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Accreditation

This activity offered by, Academy of Continuing Education Programs, a CMA-accredited provider. Physicians attending this course may report up to 1.5 hours of Category 1 credit hours toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award

Attendance and participation are the requirements for attaining CME units. Each physician should only claim those hours of credit that he/she actually spent in the educational activity.

Certificates will be mailed in approximately 6-8 weeks.

Interactive Format

This CME activity includes Lectures followed by Question and Answer period. In order to ensure that participants' CME needs are met, you are invited to submit questions to the faculty in advance of the program. Your questions will be considered by the faculty as they prepare their lectures. To submit advance questions, please use the RSVP registration form or fax your questions to (310) 282-0907.

Disclosure Statement

This CME activity is supported by an unrestricted educational grant from DuPont Pharmaceuticals Company. ACEP relies on it's faculty to provide unbiased CME program content. Faculty participating in ACEP activities are expected to disclose any relationship with commercial entities that may relate to the topic of discussion. For this CME activity, faculty disclosure will be provided in the program syllabus.

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Clinton

ACADEMY OF CONTINUING EDUCATION PROGRAMS
WHITMAN-WALKER CLINIC AND
CAPITAL AREA PHYSICIANS FOR HUMAN RIGHTS
(CAPHR)
REQUESTS THE PLEASURE OF YOUR COMPANY
AS OUR GUESTS TO THE

2000 HIV Clinical Symposium
A Continuing Medical Education Activity

at
The Corcoran Gallery of Art
500 Seventeenth Street, NW
Washington, DC
with a private viewing of

NORMAN ROCKWELL

Sunday evening June 25th, 2000
beginning at 6:30pm.

This invitation admits two only.
Please note that seating is extremely limited.
Reservations will be accepted until all seats are filled.

RSVP Required by June 9, 2000

2000 HIV Clinical Symposium
Goals and Objectives

At the conclusion of this clinical HIV Symposium, the physicians will be better able to:

1) Discuss adherence issues and the significant contribution of adherence to patients achieving viral suppression.

2) Assist patients in adhering to their anti-retroviral regimen.

3) Develop better methods of determining patients adherence practice.

4) Discuss pharmacokinetic issues and it's impact on the development of resistance.

5) Make therapeutic decisions for patients based on pharmacokinetic parameters of antiretroviral medication.

Target Audience

This CME activity is targeted towards physicians who work with HIV infected individuals.

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2000 HIV Clinical Symposium
Scientific Agenda

JUNE 25, 2000

CORCORAN MUSEUM OF ART

6:30pm Cocktails
7:00pm Formal Sit Down Dinner

Masters of Ceremonies:

Mr. Paul Berry
WJLA-TV, Washington, DC
Raymond Tu, MD
Chair, Medical Services
Whitman-Walker Clinic Board of Directors
President, CAPHR
Member, Corcoran Board of Overseers

First Clinical Symposium:

7:00pm - 7:35pm "Adherence Issues in HIV Therapy"
Brian Boyle, MD
Assistant Professor,
Cornell University Medical College
New York Presbyterian Hospital

7:35pm - 7:45pm Questions and Answers

Second Clinical Symposium:

7:45pm - 8:20pm "Resistance and HIV Therapy"
G. Michael Wool, MD
Professor of Medicine
University of California, Los Angeles
Center for AIDS Research and Education

8:20pm - 8:30pm Questions and Answers

Raymond Tu, MD
Chair, Medical Services
Whitman-Walker Clinic Board of Directors
2121 K Street NW, Suite 100
Washington, DC 20037-1801

Raymond Tu, MD
2121 K Street NW, Suite 100
Washington, DC 20037-1801

2000 HIV Clinical Symposium
at the Corcoran Gallery of Art, Washington, DC
RSVP

I _____
will ( ) will not ( ) be able to attend

Guest Name: _____

Number attending: _____

Advance Question: _____

_____

Special dietary instructions, please call Dr. Tu at (202) 223-5211
Please return RSVP in enclosed self-addressed, stamped envelope.

JUN -8 '00
DE
$0.55

Sandy Thurman
736 Jackson Place NW
Washington DC 20503

974 Centre Road
[illegible]
Wilmington De 19805

WWC
COMMUNICATIONS
DEPARTMENT
Fax 202.797.1492

facsimile transmittal

To: SANDY THURMAN Fax: 202.456.2439

From: ANDY LITSKY Date: SEPT. 13 1999

Re: ENCOUNTERS ARTICLES Pages: 14

CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

RE: DISCUSSION W/ PAT HAWKINS

WHITMAN-WALKER CLINIC MEMORANDUM

TO: Elliot Johnson, Rosemary O'Rourke, Larry Siegel, Pat Hawkins, Peter Miller, Denise Hyater, Sera Morgan, Mary Bahr, Andy Litsky, Tom Plummer

CC: Jane Silver, Cornelius Baker, Daniel Zingale

FROM: Michael Cover

DATE: September 10, 1999

RE: Response to a Request from Sen. Strom Thurman

Background

On Wednesday afternoon, I received a call from Ben Wallace, staff member to Sen. Strom Thurman, requesting information regarding aspects of our funding The text of the e-mail follows:

> Michael,
>
> Thanks for talking with me today. Here's what I would like:
>
> A detailed summary of Whitman-Walker's funding dollars from the Federal Government (either directly or through a sub-grant like DC government's grant from CDC). Specifically, I would like a list of funds granted for any type of "education" purpose - in a formal or informal (i.e. counseling) setting.
>
> Your providing the Senator with this information ASAP will be greatly appreciated.
>
> Phone - 202-224-7724
> Fax - 202-224-1300
> Email: ben_wallace@thurmond.senate.gov
>
> Please contact me if you have any questions with this request.
>
> Thanks
> Ben

This call followed a call I had received from the Congressional Research Service last week asking for information regarding the source of our private and public funding. I responded to that request by faxing to the staff person, the pages from our Annual Report providing them with a basic financial summary. In the conversation I had with Ben , I asked what had prompted the Senator's interest in our Clinic. He responded that their request for information was prompted by an article in the *Washington Blade* titled, "Healthy Rimming." As a footnote, this article, which appeared on August 27, was followed by an article on "Ecstacy," which appeared in today's *Washington Blade*.

Issue
While we acknowledge that there are several issues involved here. Our primary mission is to determine how and when to respond to the Senator's request for information. Other procedural issues will be outlined and discussed in a separate context.

We anticipate that the Senator is trying to determine whether we have violated any federal or local regulations or laws in writing this material and arranging to have it published in the *Washington Blade*. We are also concerned about the possible public reaction to any activity the Senator might engage is that would raise the profile of G-Net and its candid harm reduction education activities.

Funding Issues
According to Dan White and Mary Bahr, this contract (G-Net) is 100% funded by District Appropriated Funds, and no federal dollars have gone to support this.

Does this answer the Senator's request? In my opinion, it does not. The Senator asked for:

> A detailed summary of Whitman-Walker's funding dollars from the Federal Government (either directly or through a sub-grant like DC government's grant from CDC). Specifically, I would like a list of funds granted for any type of "education" purpose - in a formal or informal (i.e. counseling) setting.

NEED TO DETERMINE WHAT WE CAN SEND THE SENATOR

Legal Issues
NEED INPUT FROM LAURA ARE WE IN VIOLATION OF ANY FEDERAL/LOCAL RULES, REGULATIONS OR CONTRACTUAL REQUIREMENTS? ALSO NEED A STATEMENT ON THE FIRST AMENDMENT ISSUE HERE (OR LACK THEREOF)

Political Issues
NEED INPUT FROM PAT

Background on G-Net (Prepared by Tom Plummer, G-Net Coordinator)
G-Net originally began as HEART (Health Education And Risk-Reduction Training) and Gay Men's Outreach and Education. Both programs were merged to form G-Net in 1998. G-Net is a program of gay men's health and wellness which provides a network of comprehensive services and programs to enhance the health and well being of gay and

bisexual men by building community, embracing and celebrating gay sexuality, relationships, and culture. The program currently supplies services that respond to gay and bisexual men's demands for HIV prevention and education outreach which includes targeted HIV testing and risk reduction counseling.

All G-Net programming is structured upon harm reduction strategies. It is our goal to empower healthy decision making amongst gay and bisexual men, by providing straight forward health education materials that are targeted specifically to their community. To reach this population:

- We must recognize the diversity of identity and behavior amongst gay and bisexual men.
- We must approach health and wellness by embracing community structures that are in place and aiding in the creation of expanded community building to provide the ongoing support that individuals need to make healthy decisions.
- We must reach the target population my exploring the diversity of health concerns facing the community and integrating the agency's institutional goals into the individual health related goals of community members.
- We must embrace the culture of the communities we attempt to teach. We must offer unbiased health education that addresses the behavior of gay and bisexual men while neither condoning nor condemning behaviors important to their identity.
- We must attempt bold and innovative marketing efforts to maintain awareness amongst gay and bisexual men's communities. We are facing a health crisis amongst men whose attention is no longer caught by a condom. We must be a leader, addressing harm reduction, health awareness and education on the cutting edge of public health.

The program is implemented through the following components:

a) Educational workshops on topics such as self defense, body image, dating, anatomy of pleasure, as well as safer sex workshops at "public sex" establishments such as the Crew Club. These programs reach approximately 100 men per month.
b) HIV prevention outreach – monthly outreach to the following bar establishments: Deco, Omega, Mr. P's, The Fireplace, Badlands, The Mirage, Tracks, Wet, Edge, Capitol Ballroom, Chaos, JR's, Windows, and Velvet Nation. These efforts reach approximately 5,000 contacts per month.
c) Mobile HIV testing and risk reduction counseling is offered at all prevention outreach sites as well as related G-Net events. These efforts provide HIV Testing in conjunction with risk reduction training to an average of 80 men per month.
d) Collaborative initiative to reach Gay, Lesbian, Bisexual, and Transgendered young adults. One event is held on a quarterly basis in conjunction with Lesbian Services. These events held quarterly reach an average of 50 young adults.
e) Washington Blade *Encounters* section editorial project – bi-monthly article on gay men's health and wellness targeting clients of the male sex industry.

On a monthly basis G-Net serves the following:

1. Approximately 5,000 outreach contacts
2. 3 monthly educational workshops
3. 15 referrals
4. 10,000 condoms distributed
5. 500 pieces of literature distributed

G-Net has a current volunteer pool of twenty volunteers who provide support for the outreach and HIV testing components of the program.

Several recent trends in the target population have been identified through G-Net programming. These trends have informed creative strategies to reach the target population with needs based interventions. The trends are as follows:

a. Disinterest – Gay men are tired of HIV 101. They know about condoms and they know they are supposed to use them. They no longer attend basic workshops on HIV/AIDS or safer sex.
b. Recreational Drug Use – Designer drugs continue to be a part of certain MSM communities. Men are operating "in the dark" with misleading or antidotal information on the drugs and how they can inhibit healthy decisions.
c. Fatigue – Gay men are lapsing in their resolve to practice safer sex. They need more support for decisions with a focus on HARM reduction.
d. Lack of health education – Public health strategies have focused on gay men with HIV education to the exclusion of other health issues. Gay men are not aware of other sexually transmitted diseases. A comprehensive health education approach is needed.
e. Ageism – Programming has ignored the diversity of age and life stage amongst the gay male community. The current population could be better served with a program breakdown as follows: Young men (under 25), "prime of life" (25-40) middle age (40-50), older men (over 50), drug users (emphasis on recreational drug use) and HIV+ men (emphasis on living with a chronic disease, drug compliance, relationships, and health).

G-Net has had many accomplishments over the past 12 months most notably, expansion of workshop curricula and an increase in participant interest and attendance, enhancing community awareness through providing on site HIV testing and counseling, collaboration with internal and external programs for ongoing program support. A consistent evaluation of workshop participants has been ongoing. Plans are underway to create a membership base through both print and Internet media to allow consistent contact with the target population as well as ongoing client feedback.

Background on the Editorial Project

Goals of Editorial Project:

- Present messages regarding gay and bisexual men's health and sexuality.
- Provide a sex-positive, health-positive message.
- Inform healthy decision making through the provision of accurate information.
- Empower and encourage harm reduction by embracing and celebrating gay sexuality, relationships, and culture.
- Build recognition for the G-Net program amongst gay and bisexual men.

- Provide gay and bisexual men with a non-threatening forum by which to access health and wellness resources.
- Raise topics that will be addressed in companion workshop programming.

Articles that have already run in the *Washington Blade*:

Female Condom for Anal Sex
Piercing
Hepatitis A, B and C
Body Image
Impotence
Street Safety Tips
Psychological Lays
Prostate Health
Testicular Cancer
Black Gay Pride
Gay Pride
Hemorrhoids
Dating Men
Gay Men's Erogenous Zones
Rimming
Crabs and Scabies
Ecstasy

Background on Harm Reduction as an Educational Approach

Denise Watkins and Dr. Sera Morgan and her staff have researched this topic and have accessed articles and citations from "Harm Reduction Communication," the InSite Web Site, the Canadian Centre on Substance Abuse, The Centers for Disease Control, and The Lindesmith Center. These articles (specifically related to HIV and substance use) make a case for the use of harm reduction as an effective educational tool to reach specific audiences.

G-NET EDITORIAL FOR "ENCOUNTERS"

eXpose

G-Net Member – Nick Brumbaugh

O.K. guys, let's talk. Really talk. Commonly referred to as Ecstasy, XTC, E or X, MDMA is a synthetic, psychoactive drug possessing stimulant and mild hallucinogenic properties. While you would be leery if somebody sold you a bottle of Bliss or the new drug Horny in suppository form, Ecstasy use abounds. The truth is that you can't buy a mood or a state of mind. Ecstasy is a powerful stimulant that alters the chemistry of your brain often changing your mood and altering your perception of the world. Ecstasy increases the levels of a serotonin in your brain. Serotonin is a chemical transmitter that controls emotions and anxiety. An increase in serotonin can leave you feeling very happy, and usually encourages a feeling of openness and empathy toward others. The effects of Ecstasy vary considerably from one person to the next, depending on who you're with, where you are and how you're feeling at the time.

According to the Drug Enforcement Administration (DEA), Ecstasy was first synthesized in 1912. The drug gained popularity in the late 1980s and early 1990s among young, middle-class college students who believed it to be safe and non-addictive in comparison to such "hard" drugs as heroin and cocaine. Today, raves, nightclubs, and rock concerts are common outlets for dispensing Ecstasy, frequently in combination with other drugs and alcohol. Especially popular amongst teens and young adults, Ecstasy use has skyrocketed during recent years and its use is widespread amongst the gay male dancing set.

Usually coming in the form of small pills selling at around $20-30 the effects of Ecstasy can be felt for up to 8 hours, although this time reduces considerably for regular users. Within 20 minutes to an hour after taking Ecstasy, your heart may go into overdrive and you might feel a bit hot and sticky while your mouth goes dry. Sometimes, you'll come up with a huge exhilarating rush and possibly experience hallucinations. During the two hours when the effects are their strongest you'll probably have an irresistible urge to dance and you'll be walking around with a ludicrous grin on your face. Lights will seem brighter and colors more intense. You'll feel firmly locked into the groove on the dance floor and feel happy and confident.

At the same time you may experience some symptoms which may be a little less pleasant on the dance floor. You may experience an upset stomach or the urge to take a shit as the drug kicks in. Once the Ecstasy makes it to you brain you may experience physical problems like muscle tension, involuntary teeth-clenching, nausea, blurred vision, rapid eye movement, faintness, chills and profuse sweating. Psychological difficulties are more likely to follow your experience as the drugs wear down including confusion, sleep problems, drug craving, severe anxiety and paranoia. Each person must weigh the positive and negative effects of drug use. The following information attempts to offer advice on how to reduce the potential harm to your body if you have made the decision to "X."

First, you shouldn't take Ecstasy if you're on anti-depressants. Ecstasy works by increasing the same feel good chemical in your brain that many anti-depressants regulate. Many anti-depressants inhibit the breakdown of serotonin in your brain. *Taking Ecstasy is like turning a feel good*

faucet on high. Taking your anti-depressants is a lot like clogging the drain. It's only a matter of time before things overflow, causing possibly dangerous levels of serotonin in your brain and bloodstream. Don't forget that too much of anything ain't good for you baby. If your anti-depressant prevents this serotonin from being broken down, you can die. While Ecstasy is not known to react dangerously with all anti-depressants it will most likely interfere with their effectiveness, and you may experience a relapse of depression and related symptoms.

Another drug that can interfere with the body's ability to metabolize Ecstasy is Ritonivar, a protease inhibitor used in the treatment of HIV. It inhibits the function of a liver enzyme that is needed to metabolize or break down Ecstasy. This means that someone who takes Ecstasy while on Ritonivar could end up having dangerously high levels of Ecstasy in their bloodstream. Ultimately, the combination of these drugs can cause death. Other drugs could theoretically also lead to dangerously high levels of Ecstasy in the bloodstream. Remember, pharmaceutical companies are not required to list Ecstasy, or any illegal drugs for that matter, on their lists of negative drug interactions. If you are taking a newly released or relatively unknown medication, even your doctor may not know if it is safe to take with an illegal drug.

There are also preexisting health conditions that can contribute to adverse reactions to Ecstasy. Ecstasy produces a significant increase in heart rate and blood pressure. A recent study showed that Ecstasy induces an increase in heart rate even greater than that of amphetamines. This means that people with heart conditions may be more vulnerable to heart attacks or other heart complications if they take Ecstasy. Like many drugs, Ecstasy stresses the liver. There have been a few cases of Ecstasy-induced liver damage. If you have hepatitis or any other known liver dysfunction, you may be particularly vulnerable to such damage.

People with psychiatric disorders of any kind should be particularly carefully before taking Ecstasy or any other strong, psychoactive drug. Ecstasy has been known to cause anxiety in some people, and on rarer occasions seizures or panic attacks. Those people who suffer from seizures, excessive anxiety, or recurring panic attacks may be particularly sensitive to Ecstasy. Regular Ecstasy use has also been known to cause temporary yet prolonged periods of depression in some people (due mainly to serotonin depletion). If you already suffer from depression, Ecstasy use may exacerbate your symptoms.

OVER DOSING

Most people think of "overdosing" as a life-threatening event. However, it is highly unlikely that you will die from an overdose of Ecstasy. While larger doses of Ecstasy may increase the risk of dehydration, overheating, and serotonin syndrome, most Ecstasy-related deaths have been a result of dangerous interactions with prescription medications, preexisting health conditions, adulterated pills, and behaviors such as overexertion and not drinking enough water. In most cases where someone has died after taking Ecstasy, they had not taken an abnormally high dose. Accidentally taking too much Ecstasy is therefore not the greatest danger facing Ecstasy users. Nevertheless, taking too much either all at once or during the same evening does carry health risks. It increases your chances of experiencing post-Ecstasy depression, as well as building up a tolerance. Some researchers also correlate overdoses with the potential for neurotoxic damage.

There is no way to know how many milligrams of Ecstasy are in a tablet.

Laboratory testing projects around the world have found that while some pills do contain Ecstasy within the standard dose range, most pills contain much less. While pills with a low dosage may seem safer, who knows what they threw in the pot to stretch their X dollar. Most dealers do not know the number of milligrams of Ecstasy in the pills they are selling, even if they think they do.

Three Ways to Avoid Overdosing on Ecstasy

1. Know that doses will vary from pill to pill. If you are taking a pill for the first time, an option is to break the pills in half. While you or a friend may be used to taking two or more pills at once, this pill could be two or three times stronger than the last batch. Be careful. What's your hurry?

2. Avoid the temptation to take more when you come down. Ecstasy is not like other drugs where you can simply take more when the effects start to wear off. While you may regain some of the Ecstasy effect, you will usually just bring on overdose symptoms.

3. If you use Ecstasy consider the effects of regular use. Frequent use can build your body's tolerance, leaving you taking higher doses each time to achieve the same effect. Higher doses will eventually stop working.

DEHYDRATION

Ecstasy is used most often where people dance. Like alcohol, Ecstasy can mask a natural sense of shyness or social anxiety that some people associate with dancing in public and meeting new people. Both dancing and Ecstasy all dehydrate your body. When Ecstasy and dancing are mixed dehydration becomes the greatest single danger to your health. The dangerous effects of dehydration of Ecstasy are compounded when your serotonin rich brain masks your feelings of fatigue, and you dance non-stop. Ecstasy increases your body temperature (you sweat like a pig) and energizes you (you dance like a fool). You lose track of the signals your body sends you warning of dehydration and you may end up collapsing with your goofy grin on the dance floor.

If you take Ecstasy it is vital that you keep yourself hydrated. Try to drink around 16 ounces of fluid an hour (not alcohol) to replace fluids lost by sweating - isotonic drinks are particularly good. Most of the dangers come from people overheating and not replacing enough fluids while dancing, so it is essential to keep drinking water. We can't stress this fact enough. But also be careful not to drink too much - about a pint an hour is right if you're on the dance floor. While most related deaths have been caused by dehydration due to dancing, hot conditions and Ecstasy use, others have died from guzzling gallons of water at a time. Pace yourself, taking care to hydrate your body. Ecstasy is heating up your body sending sweat out those pits at a pint an hour: you need to keep pace. Remember that water is not an antidote to Ecstasy, it just helps combat the dehydrating qualities of the drug.

Five Tips to Avoid Dehydration/Overheating

1. Drink water. It is very important to stay hydrated while on Ecstasy. Most people get thirsty, but even if you don't, you should drink enough water.

2. Don't drink too much water. A few people have died on Ecstasy from drinking too much water, perhaps because they thought water would make them come down. Unfortunately, water does not counteract the subjective effects of Ecstasy. Water only counters dehydration. One pint per hour is plenty, even if you are dancing quite a lot.

3. Take breaks from dancing. It is easy to dance for long periods of time while on Ecstasy. Even if you have lots of energy and are feeling great, you should take breaks regularly, sit down, and relax a while.

4. Stay cool and avoid very hot environments. Indoor clubs packed full of people can often get very hot. If you are feeling uncomfortably hot, go outside and get some fresh air. Be careful of hot summer days as well. If you plan to do Ecstasy outdoors, make sure there is some shaded areas were you are going. And for obvious reasons, stay out of hot tubs!

5. Avoid mixing alcohol with Ecstasy. Alcohol dehydrates your body as well, adding to the risk. It also lessens your ability to detect the warning signs your body may be giving you.

DEPRESSION

When Ecstasy releases serotonin that is stored in your brain, the feel good chemical gets broken down or metabolized away. When you use up all your brain's groovy "walkin-on-sunshine" juice on Saturday night, you have none to spare on Monday and Tuesday. That means the goofy-happy-go-lucky-dancing-queen from Saturday may be Bitchy-Tina when the weekend ends. You see it takes a while for your brain to replenish its supply (perhaps a week or two), although this depends on many factors such as diet, frequency of use, dose level, other drugs used, etc. During this time you may experience symptoms of depression related to lower serotonin levels, especially if you use Ecstasy frequently. Many regular, weekend Ecstasy users report experiencing such "post-Ecstasy depression." There is some evidence suggesting that this depression may be related not only to short shortages of serotonin, but also some damage to the receptor sites that respond to the chemical in your the brain. This may cause more prolonged periods of depression, which are sometimes reported by frequent Ecstasy users

Four Ways to Lessen Post-Ecstasy Depression

1. Moderation. There are biochemical reasons why frequent Ecstasy use increases the likelihood of experiencing post-Ecstasy depression.

2. Eat well. Your body produces serotonin by combining together various amino acids found in proteins. Maintaining a well balanced diet that includes enough complete proteins and the proper vitamins and minerals will help you stay healthy and rebound more easily from serotonin depletion.

3. Sleep. Many of your brain's restorative processes take place while you sleep. Not getting enough sleep may significantly lengthen the time it takes for your brain to replenish its serotonin.

4. Use lower doses. And avoid "booster" doses, or taking more when you come down. Remember, *when you come down from*

Ecstasy you have already depleted much of your serotonin. Depleting it even more will likely lengthen the time it takes for it to be replenished.

Following the above tips in no way guarantees protection from Ecstasy-related depression. Ecstasy is a powerful serotonin-depleting drug, and repeated use will always carry this health risk.

Ecstasy is a buzzword loaded with different meanings for different people. For some it may evoke images of joy filled dancing, for others the goofy mindless grins of the muscle bound shirtless guys filling a familiar dance floor. It is important to not let these emotions and ideals keep us from making healthy decisions. Don't base your health on the advice of tabloid journalism nor the guy who sells you a drug. Despite the hype, you have complete control over what you put in your body. Nothing you do can ever make recreational drug use completely safe. Following the above tips can only help you avoid some of the risks involved. Regardless of your decisions to use or not use drugs, you **can** make healthy decisions. Make informed choices, and no matter how you play . . . Play hard and play safe.

G-Net is a program of gay men's wellness at Whitman-Walker Clinic. G-Net offers a network of comprehensive services and programs to enhance the health and well being of gay and bisexual men by building community, embracing and celebrating gay sexuality, relationships and culture. If you have a question or a topic you would like us to address, or you would like to become more involved, e-mail us at GNet@wwc.org *or call us at 202-939-7869.*

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Questions About Whitman-Walker Clinic Services or Programs?
E-mail us at wwcinfo@wwc.org

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Bowelicious: Healthy Rimming

G-Net Members: Michele Lee & Tom Plummer

Okay guys, let's talk. Really talk. Sometimes you put your mouth where the sun don't shine. Other times, his mouth may head south from your "North Pole" to take in the sights at the "Royal Gorge." Rimming, tossing the salad, and analingus are all names for using your mouth to stimulate the area around a partner's asshole. It's a part of sex, both straight and gay. The idea of eating at the brown buffet isn't for everyone, but many gay men incorporate rimming into their oral sex. If you nibble on his ears, rub noses, kiss his mouth and suck his dick, what is really so shocking about licking his ass?

Many men use rimming as a precursor to anal sex. Licking a partner's ass can help him to relax tight or tense anal muscles. Sticking your tongue into his ass can allow him to begin to adjust to penetration. Rimming is not always an appetizer, however. Chowing down may be the main course. The important thing to recognize is that rimming is not inherently dirty or wrong. Many people like the way that it feels. It is okay to want someone to eat your ass and it's okay to enjoy licking, kissing and tongue fucking a partner's asshole.

Now bringing it up with a partner may be more challenging. As with any sort of sex, open and honest communication is key to making it both pleasurable and safe. Discussing rimming may be more difficult than other kinds of sex. You may be unsure of how your partner will respond. What if he finds it revolting? Most people have been taught that assholes are dirty and gross. Some men may still feel very self-conscious about their ass, others may have a hard time stomaching the idea of putting their mouth *down there*. Ultimately, like anything else, tossing salad is not for everyone. If your partner wants you tapping at his ass, you *can* refuse. Don't be judgmental. To each his own. Talk about your sexual limits and what things are comfortable for you.

For those who choose to rim, be aware of some signs that your partner is ready for you. He may raise his legs in the air, or guide your head lower while you're giving him a blowjob. If you are not comfortable putting your mouth on his asshole, you can focus on his butt cheeks and the space between scrotum and anus. If you are unsure what feels good for him, ask. Likewise, if you would like your partner to rim you, be sensitive to his desires and sexual limits. The pleasure of rimming is usually apparent as soon as you or a partner begins licking the area around the asshole or the area between the hole and scrotum. What's not so clear are the risks involved and what steps we can take to reduce those risks. So before you start feeding at the trough, read on.

While rimming poses a low risk for transmitting HIV, plenty of other illnesses are associated with analingus. In fact, you can contract almost any other STD imaginable. Hepatitis A and B should be your biggest concerns. Hep A is transmitted through feces. Hep B is transmitted in much the same way as HIV, but is much easier to catch. While you can use many of the safer sex techniques highlighted in this article, vaccination is the best answer for wiping away these two worries.

Herpes and anal warts can also be transmitted through rimming. Both of these viral infections are spread through skin to skin contact. That makes them pretty easy to catch. Talking to your partners about sexually transmitted infections is important. Using saran wrap or a dental damn can also reduce your risk. You don't want genital herpes or warts on your lips. Both are viral infections, which means once you have them you always will.

Gonorrhea is another sexually transmitted bacterial infection that you can

transmit through rimming. Gay men get gonorrhea in three spots: their ass, their throat and their dick. You can get gonorrhea in your mouth from rimming a guy who has it in his ass. It less likely, but also possible, for you to get gonorrhea in your ass from the mouth of a partner with a throat infection. Dental damns or saran wrap are your best bets for preventing transmission of gonorrhea bacteria through rimming. If you do get gonorrhea, it can be treated, but it isn't a pleasant experience and can have serious consequences.

Rimming can also lead to a number of hard to treat gut infections, caused by parasites and bacteria. Amebiasis (a.k.a., amebic dysentery) is caused by parasite Entamoeba histolytica. Entamoeba histolytica resides in the colon and either it or its reproductive cysts wash out in stool. If your partner eats this organism, it will grow in his bowels. Most men are not symptomatic and pass it on to partners. But when symptoms do show, they are crampy abdominal pain, diarrhea (frequently bloody), and a low-grade fever.

Giardiasis is the infection caused by the parasite Giardia lamblia. The most common parasitic infection in the U.S., Giardia resides in the small intestine, not the colon. Parasitic cysts leave the body in stool and can be ingested by your partner. Many guys are symptom-free, but common complaints are upper abdominal pain, nausea, and diarrhea. Your doctor can test for Giardia and Amebiasis using a stool sample and can treat the infections with the antibiotic metronidazole (Flagyl).

While Giardia and Amebiasis are caused by parasites, other gut infections are caused by bacteria. Licking up some of these bacteria from a partner's ass can lead to digestive troubles. Bacteria invade your colon, multiply, and cause diarrhea (sometimes bloody), extreme cramping, fever, and vomiting. These infections usually go away by themselves without treatment, but in severe cases and with AIDS patients antibiotics are often necessary.

So with all that talk of the shits, I bet you can't wait for some rip roaring rimming right here in Rivertown. Here are some ways to continue to enjoy rimming and keep healthy at the same time:

Step #1: Talk to your partner and listen to what he has to say. Monogamy with an uninfected partner can be a way to stay safe. Get tested and monitor your own health. Many sexual situations won't allow for a discussion of a partner's gastrointestinal history. Outside of a monogamous relationship, steps two and three may be more practical.

Step #2: Cleanliness is next to holiness. Cleaning your and your partner's bums before rimming can reduce risks associated with bacterial, parasitic and Hep A infection. Cleaning alone won't protect you completely, but will reduce the likelihood of ingesting fecal matter or stool-borne bacteria. You wash the dishes before you eat off them, don't you? Do the same with your ass. Soap and water are your best bet. Suggest a shower to your partner and offer to wash his back. Now lather up your hands and —"Oops!"— you dropped the soap. Seriously, a pre-sex shower can give you the chance not only to clean, but to begin examining each other's bodies. Be gentle when cleaning. Stay away from perfumed soaps that could irritate and don't scour too hard. If you irritate the skin you will reduce your pleasure and risk causing abrasions that could become infected.

If you're worried about smell, stay away from perfumes unless you know you're not allergic. You can wipe with a washcloth moistened with a little Listerine or toothpaste and water. Rimming will never be aroma-therapy. Avoid aromatic oils that weaken condoms, in case you go on to anal intercourse. Most likely, if he likes rimming he will want to smell you. Clean your ass with soap and water and let your own unique aroma come through.

Step #3: Barriers such as plastic wrap, a cut-open condom or dental dam are the most effective way to reduce the risks of getting an infection while rimming. A barrier is the best way to go when rimming someone with herpes or genital warts. It is also especially important if you haven't been vaccinated for Hepatitis A and B. Barriers can reduce pleasure by taking away from the taste, smell, and feel of an uncovered ass. If you choose to use a barrier, be creative. Put a dollop of water-based lube on his asshole first. Then flavor your side with anything your heart desires: pudding, honey, even barbecue sauce.

Rimming is part of sex. Anything that arouses you is. Everyone decides on his own where he's going to put his mouth. If you decide to toss the salad, know how to protect yourself and your partner – then safely plant the rainbow flag on the dark side of the moon. Until then, play hard and play safe.

G-Net is a program of Gay Men's Wellness at Whitman-Walker Clinic. G-Net offers a network of comprehensive services and programs to enhance the health and well being of gay and bisexual men in the Washington Metropolitan area by building community, embracing and celebrating gay sexuality, relationships, and culture.

If you have a question or topic that you'd like to discuss or would like to become more involved, give us a call at 202-939-7869 or e-mail us at GNet@wwc.org .

HIV/AIDS Information • You Can Help • Volunteer Opportunities • Gay & Lesbian Health Services
News & Archives • Satellite Services • Surveys • Advocacy • Employment Opportunities • Home

Questions About Whitman-Walker Clinic Services or Programs?
E-mail us at wwcinfo@wwc.org

Main Facility	Elizabeth Taylor Medical Center	Max Robinson Center	Northern Virginia	Suburban Maryland
1407 S Street, N.W. Washington, D.C. 20009 202-797-3500 TDD 202-797-3547 En Espanol 202-328-0697 24-Hour 202-365-5225 AIDS Info 877-939-AIDS Fax 202-797-3504	1701 14th Street, NW Washington DC 20009 V/TDD 202-745-7000 Fax 202-745-0238	2301 M L King Jr. Avenue, SE Washington, DC 20020 V/TDD 202-678-8877 Fax 202-678-8099 wwcMRC@wwc.org	5232 Lee Highway Arlington, VA 22207 703-237-4900 TDD 703-237-3115 Fax 703-237-5757 wwcnova@wwc.org	7676 New Hampshire Ave. Suite 411 Hyattsville, MD 20783 301-439-0731 TDD 301-439-0733 Fax 301-439-2983 wwcmd@wwc.org

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November 9, 1999

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

Dear Sandy:

I wanted to follow up on our conversation at lunch a couple of weeks ago and invite you to spend some time with us here at Whitman-Walker Clinic.

We had discussed a number of possibilities, including a tour of our Elizabeth Taylor Medical Center, which serves the downtown area, and the Max Robinson Center, which serves those living with HIV and AIDS east of the Anacostia River. In addition, we would be honored if you would attend one of our "All-Staff" meetings, which are held on the first Wednesday of each month. We would also like to carry out your desire to meet with some of our clients, either individually, or in a group setting. And finally, we would like to assist you in scheduling a "ride along" with PreventionWorks!.

I am looking forward to your visit, and staff and clients are already anticipating meeting and talking with you. My Executive Assistant, Twanna Clark, will follow up with your office to explore possible dates.

Warm Regards,

Sincerely,

Elliot Johnson
Executive Director

cc: Patsy Fleming, PreventionWorks!

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April 7, 2000

The President and Mrs. William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President and Mrs. Clinton:

For more than seven years, you have been forceful advocates on behalf of all people living with HIV and AIDS. Because of your leadership, Americans from all walks of life who battle this disease everyday are able to access primary medical and mental health care, medication, food, shelter and other support services. On behalf of the Whitman-Walker Clinic Board of Directors, I am writing to extend to you an invitation to accept the "Partner for Life" Award at our Annual Spring Gala, to be held at the Kennedy Center for the Performing Arts Opera House on June 29th.

Whitman-Walker Clinic is one of the nation's foremost community-based health and human service organizations, providing a full range of health care to those living with HIV and AIDS and the gay and lesbian community in the Washington, D.C. metropolitan area since 1973. Through your leadership, we have been able to provide lifesaving assistance to thousands of men, women and children in our area.

The "Partner for Life" Award is the highest honor bestowed by the clinic. We would be proud to recognize the important contributions you have made to the battle against HIV/AIDS in the United States and around the world. This award will also recognize your leadership in health care reform, advancing the lives of gay men and women through appointment to high public office, strong defense of the Americans with Disabilities Act, protection of Medicaid, and the President's noble apology for the Tuskegee Syphilis Study which tainted our nation's public health efforts for far too long.

Patti LaBelle will be headlining the Spring Gala, which raises much needed funds to care for the thousands of people living with HIV in the Washington area at our Elizabeth Taylor Medical Center and other facilities. Previous recipients of the "Partner for Life" award include Mrs. Tipper Gore and Secretary Shalala.

We would appreciate the favor of a reply at your earliest opportunity. Your staff may contact me at 202-797-3511 or Michael Cover, Director of Communications and Acting Director of Development, at 202-797-3590

Sincerely,

A. Cornelius Baker
Executive Director

Thank you! again, and again.

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Business Wire

February 24, 2000, Thursday 04:00 AM Eastern Time

SECTION: HEALTHWIRE

DISTRIBUTION: Business/Health Editors

LENGTH: 367 words

HEADLINE: Epitope's OraSure Tests Jesse Jackson at The Whitman Walker Clinic; Continued Support for **HIV/AIDS** Awareness Among **African**-Americans

DATELINE: BEAVERTON, Ore., Feb. 24, 2000

BODY:

Epitope, Inc. (NASDAQ NM: EPTO) today announced a supply of the Company's OraSure(R) oral specimen collection device has been donated for use at The Whitman Walker Clinic, the primary source for **HIV/AIDS** services in the Washington, D.C. area. The OraSure devices will be used to test the Reverend Jesse Jackson and other celebrity personalities during an event to encourage testing of and raise awareness about **HIV/AIDS** among the **African**-American community.

OraSure is the only oral specimen collection device approved by the Food and Drug Administration (FDA) for screening and confirmatory testing for antibodies to HIV-1, the virus that causes AIDS. The event features testing and counseling of participating celebrities including Reverend Jackson, Brian Mitchell of The Washington Redskins and actor Dennis Haysbert of the CBS series, "Now and Again." Reverend Jackson will publicly address the AIDS crisis within the **African**-American community to raise awareness of the **HIV/AIDS** problem, to help destigmatize the testing process and to encourage **African**-Americans to know their HIV status.

Robert D. Thompson, Epitope's president and chief executive officer said, "We continue to support the critical efforts of public health organizations, like the Whitman Walker Clinic, for AIDS awareness and treatment. They provide the front-line defense against the spread of HIV in our communities. OraSure is a proven, accurate alternative to blood testing with greater patient participation as it eliminates the problems associated with the fear of needles and the dangers of needle-stick injuries for healthcare workers. We hope if it's less intimidating and easier be tested with OraSure, more people will take action to help slow the spread of this disease."

Epitope, Inc. develops, manufactures and markets medical devices and diagnostic products utilizing its proprietary oral fluid technologies for sale to public- and private-sector clients worldwide. The company's primary focus is on the detection of HIV antibodies, with emphasis in the U.S. life insurance and global public health markets, and on the use of oral fluid testing for the detection of drugs of abuse and other analytes.

CONTACT:
Lippert/Heilshorn & Associates
Bruce Voss, 310/575-4848
Bruce@lhai.com
or Kim Sutton Golodetz, 212/838-3777

Kim@lhai.com
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www.lhai.com

URL: http://www.businesswire.com

LANGUAGE: ENGLISH

LOAD-DATE: February 24, 2000

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Search: General News;HIV/AIDS, African

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Example: **House of Representatives**

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declined / VM to Barbara Oct. 26

WHITMAN-WALKER CLINIC INC

October 7, 1999

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

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Dear Ms. Thurman:

I want to invite you to participate in a very special event. On Thursday, November 18, Whitman-Walker Clinic will open a Conference on HIV/AIDS in the African-American Community in conjunction with the Shiloh Family Life Center Foundation and the Progressive National Baptist Convention.

The opening will begin at 12:30 and will include the Centers for Disease Control satellite broadcast titled "HIV Prevention with Faith Communities and Communities of Color" and an opportunity for discussion after the broadcast. It will be held at the Academy for Educational Development at 1825 Connecticut Avenue. We would be honored if you would join us as a speaker before the broadcast.

This conference is part of our ongoing efforts to reach out to the African-American community and address the special needs of African-Americans impacted by HIV and AIDS. I believe that your expertise and experience would help make the conference truly beneficial for the participants.

I hope you will join us and lend your voice to our efforts to address the problem of HIV/AIDS in the African-American community. We must take steps to end this epidemic now. Your participation will help us do that. Barbara Chinn of Whitman-Walker Clinic will contact you on October 12 to confirm.

Sincerely,

Hi!

Elliot Johnson
Executive Director
Whitman-Walker Clinic

CDC National Prevention Information Network

A Service of the National Center for HIV, STD, and TB Prevention

Operators of the CDC National AIDS Clearinghouse

P.O. Box 6003

Rockville, Maryland 20849-6003

Phone: (800) 458-5231 TTY: (800) 243-7012 Fax: (888) 282-7681 International: (301) 562-1050

CDC Broadcast Fax Cover Page

Date: 10/19/99

Pages: 3 (Including Cover)

To: THE HONORABLE SANDRA THURMAN

Organization: WHITEHOUSE OFF OF NATL AIDS POLICY

Fax Number: 2024562438

Phone Number: 202 4562437

Subject: Satellite Broadcast

MAY CONTAIN TIME SENSITIVE INFORMATION

Please deliver to the intended recipient immediately! This fax may contain time sensitive information.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV Prevention With Faith Communities and Communities of Color

Public Health Training Network

~A Public Health Training Network Satellite Broadcast~
November 18, 1999, 1:00–3:00 PM ET

This broadcast presents a public health update on activities and resources for HIV prevention with faith communities and communities of color. Viewers will hear from government and non-government spokespersons from throughout the country. Programs in action will also be featured through interviews and tours with staff, clients, and activities. Viewers are invited to fax questions and comments in before and during the broadcast.

Please distribute this fact sheet as soon as possible to colleagues and network partners. Encourage them to begin setting up viewing sites and promoting attendance now.

Objectives

At the completion of the broadcast, participants will be able to

- Describe the impact of the epidemic on faith communities and communities of color.
- Demonstrate how local communities are responding.
- Identify partnerships and resources available to communities.

Target Audience

This broadcast is designed for organizations and individuals interested in conducting HIV prevention with faith communities and communities of color. This audience includes national and local faith-based institutions and organizations; community-based organizations; health departments; national and regional minority organizations; and HIV Prevention Community Planning Groups.

Broadcast Sponsors

CDC's National Center for HIV, STD, and TB Prevention in partnership with CDC's Public Health Practice Program Office and the Public Health Training Network.

Local Viewing Info May Be Added Below:

Welcome

- Reverend Edwin Sanders, Executive Director, First Response Center, Nashville and Member, CDC Advisory Committee on HIV and STD Prevention

Invited Panelists Include

- Qairo Ali, Coordinator, HIV Prevention Faith Initiative, Division of HIV/AIDS Prevention, CDC
- Reverend Yvette Flunder, MDiv, Senior Pastor, The City of Refuge and Executive Director, The Ark of Refuge, Inc., San Francisco
- JoAnn Kauffman, MPH, Public Policy Representative, National Native American AIDS Prevention Center, Oakland
- John Manzon-Santos, Executive Director, Asian and Pacific Islander Wellness Center, San Francisco
- Reverend Altagracia Perez, STM, Rector, Episcopal Church of St. Philip the Evangelist, Los Angeles, and Co-chair, Racial and Ethnic Populations Subcommittee, Presidential Advisory Council on HIV/AIDS
- Steven Walker, HIV Prevention Program Manager, Bureau of HIV-STD Prevention, Houston Department of Health and Human Services, Texas
- George Roberts, PhD, Special Assistant for Communities of Color, Division of HIV/AIDS Prevention, CDC

Materials Available after August 18

Broadcast Web Site:

http://www.cdcnpin.org/broadcast

Includes this fact sheet, on-line registration for persons coordinating viewing sites and a list of viewing sites updated daily beginning September 1 as sites register.

CDC Fax Information System: Call toll-free 888-CDC-FAXX or TDD 877-232-1010..

Enter a document number and return fax number.

Document 130031 - This Fact Sheet

Document 130030 - Registering a Viewing Site

Closed-Captioning

This broadcast is closed-captioned for the hearing-impaired. You may order a closed-caption video of the broadcast by contacting the National Prevention Information Network (NPIN) at 800-458-5231 or TTY at 800-243-7012.

Instructions for Viewers

Viewers do not need to register with CDC but are encouraged to contact a registered viewing site between ***September 1 and November 4*** to request seating. ***Beginning September 1,*** a list of registered viewing sites open to guests will be updated daily on the web site. Viewers without Internet access may call 800-458-5231 ***after September 1*** to identify a viewing site. After September 1, viewers seeking a viewing location are encouraged to periodically check the web site to determine if more sites have registered in their area; viewers without Internet access may call NPIN at 800-458-5231.

Setting Up A Viewing Site

Organizations are asked to set up their own viewing sites ***as soon as possible.*** To do this, identify and reserve a viewing site with a steerable antenna that receives either C- or Ku-band satellites. Examples of such sites include schools, hospitals, community colleges, universities, county extension offices, and local chapters of the American Red Cross. A fax machine near the viewing room allows viewers to fax questions in.

To register a viewing site, **after August 18,** please visit the Broadcast Web Site or Fax Information System (Document Number 130031) or call 800-458-5231. Please register your site ***soon after August 18 and by November 4*** to be listed as a viewing site and to receive any handouts.

Encouraging Attendance

Once they reserve a viewing site, organizations are encouraged to invite colleagues from various local organizations to view this broadcast (see "Target Audience" on page 1).

Questions/Comments for Speakers

- Before November 18, fax to 404-639-0944
- During the broadcast, information will be provided on how to fax questions/comments for the panelists. We plan to take only faxes and no live calls during this broadcast.
- In the event we are unable to answer a question during the program, you may E-mail or fax your question or comment:
  - E-mail to hivmail@cdc.gov
  - Fax to 404-639-0944, Attn: Satellite Broadcast

Intermission During Broadcast

A 10-minute intermission is planned at approximately the midpoint of this broadcast.

Continuing Education Credit

Continuing Education Credits will not be offered for this broadcast.

Videotapes

Viewing sites are encouraged to record this broadcast as it airs and to share the videotape with colleagues; or you may obtain videotapes of CDC's satellite broadcasts on HIV prevention by calling toll-free 800-458-5231.

Satellite Technical Specifications

After November 1, we plan to add the satellite coordinates to the Broadcast Web Site and Fax Information System (Document 130031). We are often unable to obtain coordinates earlier than 20-30 days before broadcasts. Thank you for your patience.

Satellite Signal Tests

Same technical specifications as the broadcast.

- Wednesday, November 17 (12:30 - 1:30 p.m. ET)
- Thursday, November 18 (12:30 - 12:55 p.m. ET)

Technical Assistance

Technical assistance regarding the satellite transmission will be available ***only on November 17 and 18*** and by calling 800-728-8232 (or from Canada, 404-639-1289). Those telephone numbers also provide a recorded list of the C- and Ku-band coordinates about 20-30 days before the broadcast.

Questions About the Broadcast. . .

After August 18, please call toll-free 800- 458-5231 or TTY 800-243-7012.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FOR IMMEDIATE RELEASE
May 11, 1999 (7:13 PM)

Contact: (202) 456-2437

AIDS Czar Praises FY 2001 Budget Request for AIDS Care, Prevention, and Research

WASHINGTON, DC – Saying that it is clear that this Administration remains committed to addressing HIV and AIDS in the U.S. and abroad, Sandra Thurman, Director of the White House Office of National AIDS Policy, stated: "The Clinton/Gore Administration continues to meet the challenge both here and abroad head on. We must all remember that we are at the beginning and not the end of a relentless pandemic. The Administration's Fiscal Year 2001 budget moves forward on several fronts including prevention, care and treatment (for both new treatments and an effective vaccine), and housing, as well as in our global battle against HIV/AIDS."

Citing an 8 percent increase in Ryan White CARE funding, Ms. Thurman said, "this increase continues the progress we have made in bringing community-based care and treatment to individuals and families living with HIV/AIDS. Working to ensure that those who cannot afford health care are able to receive it helps us meet our obligation to those in need. The Ryan White CARE Act is our nation's premier AIDS program and a model for the world. This Administration remains committed not only to its increased funding but to its swift reauthorization. This program has always received broad-based bipartisan support in Washington, and in states, cities and communities across the country – and I trust that cooperation and partnership will continue."

Additional funding for AIDS-related research at the National Institutes of Health will "help continue our efforts to find effective treatments, search for a vaccine, and study behaviors which place people at risk for infection with HIV." "Our commitment to research continues," said Ms. Thurman.

Other highlights of the FY 2001 budget request as it relates to HIV/AIDS include:

- ✓ Funding for the Ryan White CARE Act, which helps cities and states care for those living with HIV and AIDS, is increased $125 million to $1,719.8 million (8% over last year and 472$ since 1993.
- ✓ HIV prevention funding to the Centers for Disease Control and Prevention is increased by $65 million to $795 million (9% over last year and 59% since FY 1993).
- ✓ AIDS research funding to the National Institutes of Health will go up by approximately $87 million to $2.11 billion (4% over last year and 98% since FY 1993).
- ✓ Funding for substance abuse services targeting those at highest risk of HIV infection, through the Substance Abuse and Mental Health Services Administration (SAMHSA) is increased by $6 million to $128 million (5% over last year and 132% since FY 1993).
- ✓ The Housing Opportunities for People With AIDS (HOPWA) Program at the Department of Housing and Urban Development request is $260 million, a $28 million increase (12% over last year and 132% since FY 1993).
- ✓ In support of Vice-President Al Gore's historic presentation at the United Nation's Security Council in which he presented HIV/AIDS as a international security concern, an increase of $100 million is being requested to enhance the Administration's efforts on global AIDS, including funding efforts through the Centers for Disease Control and Prevention, Department of Defense, Department of Labor and the U.S. Agency for International Development.

Ms. Thurman said she is eager to continue to work with Congress, and applauded the bipartisan support that HIV/AIDS funding has received in the past. Ms. Thurman said, "AIDS continues to be a very real, very human tragedy. Now, more than ever, we must enhance our efforts. With 40,000 Americans being infected every year – and almost half of them under the age of 25 and more than one-half from communities of color, we must do more. And because we are a global community and because the global battle against AIDS is a shared responsibility, we must do more. We owe it to ourselves, our children and our future.

See attached chart for specific information on selected AIDS program increases.

Selected AIDS Programs *(in millions)*	FY93	FY00*	FY01 *	Change Since FY00		Change Since FY93		Minority Initiative*	Minority Initiative Change
Food and Drug Administration	$ 73.0	$ 70.0	$ 70	$ 0	-4%	0	-4%		
Health Resources and Services Administration									
Ryan White	$ 364.4	$ 1,594.6	$ 1719.6	$ 125	8%	$ 1,355.2	472%	$ 74.1	$0
Title I - Metropolitan Areas		$ 546.5	$ 586.5	40	7.3%				
Title II - AIDS Drug Assistance Program		$ 528.0	$ 554	26	4.9%				
Title II - non-ADAP		$ 296.0	$ 310	14	4.&%				
Title III - Early Intervention Clinics		$ 9138.4	$ 171.4	33	17%				
Title IV - Pediatric and Youth		$ 51.0	$ 60	9	17.6%				
Title V - Dental		$8.0	$ 85	.5	6.25%				
AIDS Education and Training Centers		$ 26.7	$ 29.15	2.45	9.2				
Other			**$ 5,219.7**						
HHS Office of the Secretary			$ 50					$ 50	0
Office of Minority Health			$ 9.7					$ 9.7	0
Centers for Disease Control and Prevention	$ 498.0	$ 730.0	$ ***795.0	65.0	8.9%	297	59.6%		
Global AIDS Initiative		$ 35.0	$ **26						
Community Planning		$ 277.6	***						
Minority AIDS Initiative		$ 60.6	***70.6					$ 70.6	10
Other Prevention		$ 357.6	***						
National Institutes of Health - AIDS Research	$ 1,071.0	$ **2,170.0	$ 2111.1	87.1	4.0%	1040.1	98%	$ 7.2	$ -1.5
Substance Abuse and Mental Health Services Admin.	$ 55.0	$ 122.0	$ 128.0	$ 6.0	5%	$73.0	132%	$ 62.7	$ 15
Housing and Urban Development - HOPWA	$ 100.0	$ 232.0	$ 260.0	$ 28.0	12%	$160.00	160%		
Total	$ 2,161.4	$ 4,781.6	$ 5219.7	$ 438.0	7.6%	$2,984.2	238%	$ 274.3	$ 23.5 (+9.4%)

*Includes $274 in funding for the Minority AIDS Initiative which is detailed in the last two columns.
**Does not include $10 million in funding allocated each to the Departments of Labor and Defense, nor $54 million allocated to US Agency for International Development.
**Estimates based on overall increase in funding – specific allocations have not yet been finalized.

Reps/murguia/2001budgetchart

Enclosed is an envelope you may use to send in your check, payable to TrueNote Productions, to purchase tickets to either the 7 or 9:30 p.m. performance of ***From the Heart*** on September 30th in DC. (Be sure to indicate your preferred show time.) If you cannot attend but instead would like to make a contribution in any amount to the Clinic, please enclose a check payable to Whitman-Walker Clinic.

Thank you!

TrueNote✶Productions www.truenote.com

TrueNote Productions
P.O. Box 77516
Washington, DC 20013

TrueNote Productions
www.truenote.com

9/21/00

Sandra,

Congratulations on the nice article in today's Post. I wanted to also let you know this benefit shows – my small contribution to the AIDs epedimic. Hope you can join us on the 30th!

Mark Braswell

TRUENOTE★PRODUCTIONS

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PRESS RELEASE

FOR IMMEDIATE RELEASE—SEPTEMBER 8, 2000

From the Heart, a new musical revue by **Mark Walter Braswell**, debuts Saturday, **September 30th**, at the Tutorsky Mansion and will benefit **Whitman-Walker Clinic**. Featured among the cast is **Anne Kanengeiser**, who is best known in Washington for her award-winning roles in ***Passion*** at Signature Theatre and in ***Eleanor: An American Love Story*** at Ford's Theatre. Kanengeiser was also in the Broadway cast of ***Ragtime***.

"The show is a collection of over 20 ballads and funny songs from my musicals, including many new comedy, jazz, and blues numbers." When asked about the title, Braswell adds that "all of my songs are 'from the heart.' Plus, the phrase has additional meaning since our production team is helping such an important organization as **Whitman-Walker Clinic**." In this musical revue, five characters share their thoughts about life and love with a bartender and with each other. "But, as Dame Edna would remark, it's easy for everyone to follow since it doesn't have a plot!" Braswell continues, "***From the Heart*** is really a celebration of music and how it can be used to enrich our lives—and the lives of those in need."

A resident of D.C. and a native of North Carolina, Braswell was trained as a lawyer. His love for the piano led him to a composing career during which he has written almost 100 songs. Braswell's first musical, ***Love Notes***, enjoyed several successful workshop productions. His second, ***That Funny Kind of Feeling***, was performed off-Broadway at the Triad Theatre in November 1998. Braswell notes, "It's a unique love story in that either character can be played by either gender." His songs have also been performed in weddings and cabarets ("Don't Tell Mama," New York), as well as fund-raisers in Washington, Chicago, and New York. ASCAP, of which he is a member, has provided him funding awards for several years.

From the Heart will be performed at 7 & 9:30 p.m. at 1720 16th St., NW (16th & Riggs in Dupont Circle). Tickets are $30 (including wine and hors d'oeuvres before each show) and can be purchased in advance by sending a check payable to TrueNote Productions and mailing it to PO Box 77516, Washington, DC 20013. Remaining tickets will be sold at the door. To learn more about ticket availability or obtain general information, call 202-328-3107.

From the Heart

Music & Lyrics by . . . **MARK WALTER BRASWELL**

Featuring . . . . . **Anne Kanengeiser**
Klaude Krannebitter **Mary Jayne Raleigh**
Bob McDonald **Tim Tourbin**

Stage direction . . . . . **Mary Jayne Raleigh**
Music direction . . . . . **Ron Chiles**
Lighting design . . . . . **Ayun Fedorcha**

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TrueNote✶Productions *presents*

From The Heart

A musical revue of songs by **MARK WALTER BRASWELL**

Benefitting WHITMAN-WALKER CLINIC

FEATURING

Anne Kanengeiser

Eleanor: An American Love Story (Ford's Theatre) - Helen Hayes Award for Best Actress
Passion (Signature Theatre) - Helen Hayes Award for Best Actress
Ragtime (Original Broadway Cast)

WITH

Klaude Kranenbitter

Tussaud! (Source Theatre)

Mary Jayne Raleigh

Side Show (Signature Theatre)

Bob McDonald

Makin' Whoopie (Arena Stage)

Tim Tourbin

Sweeny Todd (Signature Theatre)

Saturday, Sept. 30, 2000
7:00 p.m. & 9:30 p.m.

The Tutorsky Mansion
1720 16th Street, NW, Washington, DC
$30 (general admission). Limited seating.
Doors open 30 minutes before show
Ticket Includes wine and hors d'oeuvres.
For advance tickets, make check payable to
TrueNote Productions and mail to:
PO Box 77516
Washington, DC 20013

(202) 328-3107 ❖ www.truenote.com ❖ contact@truenote.com

Stage direction by ..... **Mary Jayne Raleigh**
Musical direction by ..... **Ron Chiles**
Lighting design by ..... **Ayun Fedorcha**

Whitman-Walker Clinic is the primary community-based provider of HIV and AIDS services in the D.C. area. For more information, see **www.wwc.org**