCIATED WITH HISTORICALLY BLACK COLLEGES;

2) PROVIDING AT LEAST FIVE YEARS OF SUPPORT FOR THESE AGENCIES TO ENHANCE THE SUCCESS OF THEIR PARTICIPATION;

3) PROVIDING SUPPORT FOR THOSE SOCIAL SERVICES (SUCH AS CHILD CARE, TRANSPORTATION, AND TOOLS TO AID ADHERENCE TO THESE VERY COMPLICATED THERAPIES) NECESSARY TO ENHANCE THE SUCCESS OF THESE PATIENTS; AND

4) PROVIDING SUPPORT TO AFRICAN AMERICAN RESEARCHERS SO THAT THEY CAN PARTICIPATE WITHOUT THE CONSTANT CONCERN OF HOW TO MAKE UP THE DIFFERENCE BETWEEN THE LOWER REMUNERATION FOR CLINICAL RESEARCH AS COMPARED TO THE HIGHER COMPENSATION FOR CLINICAL CARE.

CONSIDERING THE ISSUES OUTLINED ABOVE, WITHIN 90 DAYS, THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

WILL SUBMIT A REPORT TO THE CONGRESSIONAL BLACK CAUCUS, OUTLINING A PLAN WITH AN ACCOMPANYING BUDGET TO EXPAND THE PARTICIPATION OF AFRICAN AMERICAN CARE PROVIDERS AND PERSONS LIVING WITH HIV/AIDS IN COMMUNITY-BASED HIV CLINICAL RESEARCH.

STRENGTHEN THE ROLE AND AUTHORITY OF THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON MINORITY HEALTH

THE CONGRESSIONAL BLACK CAUCUS REQUESTS THAT THE SECRETARY OF HHS PROVIDE A REPORT WITHIN 90 DAYS, TO OUTLINE A PLAN WITH ACCOMPANYING BUDGET PROPOSALS TO EXPAND AND STRENGTHEN THE ROLE AND AUTHORITY OF THESE TWO IMPORTANT OFFICES IN THE OVERALL STRATEGY TO ADDRESS THIS MAJOR PUBLIC HEALTH EMERGENCY AMONG AFRICAN AMERICANS.

HIV/AIDS ACCESS TO HEALTH CARE SERVICES AND HEALTH OUTCOMES RESEARCH (AHCPR & HCFA)

AHCPR TO FUND RESEARCH PROJECTS THAT ARE SPECIFICALLY DESIGNED TO ASSESS THE QUALITY OF CARE FOR THE PURPOSE OF IMPROVING HEALTH OUTCOMES IN THE AFRICAN AMERICAN COMMUNITY. SUCH WORK MUST BE CARRIED OUT WITH THE DIRECT PARTICIPATION OF AFRICAN AMERICAN ORGANIZATIONS INCLUDING: THE NATIONAL MEDICAL ASSOCIATION; NATIONAL BLACK NURSES ASSOCIATION; NATIONAL MINORITY AIDS COUNCIL; SUMMIT HEALTH COALITION AND OTHERS.

HCFA MUST PROVIDE THE CBC WITH A REPORT ON THE EFFORTS THAT IT IS UNDERTAKING TO ENSURE THAT QUALITY HIV CARE IS DELIVERED TO PERSONS WITH HIV/AIDS UNDER MEDICAID MANAGED CARE PROGRAMS.

STRENGTHENING THE HIV/AIDS ACTIVITIES OF THE OFFICE OF MINORITY HEALTH, AT THE OFFICE OF THE SECRETARY DHHS, AND THE OFFICE OF RESEARCH ON MINORITY HEALTH AT NIH

THE OFFICE OF MINORITY HEALTH (OMH) AND THE OFFICE OF RESEARCH ON MINORITY HEALTH (ORMH) HAVE NEVER BEEN ALLOCATED THE RESOURCES THAT ARE DESPERATELY NEEDED TO ADDRESS THE HIV/AIDS EPIDEMIC IN MINORITY POPULATIONS. THIS HAS PREVENTED THESE OFFICES FROM CARRYING OUR THEIR MANDATED RESPONSIBILITIES, ESPECIALLY AS THEY RELATE TO HIV/AIDS.

THE MISSION ON THE OFFICE OF MINORITY HEALTH IS: " TO IMPROVE THE HEALTH OF RACIAL AND ETHNIC MINORITY POPULATIONS THROUGH THE

DEVELOPMENT OF HEALTH POLICIES AND PROGRAMS THAT WILL HELP TO ADDRESS THE HEALTH DISPARITIES AND GAPS." IN LIGHT OF: THE PRESENT STATE OF EMERGENCY, THAT EXISTS WITHIN THE AFRICAN AMERICAN POPULATION; THE WHITE HOUSE DECLARATION TO CLOSE THE GAP OF RACIAL DISPARITIES IN PUBLIC HEALTH AND THE INCREASING RACIAL, ETHNIC, CULTURAL AND LINGUISTIC DIVERSITY IN THE U.S. POPULATION, IT WILL BE MANDATORY FOR THE ROLE OF THIS OFFICE, AND THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH, TO HAVE MEANINGFUL SUPPORT TO EXPAND THEIR ROLES.

IN ACCORD WITH ITS MISSION, THE ROLE OF THE OFFICE OF MINORITY HEALTH HAS BEEN ESTABLISHED BY LEGISLATIVE MANDATE TO SERVE AS A FOCAL POINT WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, " TO PROVIDE LEADERSHIP, POLICY DEVELOPMENT AND COORDINATION , SERVICE DEMONSTRATIONS INFORMATION EXCHANGE, COALITION AND PARTNERSHIP BUILDING, AND RELATED EFFORTS TO ADDRESS THE HEALTH NEEDS OF RACIAL AND ETHNIC MINORITIES. THE OFFICE REMAINS UNDER-FUNDED AND DEVOID OF THE POWERS AUTHORIZED INHERENT IN LEGISLATIVE AUTHORITY THAT WOULD ALLOW THIS OFFICE TO MEET IT'S GOALS THROUGH CRITICAL EXPANSION.

THE CURRENT STATE OF EMERGENCY IN AFRICAN AMERICAN COMMUNITIES DEMANDS THAT THIS ROLE BE IMMEDIATELY EXPANDED IN THE AREAS OF COMMUNITY DEVELOPMENT IN PUBLIC HEALTH AND HIV/AIDS THAT MEET THE SPECIFIC RESPONSIBILITIES AS ESTABLISHED BY P.L. 101-527 (THE DISADVANTAGED MINORITY HEALTH IMPROVEMENT ACT). THESE MANDATES REQUIRE THIS OFFICE TO: "ESTABLISH LONG AND SHORT RANGE GOALS AND OBJECTIVES AND TO MANAGE CROSSCUTTING POLICY INITIATIVES THAT RELATE TO DISEASE PREVENTION AND HEALTH PROMOTION; TO SUPPORT SERVICE DELIVERY AND RESEARCH ON RACIAL AND ETHNIC MINORITIES; FACILITATE THE EXCHANGE OF MINORITY HEALTH INFORMATION; SUPPORT RESEARCH, DEMONSTRATIONS AND EVALUATIONS TO IMPROVE INFORMATION DISSEMINATION, EDUCATION, PREVENTION, AND SERVICE DELIVERY; PROMOTE MINORITY HEALTH PROGRAMS AND POLICIES IN THE VOLUNTARY AND CORPORATE SECTORS; DEVELOP HEALTH INFORMATION, PROMOTION AND TEACHING PROGRAMS AND ASSIST PROVIDERS OF PRIMARY AND PREVENTIVE CARE AND SERVICES."

IN LIGHT OF THE MANDATES OF THIS OFFICE, THE DEPARTMENT'S LACK OF INVESTMENT IN ITS MANDATED ROLE AND THE CURRENT STATE OF EMERGENCY FACING A MAJOR SEGMENT OF THE U.S. POPULATION THAT THIS OFFICE WAS ESTABLISHED TO SERVE, IF THERE WAS EVER A TIME

FOR THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON MINORITY HEALTH TO SERVE AS THE LEADING FORCE IN COMMUNITY DEVELOPMENT THROUGH THE INTEGRATION OF SERVICES, DISEASE PREVENTION, HEALTH PROMOTION, EDUCATION. POLICY , AND LEADERSHIP IT WAS MANDATED TO SERVE, THE TIME IS NOW!

THEREFORE; THE CONGRESSIONAL BLACK CAUCUS STRONGLY RECOMMENDS THE FOLLOWING:

OFFICE OF MINORITY HEALTH/RESEARCH **+$70 MILLION**
+$40 MILLION

1) THAT THE SECRETARY OF HEALTH AND HUMAN SERVICES PROVIDE A REPORT, WITHIN 90 DAYS, THAT OUTLINES A PLAN OF ACTION , ACCOMPANIED BY BUDGET PROPOSALS TO EXPAND AND STRENGTHEN THE ROLE, AUTHORITY AND GRANT MAKING CAPACITY TO AFFECTED COMMUNITIES. BY PROVIDING A BUDGETARY INCREASE OF $70 MILLION, FOR THE OFFICE OF MINORITY HEALTH, AND $40 MILLION, FOR THE OFFICE OF RESEARCH ON MINORITY HEALTH, WITHIN THE 1998 FISCAL YEAR, THESE TWO IMPORTANT OFFICES WILL BEGIN TO MEET THEIR MANDATES TO TARGET AFRICAN AMERICANS AND THE CITIES HARDEST HIT BY HIV AND AIDS AND ACCOMPANYING CO-FACTORS.

2) THE OFFICE OF MINORITY HEALTH, THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH, IN COLLABORATION WITH CDC, HRSA, SAMHSA, AND OTHER ENTITIES IN HHS, MUST JOINTLY ESTABLISH THREE COORDINATING COMMUNITY DEVELOPMENT GRANTS. A PLANNING INVESTMENT OF APPROXIMATELY $320,000 EACH, SHOULD BE INITIALLY ESTABLISHED FOR THREE AFRICAN AMERICAN ORGANIZATIONS WITH INCREASED INVESTMENT FOR FURTHER SUSTAINED PROGRAM DEVELOPMENT. THE GRANTS WOULD TARGET COMMUNITIES AT HIGH RISK OF HIV/AIDS, TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASE, INFANT MORTALITY AND DRUG ABUSE; TO ORGANIZE, EDUCATE, DEVELOP, AND PROVIDE TECHNICAL ASSISTANCE TO INDIGENOUS COMMUNITY MEMBERS AND LEADERS FOR THE ADVANCEMENT LOCAL DISEASE PREVENTION AND HEALTH PROMOTION IN COMMUNITIES OF AFRICAN DECENT. GRANTS WILL FOCUS ON THE SUSTAINED AND COORDINATED MOBILIZATION EFFORTS, LOCAL PROGRAM AND POLICY DEVELOPMENT ASSISTANCE , TARGETING LEADERSHIP AMONG CLERGY, ELECTED OFFICIALS, SOCIAL POLICY EXPERTS, BUSINESS, MEDIA LEADERSHIP AND OTHER COMMUNITY LEADERS TO ESTABLISH LOCALLY BASED COALITIONS IN PUBLIC HEALTH AND AIDS IN COMMUNITIES OF AFRICAN DECENT.
THE COALITIONS WILL NOT RENDER OR DISPLACE DIRECT SERVICES BUT

SERVE TO ENHANCE ANY AND ALL COMMUNITY EFFORTS INCLUDING ENGAGING LOCAL PRIVATE FUNDING SUPPORT FOR COMMUNITY AGENCIES AND EFFORTS AND RENDERING TECHNICAL ASSISTANCE IN ALL AREAS. THE PROVISION OF SUPPORT FOR ON GOING LOCAL COMMUNITY EFFORTS WILL BROADEN LEADERSHIP PARTICIPATION IN AN ESTABLISHED COMMUNITY PLANNING PROCESS.

AN ADDITIONAL $210,000 SHOULD BE TARGETED TO DIRECTLY FUND COMMUNITY LEADERSHIP NEEDS ASSESSMENTS AND PROVIDE AN EVALUATION FOR THE PROGRAMS INITIATIVES. (ORGANIZATIONS SUCH AS THE NATIONAL COALITION ON MINORITY HEALTH, THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, HEALTH WATCH, SUMMIT HEALTH COALITION)

3) AFRICAN AMERICAN BEHAVIORAL RESEARCH INITIATIVE: THE OFFICE OF MINORITY HEALTH AND THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH SHOULD JOINTLY AWARD $500,000 TO 5 BEHAVIORAL SCIENCE RESEARCH GRANTS OF 100,000 EACH TO AFRICAN AMERICAN BEHAVIORAL SCIENTIST. THE PURPOSE OF THESE AWARDS IS TO GREATLY ENHANCE THE EXTERNAL RESEARCH AND KNOWLEDGE BASE OF THE BEHAVIORAL LINKS BETWEEN INTRAVENOUS DRUG AND CRACK/ COCAINE USE AND THE INCREASED INFECTION RATES AMONG AFRICAN AMERICAN WOMAN AND CHILDREN. RESEARCH WILL BE CENTERED ON BREAKING THE LINK THOUGH STUDY OF SAFE SEX BEHAVIORAL HABITS AND NEGOTIATION DEFICITS THAT PUT THESE WOMAN AT RISK.

4) HIV INTERVENTION AND PREVENTION RESEARCH PROGRAMS: THE PROPOSED PROGRAMS EMANATING FROM THE PREVENTION SCIENCE INITIATIVE AND THE OFFICE OF AIDS RESEARCH (OAR) WILL REQUIRE COORDINATED DEVELOPMENT AND SUPPORT TO EXPAND CULTURAL COMPETENCY, BROADEN OUTREACH, AND DEVELOP EFFECTIVE EVALUATION MODELS. THESE PROGRAMS MUST BE DESIGNED AND IMPLEMENTED TO BUILD A CULTURALLY COMPETENT COMMUNITY KNOWLEDGE BASE AND SEEK TO EXPAND THE KNOWLEDGE OF BEHAVIORS THAT PLACE TARGETED POPULATIONS AT RISK.

POPULATION SPECIFIC INTERVENTION PROGRAMS MUST BE FLEXIBLE ENOUGH TO ACCOMMODATE THE EXPANSIVE RANGE OF CULTURAL NORMS WITHIN GIVEN SEGMENTS OF A TARGETED POPULATION, YET SPECIFIC ENOUGH TO WITHSTAND CONVENTIONAL EVALUATION MODELS THAT ARE APPLIED UNIVERSALLY.

INTERVENTION AND PREVENTION INITIATIVES TARGETING COMMUNITIES

CURRENTLY EXPERIENCING THE HIGHEST RATES OF NEW INFECTION HAVE HISTORICALLY BEEN LIMITED IN FUNDING AND SCOPE. GRANTS ARE OFTEN PROHIBITIVE AND ALLOW NO ACCESS TO FUNDS NECESSARY FOR STUDY EXPANSION TO MEET THE NEED FOR CRITICAL ANCILLARY SERVICES THAT ENSURE RETENTION OF TARGETED POPULATIONS, WHEN NEEDED. OFTEN DEFINED AS "PILOT OR DEMONSTRATION" PROGRAMS WITH TENUOUS LIFE SPANS THEY OFFER LITTLE SUPPORT TO CONTINUE PROGRAMS THAT SHOW PROMISE.

A MECHANISM TO SUPPORT CULTURAL COMPETENCY IN PROJECTS THAT ARE PRE-PLANNED, MONITORED, AND EVALUATED, USING STANDARD PUBLIC HEALTH PLANNING, MUST BE IMPLEMENTED. NEW METHODS SHOULD PROVIDE ESSENTIAL TECHNICAL SUPPORT TO ENSURE THAT AGENCIES CAN MEET ONGOING PROGRAM NEEDS.

THE CBC RECOMMENDS THE AWARD OF GRANTS TO ORGANIZATIONS WITH A HISTORY OF DEVELOPING COMMUNITY PLANNING AND DEVELOPMENT AND PUBLIC POLICY SERVICES TO AFRICAN AMERICAN COMMUNITIES, INCLUDING PUBLIC HEALTH AND AIDS ON NATIONAL, REGIONAL OR LOCAL LEVELS AND ESTABLISH AND SUPPORT SCIENTIFIC ADVISORY REVIEW PANELS. THESE PANELS SHOULD, CONSIST OF BLACK BEHAVIORAL SCIENTISTS AND CLINICIANS TO ACT AS ADVISORS ON COMMUNITY INTERVENTION NEEDS, PROGRAMS AND EVALUATIONS, THAT SUPPORT AND ENHANCE CULTURALLY COMPETENT SCIENTIFIC KNOWLEDGE OF TARGETED POPULATIONS FOR COMMUNITY PLANNING AND DEVELOPMENT OF INTERVENTION INITIATIVES. THE CONSORTIUMS SHOULD BE COMMUNITY FOCUSED BUT ALLOWED TO PROVIDE ADVISE AND ASSISTANCE TO THE NIH GRANT DEVELOPMENT PROCESS AND TO RENDER SCIENTIFIC DIRECTION AND TECHNICAL ASSISTANCE TO GRANTEES. THE BEHAVIORAL SCIENTISTS SHOULD HAVE ESTABLISHED CURRENT BODIES OF PUBLIC HEALTH RESEARCH ON MINORITY POPULATIONS AND CAN EXPAND APPLICABILITY OF FINDINGS TO OTHER INITIATIVES.

OUTREACH THROUGH FAITH COMMUNITIES

THE BLACK FAITH COMMUNITY CONSISTS OF MANY ELEMENTS THAT TOGETHER, PLAY A CRITICAL ROLE IN REACHING OUT TO THE BLACK COMMUNITY. THE CLERGY, THEIR CONGREGANTS AND THE JOINT ADVOCACY AND EDUCATIONAL IMPACT THEY BEAR ON COMMUNITY DEVELOPMENT IS IMMEASURABLE. ORGANIZATIONS SUCH AS THE BALM IN GILEAD, THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS AND OTHERS HAVE BEEN SUCCESSFUL IN PROVIDING SERVICES,

PREVENTION EDUCATION, AND COMMUNITY DEVELOPMENT WITH LITTLE OR NO FUNDING SUPPORT FROM FAITH INITIATIVES. THE CDC CREATED THE COMMUNITY PLANNING PROCESS BASED ON ITS BELIEF THAT THE COMMUNITY EXPERIENCE GAINED BY AGENCIES IN THE FIRST WAVE OF THE HIV AND AIDS EPIDEMIC COULD RENDER VALUABLE DIRECTION TO FUNDING DECISIONS. YET, WITH A FAITH-BASED INITIATIVE IN OPERATION SINCE 1987, MANY ORGANIZATIONS WHO HAVE CONTRIBUTED TO THE WAR AGAINST AIDS SINCE IT FIRST INFILTRATED THE BLACK COMMUNITY HAVE NOT RECEIVED ADEQUATE SUPPORT.

TO BE EFFECTIVE, HHS MUST STRENGTHEN ITS INVESTMENT IN THE FAITH COMMUNITY. UNTIL RECENTLY, HHS HAD NOT MADE AN ATTEMPT TO REACH THE BLACK FAITH COMMUNITY. THIS LACK OF EFFORT IN COMMUNITY INTERVENTION IS FURTHER EVIDENT IN THE LACK OF ADEQUATE FUNDING FOR THE PROGRAMS GENERATED WHICH OFTEN GO UNRECOGNIZED. THESE RECOMMENDATIONS ARE IN ADDITION TO THE INITIATIVES OUTLINED. THEY SERVE TO PROVIDE DIRECTION TO INITIATIVES THAT SUSTAIN AND DEVELOP PARTICIPATION OF THIS CRITICAL SECTOR OF THE AFRICAN AMERICAN COMMUNITY.

DEVELOPMENT OF THE BLACK CLERGY **+$700,000**

THROUGH THE FAITH-BASED INITIATIVES OF THE CDC, THE OFFICE OF MINORITY HEALTH, SAMSHA AND SUPPORT FROM HRSA, AWARD APPROXIMATELY 7 GRANTS TO THE SCHOOLS OF DIVINITY AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES. THESE FUNDS COULD ALSO BE ALLOCATED TO SEMINARIES WITH A HISTORY AND TRADITION OF TRAINING BLACK CLERGY.

THE GRANTS WILL SUPPORT CURRICULUM DEVELOPMENT AND INSTITUTIONALIZE REQUIRED COURSES IN HIV AND AIDS, DRUG ABUSE COUNSELING, DISEASE PREVENTION AND HEALTH PROMOTION, PROGRAM DEVELOPMENT AND COMMUNITY INTERVENTION. THE COURSES WILL OFFER ADVANCE SPECIALIZED TRAINING AND COUNSELING WHILE INCREASING THE KNOWLEDGE BASE AND PROVIDING SUPPORT AND A PROVISION FOR DIRECT SERVICES TO INDIVIDUALS.

FUNDS WOULD BE AWARDED TO INSTITUTIONS SUCH AS THE INTERDENOMINATIONAL THEOLOGICAL CENTER (ITC), SAMUEL D. PROCTOR THEOLOGICAL CENTER OF VIRGINIA UNION, HOWARD UNIVERSITY'S DIVINITY SCHOOL, PAYNE THEOLOGICAL SEMINARY, HOOD THEOLOGICAL SEMINARY AT LIVINGSTON COLLEGE, SHAW THEOLOGICAL SEMINARY AND THE NEW YORK THEOLOGICAL SEMINARY. A SPECIAL FUNDS SHOULD BE AWARDED TO INSTITUTIONS, IN ADDITION TO THEIR

GRANTS, TO SUPPORT ONGOING TECHNICAL ASSISTANCE TO LOCAL BLACK CHURCHES WHERE GRADUATING CLERGY ARE ASSIGNED.

THIS APPROACH IS DESIGNED TO ENSURE ONGOING AND SUSTAINED EDUCATION AND DEVELOPMENT TO A WIDER RANGE OF CLERGY WHO ARE OFTEN GIVEN DIRECT RESPONSIBILITY FOR THE PROVISION OF SERVICES.

INVESTMENT IN DIRECT SERVICE FAITH BASED PROGRAMS **+$350,000**

HRSA, THE OFFICE OF MINORITY HEALTH, THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH AND SAMSHA, IN COLLABORATION WITH THE CDC, SHOULD ESTABLISH A DIRECT FUNDING PROGRAM TO BLACK CHURCHES IN COMMUNITIES HARDEST HIT BY HIV AND AIDS. TEN PLANNING GRANTS OF $25,000 EACH WILL BE USED TO DIRECTLY FUND BLACK CHURCHES WITH THE WILLINGNESS AND CAPACITY TO SERVICE PEOPLE WITH AIDS IN THESE COMMUNITIES.

TEN ADDITIONAL GRANTS OF $10,000 EACH WILL BE DIRECTLY AWARDED TO CHURCHES TO CONDUCT COMMUNITY DEVELOPMENT AND OUTREACH EDUCATION ACTIVITIES. THESE INVESTMENTS DO NOT RESPOND TO THE LACK OF SUPPORT TO BLACK CHURCHES WITH A LONG HISTORY OF PROVIDING DIRECT SERVICE POPULATIONS INFECTED OR AFFECTED BY HIV AND AIDS. THE KNOWLEDGE GAINED FROM THESE SERVICE PROVIDERS SHOULD BE SOUGHT AND USED TO HELP SUPPORT AND DEVELOP PROGRAMS AS WELL AS ALLOW THEIR PARTICIPATION IN PROVIDING LOCAL OR REGIONAL TECHNICAL ASSISTANCE TO BLACK CHURCHES THAT ARE WILLING AND HAVE THE CAPACITY TO ENTER THE AIDS SERVICE FIELD.

TECHNICAL SUPPORT TO THE FAITH-BASED COMMUNITY

WHILE THE BLACK CLERGY REMAINS AN INTEGRAL PART OF THE COMMUNITY LEADERSHIP, IT IS THEIR CONGREGANTS WHO OFTEN PROVIDE THE EXTENSIVE OUTREACH AND SERVICE CAPACITY NECESSARY FOR ONGOING COMMUNITY EDUCATION AND SERVICE. IT IS AS ESSENTIAL TO CREATE WIDE SPREAD PREVENTION MESSAGES AMONG THE COMMUNITY OUTSIDE OF THE CHURCH AS WELL AS INSIDE. FUNDING SHOULD BE PROVIDED TO AGENCY'S SUCH AS THE BALM IN GILEAD AND OTHERS, ON THE NATIONAL, REGIONAL OR LOCAL LEVEL. ORGANIZATIONS SUCH AS THE BALM IN GILEAD HAVE BEEN SUCCESSFUL IN PROVIDING TECHNICAL SUPPORT TO SEVERAL SEGMENTS OF THE BLACK CHURCH, INCLUDING YOUTH MINISTRIES, HIV SUPPORT GROUPS, WOMEN'S MINISTRIES AND OTHER INITIATIVES. SUPPORT SHOULD ALSO

BE AVAILABLE TO INSTITUTIONS THAT OFFER SUPPORT INTEGRATION AND COLLABORATION AMONG THE FAITH-BASED COMMUNITY AND OTHER COMMUNITY-BASED AIDS SERVICE ORGANIZATIONS.

Talking Points
Presidential Advisory Council on HIV/AIDS
November 16, 1998

Sandra L. Thurman

- Welcome

- Acknowledgments
  - Scott and Daniel – information –
  - Matthew Murguia
  - Todd
  - Interns – Kelli Stewart and Emily Seymour
  - PACHA Members
  - Work on Strategic Plan – gotten more focused
  - Interim activities since last meeting
  - Tom, Alta Gracia, Regina, Terry, Denise, Bob — ~~Bill~~

Meg Scarlett
Paul Richard

Heath

- Major issues to cover in these comments and over next few days:
  - Congressional Black Caucus Initiative
  - FY 99 and 2000 budgets
  - Impact of November Elections
  - Update on 1996 Youth Report/Presidential Directive
  - World AIDS Day (though planning is still underway)
  - December Meeting with the President
  - Other progress on PACHA's recommendations

Fall Schedule
General Comments
Thursday

- Very exciting and interesting meeting ahead, including:
  - Surgeon General's update on the Race/Health Initiative
  - Update on Needle Exchange
  - Ryan White reauthorization
  - New directions for CDC from Dr. Koplan
  - Presentation on American Indians, Alaskan Natives and Native Hawaiians (thanks to Charles Blackwell for his work on this issue)
  - Treatment access
  - Special thanks to Daniel and Council on developing such an ambitious and focused agenda for this meeting and for all the hard work in preparing for this meeting

Congressional Black Caucus Initiative (SLT) Huge Accomplishment

- President declared HIV/AIDS a "severe and ongoing health care crisis" in the African-American and minority communities
  - He announced $156 million in AIDS-related funding for minority communities
  - Copies of White House press briefing paper and the President's speech in binder

- This was a huge success, and came about because of a lot of hard work by a lot of people
  - Want to acknowledge Debra Frazer-Howze for her efforts
  - Representatives Waters and Stokes, and other members of the CBC
  - Representatives Pelosi and Porter, and Senator Specter – appropriators
  - Secretary Shalala, Deputy Secretary Thurm, Surgeon General Satcher, Dr. Goosby and others in HHS
  - Maria Echaveste, Minyon Moore here in the Administration

- Political importance of initiative

- pleased to see this money added, but it is not enough to solve the problems in minority communities and that more needs to be done

- very pleased about the organizing that came about through this advocacy effort –
  - mainstream political groups
    - NAACP – went with Vice President to Atlanta meeting
    - SCLC – did presentation to leadership
    - CBC – President addressed issue, Todd and I attended their annual meeting

- concerned that we don't look at the $156 million as the minority set-aside
  - this has to be about all of the discretionary dollars – over $4 billion
  - making sure that funds follow the epidemic

- also need to look carefully at how the needs of African Americans, Latinos, Asians/Pacific Islanders, and Native Americans relative to HIV/AIDS are integrated into the broader discussions of race and health
  - Dr. Satcher will tell you more about the Race and Health Initiative – very important to remain connected with that broader effort

- Great deal of work left to do
  - Implementation – again, Drs. Satcher and Goosby will have key roles
  - Look at how we can address particular needs of African Americans, but also broaden discussion to other racial and ethnic minorities
  - Need to put the "meat on the bones" of the $156 million and, more importantly, how we

change the way business is done
- Follow-up with other Congressional groups
- Rep. Waters committed at the Dallas conference to work with the Congressional Hispanic Caucus, the Asian Caucus and others to push through a similar effort for these populations
  - While she initially did not mention Native Americans in her remarks, she returned after her speech to specifically mention Native Americans.
- We all need to take her up on her offer of joining with other groups to secure similar funding for other communities of color
  - Todd and I have already started working the inner halls of the White House to try and do just that

- Thank again everyone who attended the White House event regarding the announcement

- Acknowledge Denise Stokes' remarks

- considering how this was the Council's number one priority, you all should take heart that your efforts do work

The FY 99 BUDGET (TS)

- this has been an extraordinary year for AIDS funding
- historic increases pretty much across the board, even before CBC funding
- secured nearly ½ billion dollars in new funds within the constraints of a balanced budget
- information about the FY 99 budget in your packet
- Highlights:
  - $261.4 million in new funding for Ryan White, a 19% increase
  - including 70% increase to ADAP
  - 10% increase in NIH's AIDS research budget
  - An additional $32 million in prevention funding, a 3.5% increase
  - 19% increase in SAMHSA's budget -- finally
  - nearly 10% increase in HOPWA funding – special work of Administration to get $10 million
- Also had some challenges in the budget:
  - DC needle exchange amendment
  - Continuation of needle exchange restriction
  - Little increase in international funding

The FY 2000 Budget

- Begun dialogue with OMB over the FY2000 budget
- We are pushing for substantial increases across the board
  - With Ryan White, seeking to balance need for additional ADAP funds with recognition that primary care and supportive services remain critical
  - Big push on prevention funding, with an emphasis on
    - increasing HIV testing by at-risk populations
    - access to care for those who test positive
    - better integration into STD, maternal and child health and other related efforts
  - Asking for additions to SAMHSA funding for drug treatment and prevention, particularly for youth
  - More money for HOPWA

- Overall, we are recommending that any new funds:
  - be targeted
  - that we are very clear about our expectations for their use, and
  - that we focus on addressing minority and youth populations in areas where funding and need are not proportional

- Needle Exchange - political implications
  - ↓ big loss ← drug.

The Elections/Change in House of Representatives Leadership (SLT)

- I am not sure yet what it means for AIDS issues, but the change in leadership in the House of Representatives, with the Departure of Newt Gingrich and the apparent assumption as Speaker of the House by Congress Robert Livingston of Louisiana, is likely to have profound impact on AIDS programs

- Congressman Livingston is chair of the very powerful House Appropriations Committee
  - He has been largely supportive of AIDS funding issues
  - he helped ensure the major increases we received in FY 99

- With his move to the Speakership, it remains to be seen who will be selected as chair of the Appropriations Committee and what they think about AIDS issues, as well as who will be elected to the other important leadership positions within the House

- Regardless, our job is to forge a new working relationship with whomever takes over the Appropriations Committee and work with them to ensure that they understand the needs of people with HIV and the importance of prevention and research

Youth Issues (TS)

- We have been working on a variety of issues related to youth
  - Starting the review, as you have requested, of the 1996 Youth agenda
  - Working to collect responses to the President's Executive Order of last World AIDS Day

- Started work on integrating the two processes
  - for example, we've cross-walked the inventory of programs obtained through the Executive Order with the recommendations in the 1996 agenda
  - trying to do combined report

- Matthew has been spending a lot of time on this – thanks

- We have not been thrilled with the responsiveness – not going to be earth-shattering
  - Most Department's will doing the following types of things:
    - Sending letters to all their grantees asking them to coordinate efforts with local ASO and CBOs
    - Asking grantees to put point-of-service displays in public areas of their offices/facilities
    - Developing specific mailings/newsletters focusing on HIV and youth for distribution to all clients
  - single out Selective Service Administration for mailing

- Sandy and I are working on getting the President and Vice President to do youth-oriented events this coming World AIDS Day to give issue elevated attention
  - Hope to be presenting report to the President on World AIDS Day
  - Working with Council members and others in community to continue our efforts, develop new ideas, and obtain support for them
  - Using WAD and the President's event to drive a few new initiatives focusing on at-risk minority youth that we cooked up

December 19 Meeting with the President (SLT)

World AIDS Day (TS)

- December 1

- This year's theme is "Be a Force for Change," and is focused on youth, 13 – 21

- Matthew has been working with the Federal Departments to encourage each of them to develop specific World AIDS Day observances
- Also brought up at the meeting of Chiefs of Staff, convened by our Cabinet Affairs office

- This year, several things will be happening that are worthy of noting, including:
  - As Todd mentioned, we have asked that the President meet with a small group of youth to discuss youth-specific issues. We have asked for approximately 30 minutes, including 5 minutes of comments by the President that will be open press
  - Vice President will likely be making some announcements related to both youth and AIDS housing funding
  - I will she be doing some events to hopefully garner some press coverage of the issue including a visit to a local school that may be covered by MTV and the Ricki Lake show
  - White House will be dimming its lights
  - Each Federal agency, for the first time, will have a message on World AIDS Day either printed on their pay stubs or provided via electronic mail or desk to desk memorandum

    "More than 50% of all new HIV infections are in youth under the age of 25. Have you talked with your loved ones about how to prevent HIV infection. Call 1-800-458-5231 to find out how."

  - We also plan on doing a press release listing out all Departmental activities for World AIDS Day, as has been done in the past

Other Issues and Progress (SLT)

- **HIV Vaccines**
  - Extraordinary focus by Dr. Nathanson
    - Devoted entire meeting of OAR's advisory council to this issue – Todd attended all day
    - Has noted it as one of his top priorities in interviews (copy of JAMA interview was sent out to Council)

  - Gotten commitment by Dr. Nathanson to go ahead with semi-annual vaccine coordination meetings
    - Rotate through NIH, CDC, and Defense – possible USAID
    - Host will do more extensive report on their activities
    - Open meetings – government, private industry, and advocates

  - President is keeping abreast of this issue

- **Prisons**
  - Todd hosted meeting with HCFA, HRSA, Justice and Bureau of Prisons to talk about post-incarceration services
    - Outlined problems and discussed several potential solutions
    - Need to continue work on this area
    - Work is difficult

  - Gotten Justice to work with us on a national meeting – we will be working with Prisons Committee members to set a date

  - Todd worked a lot with OMB and Justice on the Correctional Officers Health and Safety Act, which passed, to improve it significantly – still not great, but vastly improved

- **International**
  - Hosted a meeting of the World Bank, representatives from India, and about 15 NGOs
    - talked about India's new AIDS Control Program and the pending World Bank loan that will help fund it
    - One of the first of this kind of meeting
    - Hope to do more

  - Got Vice President to send letter to Deputy President Mbeki congratulating him on a national speech on AIDS, offering my services to his government

  - Going to India in December for UNAIDS meeting

  - Working on an AIDS orphan initiative – still very preliminary

Concluding Comments (SLT)

Human Rights Issues – poverty, people of color, women, families, young people

- With Dr. Mann's death, we need to help carry the torch on helping others to see AIDS as a human rights issue

- The easy part is over – no more flash in the pan responses
  - Issues are complicated
  - Do not lend themselves to easy solutions
  - Political environment will get more complex as we approach the Presidential election

- We need to think about more long term solutions and moving some support for AIDS into non-AIDS specific programs

- Need to become better and more active partners with others in supporting critical legislation
  - Patient Bill of Rights
  - Jeffords-Kennedy
  - Whatever privacy bills are developed

- Think carefully about your role
  - How to be most helpful and productive – part of the solution
  - Can't just be a stick