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CENTRAL VIRGINIA HIV CARE CONSORTIUM
ADMINISTRATIVE AGENCY

August 10, 1999

Mr. Todd A. Summers
Deputy Director
Office of National AIDS Policy
736 Jackson Place, NW
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Dear Mr. Summers:

I am writing as a follow up and an expression of appreciation to both you and Mr. Bennett to our meeting of July 14, 1999. Dr. Kaplowitz and I both enjoyed meeting you both and thank you for your time.

With respect to future collaboration, we are both very excited about the possibility of exploring further with you opportunities for developing a project in partnership with your office and that of other federal agencies. I must tell you that the community would also welcome such an arrangement and are eager to participate in every possible manner. Richmond has implemented several initiatives most of which are new and innovative, including intensive outreach to youth and young adults, a superlative faith community collaboration and access to care for minority populations.

I do understand that Congress, although on recess will return in the fall with several health related issues on their agenda, and that you play a pivotal role in information dissemination relative to the HIV/AIDS epidemic nationwide. Both Dr. Kaplowitz and I however, would welcome the opportunity for you and others to visit Richmond, and share in the uniqueness of this city and its' community efforts currently underway.

Please do not hesitate to contact us should Dr. Kaplowitz or I can be of further assistance to you and your office. I can be reached at (804) 828-8844 and Dr. Kaplowitz at (804) 828-2210. We look forward to seeing you soon.

Sincerely,

A handwritten signature in cursive script, reading "Fred A. Wilson".

Fred A. Wilson
Ryan White Project Manager

Cc: Mr. Rusty Bennett



YOUTH & HIV/AIDS: AN AMERICAN AGENDA

A REPORT TO THE PRESIDENT

Prepared by the
Office of National AIDS Policy
Sponsored by the National AIDS Fund through grants from
The Until There's A Cure Foundation and James C. Hormel
March 1996

THE WHITE HOUSE
WASHINGTON

March 5, 1996

Dear Mr. President,

Today, one-quarter of all new HIV infections in the United States are estimated to occur in young people between the ages of 13 and 21. That means at least one American under the age of 21 becomes infected with HIV every hour of every day. The rate of infection among young people are growing as the epidemic spreads into suburban communities and the nation's heartland.

It is heartbreaking to see another generation of our Nation's young people fall prey to this epidemic.

At your direction, the Office of National AIDS Policy has prepared this report, "*Youth and HIV/AIDS: An American Agenda*," an examination of the current state of the impact of HIV and AIDS on America's young people and a series of actions that can be taken to reverse these very troubling trends.

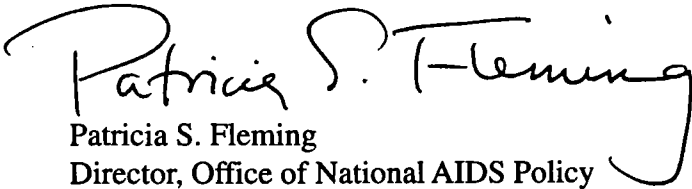
While progress has been made since this epidemic began, this report underscores a crying need for public and private sector institutions to work together even more vigorously on new prevention, treatment, and care strategies for youth.

This report is the result of a unique collaborative effort of the public and private sectors sponsored by the National AIDS Fund and underwritten by the Until There's A Cure Foundation and James C. Hormel. This office is especially grateful to a team of young people who played a critical role in collecting information and ideas — Miguel Bustos, Alex Danford, Michele Kofman, and Mangierlett Williams.

I will be sharing these findings widely with national and community leaders and with the thousands of young people who have already become involved in AIDS prevention, treatment, and care.

As you said in your remarks to the White House Conference on HIV and AIDS, we all have a responsibility to make sure that young people "know we care about them and we want them to have a future." It is my hope that this report will begin a process that helps us reach that goal.

Sincerely,


Patricia S. Fleming
Director, Office of National AIDS Policy

Executive Summary

Youth and HIV/AIDS: An American Agenda

This report is neither a set of new recommendations nor a list of new ideas. It is intended as a catalyst of change in the way Americans view the threat of HIV and AIDS to the next generation.

This report was requested by President Clinton and written after numerous interviews were conducted with young people who are affected by this epidemic as well as professionals who are engaged in HIV research, prevention, and care. What they said, and what is outlined in this report, is that even though progress has been made, this nation must increase its commitment to greater understanding, education, communication, research, and care to bring an end to this tragic disease among America's youth. Until then, adolescents across America will continue to be infected and affected by HIV and AIDS at troubling rates.

One in four new HIV infections in the U.S. are estimated to occur among people under the age of 21.

An estimated 40,000 to 80,000 Americans become infected with HIV each year, or an average of 110 to 220 a day. Under current trends, that means that between 27 and 54 young people in the United States under the age of 21 are infected by HIV each day, or more than two young people every hour. A significant number of young people are engaging in sexual intercourse as well as drug and alcohol use at earlier stages in their lives. This fact, coupled with the disturbing number of adolescents who are prone to high risk behavior due to homelessness, sexual abuse, and other circumstances, places young Americans in a situation that leaves them extremely vulnerable to HIV infection. Experts expect this high rate of infection to continue unless a greater commitment to HIV prevention is made by young people themselves, their families, their educational and cultural institutions, their religious institutions, and their peers.

HIV/AIDS does not discriminate by gender, geography, or sexual orientation.

In the nearly 15 years since the first cases of AIDS were reported in the U.S., the epidemic has spread across the country. Cases have been reported in every state, Puerto Rico,

the District of Columbia, and the American territories. Earlier concentrations in urban centers have given way to waves of cases in suburban and rural communities. Young gay men -- especially young gay men of color -- remain at very high risk for HIV. Young women are also at an increased risk both biologically and behaviorally.

A concerted effort must be made by parents, community leaders, policy makers, schools, and young people to communicate to America's youth that they have worth and that the decisions they make now can affect them for the rest of their lives.

Reaching out to those who are most at-risk -- gay and lesbian youth, homeless and runaway youth, those in families with lower socioeconomic status, those who have lost a parent to AIDS, those born HIV positive, and illiterate adolescents -- and communicating these important messages can mean the difference between life and death. Homophobia in the design and implementation of AIDS prevention programs drives away many gay and bisexual adolescents from needed information and care.

Unless education and prevention programs are made available and accessible to young people they will continue to be at risk for HIV.

While many adolescents are aware of HIV/AIDS, enough information is not available to them on how to prevent infection and spread of the disease. Education on HIV/AIDS prevention should begin at an early age and be continually reinforced both in and beyond the classroom. Educational programs and preventive messages need to be developed and delivered by parents, teachers, religious leaders, youth leaders, professionals working with adolescents, peers, media, and role models. Young people themselves -- serving as peer educators -- need to be enlisted and relied on as an important part of the prevention effort.

The lack of access to HIV counseling and voluntary testing for young people is a major barrier to prevention and treatment.

In some areas, there is a clear lack of access to voluntary and confidential HIV counseling and testing for young people. Lack of insurance, parental consent laws, personal finances, and transportation logistics are all barriers to access. Enhanced education programs need to include information on how a young person can receive appropriate counseling and testing for HIV. The nation's health care system needs to incorporate HIV prevention information for young people into consumer education programs and provide adequate financial coverage for young people who test positive for HIV.

Adolescents must become a bigger part of the research process.

Adolescent treatment approaches may vary from those used for adults or infants. Because little definitive research has been conducted to date with HIV-positive adolescents, the specific impact of puberty on the course of HIV infection has not yet been determined. Behavioral trends that play a key factor in treatment and prevention have also not been sufficiently studied. Barriers to more age-appropriate treatment research include the difficulties in enrolling young people in research programs and insufficient long-term funding for this research.

Young people are an important resource in the Nation's response to this epidemic.

Government, medical, and community leaders can learn a great deal by listening to the voices of young people as they articulate their needs for understanding, education, communication, and research. Young people must become more involved in our response to the epidemic and help each other understand the scope of this epidemic. They must work together with the nation's leaders to overcome a disease that threatens all our futures and the future of our country.

The goals the Federal government has established to address the epidemic of HIV/AIDS affecting the youth population, and the methods that have been set forth to achieve them, can serve as an example for states, regions, and communities across the nation.

The Federal government can further address the needs of adolescents affected by HIV/AIDS in the following ways:

- ◆ Prevention programs increasingly address the needs of young people. The Centers for Disease Control and Prevention has established the Prevention Marketing Initiative and an ambitious broadcast and print public service effort focused on HIV infection in young adults. Young people and their advocates should be included in all HIV prevention community planning councils to provide their perspective on how to best address their needs for prevention programs at the local level.

- ◆ The Department of Health and Human Services should create a forum of young people who are infected or affected by HIV as well as their parents, advocates, and health care providers to report to Federal officials and help identify and articulate the needs of adolescents in fashioning Federal responses to HIV and AIDS.

- ◆ The Health Resources and Services Administration should encourage the inclusion of young people and their advocates on AIDS care planning councils to help identify local needs and ways to target Federal funds to help meet the distinct developmental and comprehensive care needs of youth.

- ◆ The Centers for Disease Control and Prevention (CDC) should encourage the inclusion of young people and their advocates in AIDS prevention planning councils to provide their unique perspective of the needs of youth in prevention efforts.

- ◆ The Federal government should continue to help the nation's schools and other youth serving agencies implement comprehensive programs to prevent the spread of HIV among young people.

- ◆ The National Institutes of Health and the Food and Drug Administration should continue to encourage the enrollment of adolescents in government and industry sponsored HIV/AIDS clinical trials.

- ◆ The Public Health Service should work with the researchers, clinicians, medical community, and patients to develop appropriate clinical practice guidelines for adolescents with HIV/AIDS.

- ◆ In releasing data from clinical trials, NIH and FDA should include specific data related to adolescents. In those cases where the number of adolescents participating in a trial is too small, anecdotal data should be released on a limited basis to allow clinicians an opportunity to begin building a base of information for their use in treatment.

- ◆ The Federal government should support expanded access to testing and counseling for young people. The CDC guidelines for testing and counseling should address the special needs of adolescents, such as developmental issues, processes for consent, confidentiality, and payment for services. As part of a grant application for counseling and testing funding, states should demonstrate the availability of testing and counseling services for young people.

- ◆ The Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) should collaborate on substance abuse treatment and prevention strategies affecting adolescents to ensure a coordinated effort.

PREFACE

We are four 25-year-old people who carry many labels: white, black and Latino; male and female; straight and gay; HIV positive and HIV negative. We are from different religious backgrounds and different parts of the country. There are more things that distinguish us from one another than make us similar. Yet, at our core, we are young people who have been affected or infected by HIV and AIDS, and we are deeply troubled by what the future may hold for us and our generation.

More than seven million people in the world between the ages of 15 and 24 have been infected with HIV. Many of them have already died. Our generation has inherited an epidemic that is killing our parents, friends, and loved ones, teachers, doctors, and role models.

In helping to prepare this report, we heard the voices of young people who are living with HIV/AIDS. We heard from their friends, their caregivers, their parents, and their families. Facts and figures help us understand the scope of the epidemic, but it is these voices that help all of us understand the pain, the frustration, and the suffering that so many young people are experiencing due to HIV and AIDS.

We set out to examine the impact HIV and AIDS have had on America's young people. We spoke with young people whose lives have been touched by AIDS; with public health professionals engaged in HIV prevention, treatment, care and research; and with activists advocating for change. Each encounter brought us face-to-face with the realities of HIV and AIDS in the lives of young people.

We have met young people who are fighting for their lives and dealing with issues that most Americans cannot imagine at such an early age: their own mortality. We have also seen the fear and helplessness in the faces of young HIV-negative people who have grown up in the shadow of AIDS. And we have seen the tremendous courage of those living

with HIV and AIDS who have used their own experiences to educate and protect their peers.

Our experiences are not unique and these stories are not new. For more than a decade, concerned professionals and policy makers have sought ways to address the threat that HIV and AIDS present to our nation's young people. Hearings and conferences have been held; reports have been written and distributed; promises have been made. But not all of those promises have been kept and it is time to sound an alarm.

We are running out of time. HIV is cutting a deadly path through the future of this nation. It does not respect nationality, social class, or sexual orientation. It has invaded this nation's cities, suburbs, and rural communities.

We cannot protect young people through ignorance. We cannot protect young people by denying that they are inquisitive, sexually active, or given to experimentation. They and we are all these things. Yet, with education, information, and skills we can protect young people and prevent the spread of HIV.

It is our hope that this report will open the hearts and minds of policymakers, parents, leaders, and young people. With strong leadership, a shared commitment to action and personal responsibility, and a compassionate nation we can -- once and for all -- stop this epidemic in its tracks.

We thank President Clinton for his leadership in the battle against AIDS and his willingness to focus on this controversial subject. We also thank Patsy Fleming for reaching out to young people for their ideas, their voices, and their leadership.

Miguel Bustos, San Francisco, CA
Alex Danford, Dayton, OH
Michele Kofman, New York, NY
Mangierlett Williams, Washington, DC

Part I

A GENERATION AT RISK

Today's youth are tomorrow's future. Yet, every year in the United States half of all new HIV infections occur among people under the age of 25 and one-quarter of new infections occurs among people between the ages of 13 and 21. Based on current trends, that means that an average of two young people are infected with HIV every hour of every day.

While the number of cases of AIDS among teenagers is relatively low, it has grown rapidly from one case in 1981 to 417 cases in 1994. The rate of HIV infection among teenagers becomes more apparent when you examine the number of AIDS cases among people in their 20s. According to the Centers for Disease Control and Prevention (CDC), one in five AIDS cases in the U.S. is diagnosed in the 20-29 year age group. Looking at AIDS cases alone obscures the extent of the epidemic among young people. Since a majority of AIDS cases are likely to have resulted from HIV infections acquired 10 years before, most of these individuals are likely to have been infected as teenagers.

Among adolescents (13-19 years of age), HIV infection is more prevalent among those in their late teens, males, and racial and ethnic minorities. But recent trends also point to a rise in infection and diagnosis among adolescent females -- increasing from 14 percent of diagnosed cases of AIDS among adolescents in 1987 to 43 percent in 1994.

What is also clear is that American adolescents are engaging in behaviors that put them at risk for acquiring

HIV infection as well as other sexually transmitted diseases, unintended pregnancy, and infections associated with drug injection. According to the CDC, approximately three-quarters of high school students have had sexual intercourse by the time they complete the twelfth grade. About 50 percent of sexually-active high school seniors report consistent use of latex condoms and sur-

veys indicate that condom use declines with age. In a recent survey, one in 62 high school students reported having injected an illegal drug. Recent reports indicate an increase in the use of non-injectable drugs, including marijuana, cocaine, and alcohol. The use of alcohol and other drugs impairs judgment and can lead to risky sexual behaviors and practices, particularly for young people in the stage of experimentation.

Also according to the CDC, about 12 million cases of sexually transmitted diseases (STDs) are reported in the U.S. each year.

Roughly two-thirds of those cases are reported in individuals under the age of 25 and one-quarter are among teenagers. About 3 million teens contract an STD each year, and many of these young people will suffer long-term health consequences as a result.

Without forceful and focused action, these already troubling trends may worsen. This is a particularly complex challenge. Adolescents are neither large children nor small adults, yet they often are treated as one or the other

"It is one of the joys of childhood that children think they will live forever. It is one of the curses of childhood in some of our meanest neighborhoods that children think they won't live to be much beyond 25 anyway. In a perverse way, both of those attitudes are contributing to the problem, because one group of our children think that they are at no risk because nothing can ever happen to them — they're bulletproof. Another group believes that no matter what they do, they don't have much of a future anyway. And they are bound together in a death spiral when it comes to this. This is crazy. We have got to find some way to tell them you must stop this." — President Clinton, December 6, 1995, to the White House Conference on HIV and AIDS.

and their unique characteristics and needs are often overlooked. Adolescents are in a developmental stage that can make them particularly vulnerable -- both physiologically and emotionally -- to activities that put them at risk of becoming infected with HIV.

Young people are at greatest risk of HIV infection if they have unprotected sex outside of a mutually monogamous relationship between two HIV-negative individuals, use injection drugs, or use alcohol or other drugs that impair their decision-making abilities. Adolescents often do not have the maturity, experience, or range of options that adults usually bring to their decision-making processes. Adolescents are engaged in a developmental process that includes development of decision-making skills, sexual maturation and experimentation, emotional and cognitive changes, and the molding of identity and self-worth.

Adolescents live in a world in which their families, cultural institutions, religious institutions, media, and peers compete to instill values, dictate actions, and impart positive and negative messages to them. The mass media often glamorizes youth and sex at the same time that parents and schools are encouraging abstinence. Attempts to turn young people into sex symbols are particularly troublesome because of the message that sends to both young people and adults.

Adolescents, particularly those in their early teens, tend to be short-term thinkers. To many, the present is all important and the future often is perceived in very vague terms. Some adolescents, then, feel invulnerable to harm and often make decisions based on immediate desires rather than after consideration of the long-term consequences of their decisions.

Many young people have an enhanced sense of invincibility and may be unprepared to respond to situations that place them at risk. They may not perceive a need to avoid the risk or be aware that certain behaviors can place them at risk for contracting HIV. At the same time, many young people experience stigmatization and discrimination because of their race, ethnicity, gender, sexual orientation, HIV status, or economic status. Such discrimination hampers their ability to navigate successfully the many challenges and complex situations that they confront.

Set against this backdrop is the fact that young Americans are beginning the physiological and emotional process of puberty earlier in their lives than did previous generations. Yet they are also postponing many traditional adult responsibilities including full-time employment, marriage, or a committed monogamous relationship.

All young people need thoughtful guidance and loving care. The role of parents has never been more important in the successful development of adolescents. But it is a job that has also become much tougher. Parents, too, need assistance in learning how to best communicate with their children about the often difficult subjects of sex, drug use, and death. Many adolescents do not have adults in their lives who can effectively provide the nurturing and guidance that they need.

Some young people are at particular risk of HIV infection due to circumstances that are often beyond their control. Adolescents who are victims of sexual abuse are at risk for direct transmission from their sexual partners and may also suffer emotional problems that lead them to later engage in high-risk behavior that can lead to HIV infection.

There are also those youth who have left or been kicked out of their homes or who have fled abusive family relationships. They are highly susceptible to risky behavior just to survive. Their sense of self-

worth is usually low or non-existent. They may trade sex for food, housing, drugs, and affection. Adolescents challenged with homelessness rarely view reducing their risk factors for HIV as a high priority in comparison with their daily struggle for survival.

Gay, lesbian, and bisexual youth often are isolated from positive adult role models and peers. Personal, institutional, and societal homophobia can often deny them access to opportunities to address their developing sexuality and contribute to a feeling of worthlessness.

Adolescents need the tools to successfully navigate an increasingly dangerous world. Young people need to hear from parents and other adults that they are loved, valued, and have worth as individuals so they will internalize those feelings and believe they are worth protecting. They must be shown the dangers they may encounter and taught negotiation and decision-making skills. They

"If you're going to educate kids about AIDS, you have to educate them about drugs as well. If you're a youth, you're going to experiment with drugs, especially if you live in a metropolitan area. Even though you get stupid with drugs, you still think about things you don't want to do, but you do it anyhow." — 16-year-old HIV-positive youth from San Francisco.

need to be engaged in activities that will allow them and their peers to practice those skills. And they need to exert personal responsibility to protect both themselves and others from infection.

Adolescent HIV prevention is a job too big for any one segment of society. All parents, adults, leaders, policy-makers, young people, and institutions must become constructively engaged in the important work of preventing HIV infection among our nation's most precious resource.

"We grow up hating ourselves like society teaches us to. If someone had been 'out' about their sexuality. If the teachers hadn't been afraid to stop the 'fag' and 'dyke' jokes. If my human sexuality class had even mentioned homosexuality. If the school counselors would have been open to a discussion of gay and lesbian issues. If any of those possibilities had existed, perhaps I would not have grown up hating what I was. And, just perhaps, I wouldn't have attempted suicide." — Kyallee, 19.

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Part II

PREVENTION

Until a vaccine is found, the only way to prevent new HIV infections is through education. Adolescents can protect themselves if they are given comprehensive information and the tools, skills, and reasons to use them. It is incumbent on all adolescents to demonstrate personal responsibility by protecting themselves and others. Communities promoting the close cooperation of parents, teachers, coaches, clergy, physicians, and other adults interacting with youth can ensure that every young person has access to this information. Every adult who touches a young person's life should be equipped to impart this knowledge in a clear, accurate, sensitive manner.

Parents can be the best teachers for their children and HIV prevention approaches for adolescents should ideally start with parents. Parents should be key participants in HIV prevention efforts. If parents aren't convinced of the risk to their children, they may fail to recognize their child's risk-taking behavior. More must be done to educate the parents of adolescents about the risks their children face and about the means that are available to protect their children from this disease.

Efforts to encourage sexual abstinence should continue to be supported. Teens who are thinking about becoming sexually active should be encouraged to consider the implications of their decision and to examine whether they are prepared to deal responsibly with these behaviors (including taking personal responsibility for the consequences of these behaviors and protecting themselves and their partners against disease and unintended pregnancy). It is important that young people make healthy and safe choices about sex. To help them make those decisions, families and communities should help their young citizens to grow and develop to their full potential and provide them with a safe environment to accomplish that growth through

schools, role models, and other opportunities. Without community support and reinforcement, even the best HIV prevention approaches will falter or fail.

Effective HIV prevention is neither a single program nor a single event; it must take place over the course of many years and be developmentally appropriate. Therefore, it is inadvisable to separate HIV prevention from sexually transmitted disease prevention, pregnancy prevention, substance abuse prevention, sexuality education, self-esteem activities, and human development education.

"People say HIV is this or that group's problem, not mine. But for HIV, it's a matter of risk behaviors, not risk groups. Because if you say it's a risk group thing, I don't identify with that group, so I'm not at risk. That makes people feel invincible to HIV." — HIV-positive youth.

National Institutes of Health programs on adolescent risk behavior and HIV infection include programs to identify and develop potential intervention strategies for decreasing the high-risk behaviors of young people. Model programs are being developed to increase adolescent STD/HIV prevention knowledge, improve attitudes, and develop skills to delay adolescent sexual activity. Many of these programs are developing and testing culturally sensitive and gender appropriate interven-

tions that target the reduction of AIDS risk behaviors among diverse groups of adolescents. Some of these interventions have already produced positive behavior change among homeless and runaway youth.

Successful prevention efforts concentrate on providing access to accurate information, personalizing this information to motivate change, providing training in behavioral skills for implementing decisions, and reinforcing and rehearsing skills to build competence, communication, and self-esteem. Reality-based approaches recognize that people sometimes use faulty judgment and incorporate efforts to emphasize the ability of individuals

to recommit to their long-term goals.

Schools are a highly effective and appropriate place to teach young people HIV prevention information and skills before they begin the behaviors that put them at risk for HIV infection. An estimated 98 percent of young people between the ages of 5 and 17 are enrolled in schools. The Centers for Disease Control and Prevention (CDC) has implemented a multi-faceted program to help schools and other agencies that serve youth across the nation provide effective health education to prevent the spread of HIV. This program is based on the principle that the specific scope and content of HIV education in schools should be consistent with parental and community values. CDC provides funding and technical assistance to the departments of education in every state, six territories, and 18 large cities. CDC also has developed "Guidelines for Effective School Health Education to Prevent the Spread of AIDS."

Beginning at the earliest appropriate age, young people should receive sexuality and HIV/AIDS education as part of a comprehensive curriculum of health education. Such a curriculum should include accurate information about HIV and modes of transmission, the opportunity to assess personal risk of infection, and skills training. HIV prevention information should be age-, language-, and culturally-relevant and designed to accommodate the context of the lives of young people and their families.

There is a compelling need for comprehensive school-based HIV prevention education, yet those school-based efforts are just one step in a long journey to effectively protecting adolescents from HIV. School-based programs do not reach all youths at risk. Those adolescents not in school -- because they have graduated or dropped out -- will need to be reached with the same kind of basic information that schools provide to all others.

Misconceptions and misunderstandings about HIV transmission and high-risk behaviors often arise when relevant information is omitted. Sexuality education, when done properly, reflects the needs of the community and acknowledges the value of both abstinence and safer sex as tools to prevent HIV infection. Yet in some school districts, education policies preclude discussion of subjects such as intercourse, homosexuality and bisexuality, and condom use. Discussion of the facts concerning such matters is not inconsistent with also encouraging abstinence or delayed sexual activity.

The job of HIV prevention is too important to be left to

health educators alone. As mentioned before, all adults who work with young people should be armed to impart HIV prevention information effectively and sensitively to adolescents in their charge. This requires approaches that work -- those designed to work well in a given community -- and that can be employed to meet a variety of prevention needs.

Yet, teaching young people something and ensuring that they will follow through with what they've been taught are two separate things. To be successful, HIV prevention efforts must be targeted and they must be sustained. Lessons learned from efforts to prevent smoking, substance abuse, and teenage pregnancy demonstrate that such efforts can positively affect adolescents' behavior.

"We, the young people of this country, need a place where we can go to ask our questions, where we won't be teased or ridiculed. We need a place where we can ask about our mixed up feelings, about sex, and about AIDS." — 15-year-old high school student from Concord NH.

In 1994, the Centers for Disease Control and Prevention (CDC) launched the Prevention Marketing Initiative (PMI), a comprehensive HIV/AIDS education and prevention program involving partnerships between Federal, state,

and local government and national and community-based organizations throughout the U.S. The PMI specifically targets young adults between the ages of 18 and 25. In 1994 and again in 1995, CDC prepared and distributed public service announcements aimed at young adults that communicate two central messages. First, sexual abstinence or delaying sexual activity is the most effective way to prevent sexual transmission of HIV. Second, for those who are sexually active outside of a mutually monogamous relationship, the correct and consistent use of latex condoms is an effective method of preventing HIV transmission.

Successful HIV prevention efforts also have recognized that behavior isn't changed with knowledge alone. An analysis of approaches that are successful in reducing high risk behavior among young people found that schools often were at the focal point of these efforts and that community-wide, multi-agency efforts were needed both in terms of funding and reinforcement of messages. Successful prevention efforts also have been designed to meet the specific needs of target audiences and offer their services outside the traditional school-based setting.

Community-based organizations are also a valuable and credible source of prevention messages. They can supplement, support, and reinforce messages from within families and schools.

Peer counselors -- young people trained in providing HIV/

AIDS-specific information -- have been shown in NIH-sponsored studies to be particularly successful messengers. Peer educators have repeatedly demonstrated that they can present material in a way that addresses the relevance of HIV and HIV prevention to young people's lives. Adolescents often find prevention messages more believable when they are delivered by their peers.

Peer-led prevention efforts are currently being conducted at a variety of sites around the country but many more such efforts are needed. The challenge lies in supporting the development and application of programs that are innovative and address the needs of adolescents.

"If I could talk to the President, or a Senator, or anyone in the Federal Government who can make a difference, I'd tell them to take a look, learn a lesson from the youth that are currently dealing with the disease. Listen to them, hear their stories and then see that they have a future. If they don't have that future, then we won't have an America." -- Allan, San Francisco.

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Part III

TESTING, TREATMENT AND CARE

Advances in science and medical care have enabled individuals living with HIV to live longer, healthier lives. Drugs and treatments now are available to arrest or even prevent opportunistic infections that previously led to death. New classes of drugs now in development may hold promise for dramatic improvements in life expectancy and quality of life. However, in order to access such care, individuals must know their HIV status and be connected to a continuum of care.

Millions of young people who have engaged in high-risk behaviors do not know their HIV status. Adolescents should be strongly encouraged to learn their HIV status. A negative test provides the best opportunity to reinforce the importance and efficacy of risk-reduction behaviors.

A positive test provides an immediate opportunity to link those who are HIV-positive to treatment, often at an early stage of disease progression. Such early intervention has been shown to be highly effective at prolonging and improving quality of life.

In 1994, the Centers for Disease Control and Prevention (CDC) supported HIV counseling and testing services in approximately 9,600 sites throughout the U.S. Those sites accommodated approximately 400,000 visits by persons 19 years of age or younger.

Many of those services are provided at little or no cost to youth with parental permission. In addition, the CDC supports the National AIDS Hotline and the National AIDS Clearinghouse, which provide referral and information services through toll-free telephone services. Both are private, free, and confidential and are well publicized.

HIV testing should always include appropriate pre- and post-test counseling to ensure that both HIV-negative and HIV-positive young people understand their status and their responsibilities to themselves and others as a result of that status. Pre- and post-test counseling is particularly important for adolescents. Counseling should be appropriate for

the adolescents' social and emotional development, language, culture, and sexual orientation. Effective counselors are sensitive to the great anxiety adolescents feel about HIV testing because of fear of the disease as well as the stigma attached to the disease. As with prevention efforts, the use of peer educators in pre- and post-test counseling has been shown to be effective in communicating critical information to adolescents at what is often a highly emotional point.

The process of testing for HIV allows adolescents to evaluate their own behavior and think of the consequences of that behavior. As a result, there are numerous emotional

needs that must be dealt with by both adolescent and counselor if the effort is to be a success. The involvement of parents and other family members is critical to an HIV-positive youth's ability to cope with this diagnosis and enter into a continuum of care.

Whether the results are positive or negative, post-test counseling is equally important. For adolescents who test negative, post-test counseling provides an opportunity for further risk reduction.

For some, this may be the only opportunity for meaningful prevention education. Positive results require immediate intervention. It is essential that adolescents have an opportunity to talk to knowledgeable persons who can help them understand what their HIV status means and help them deal with issues that may seem overwhelming. HIV-negative youth should have that behavior reinforced.

Adolescents' access to HIV counseling and voluntary testing often is severely limited by a variety of factors. First, many adolescents don't know how to arrange for HIV testing and where to go for such services. Second, adolescents

"I go to a free clinic that I feel really comfortable in. It's really family-oriented. The people are really caring, and they all know me. When I was 19, I took the HIV test on a whim. I really didn't expect a positive result. But that's what it was. Everybody working at the clinic cried." — Ayisa, 20, New York.

do not have the money or means of transportation necessary to access some forms of counseling and testing. Third, school hours often coincide with the hours of counseling and testing facilities. Finally, parental consent requirements for counseling and voluntary testing also may pose a barrier for many young people -- especially those who know or feel they cannot communicate openly with their parents about this subject.

Taken singly, these barriers can make it difficult for an adolescent to get counseled and tested. Combined, they present a formidable barrier that only a truly determined adolescent can surmount.

To address some of these concerns, HIV counseling and voluntary testing sites need to be designed to be accessible to adolescents. Business hours should complement rather than compete with school schedules and facilities should offer their services at low or no cost to adolescents. This would accommodate adolescents who don't own a car and must use public transportation, are in school and involved in extra-curricular activities, and have little money or independent health insurance.

A particularly challenging impediment to counseling and testing is the legal requirement in many states for parental consent. Consent is usually necessary for medical care of individuals under the age of 18. The conditions under which minors may consent to HIV testing vary across states. Ideally, parents, young people, and health care providers should all possess the skills and knowledge necessary to maximize a youth's access to services and support. However, consideration should be given to creating alternative access to counseling and testing where obtaining parental consent is not possible.

Linking HIV-positive adolescents to a system of HIV primary care immediately after a positive diagnosis is vital in order to prevent or delay the onset of HIV-related opportunistic infections, such as *Pneumocystis carinii* pneumonia (PCP), and to prolong the healthy lives of HIV-positive individuals. An integrated care system, in which medical services are connected to mental health, substance abuse, education, juvenile justice, and social support is necessary to meet the needs of these adolescents. For runaway or homeless youth, housing and nutrition services are also critical. Currently, there are few programs that meet the full range of health care needs for HIV-positive youth. Efforts are plagued by insufficient numbers of primary care physicians and other health care providers specifically trained to work with adolescents, lack of insurance and other financial assistance, a fragmented

health care system, and geographically remote facilities. NIH is supporting programs to identify better ways of facilitating access, utilization, and adherence to medical, mental health, and substance abuse treatment by adolescents.

Large numbers of young people are uninsured or underinsured, and the sources for funds to pay for necessary services are limited. If an adolescent is HIV-positive access to insurance often is blocked by insurance policies that exclude individuals with pre-existing medical conditions.

Federal grants for program development such as the Health Resources and Services Administration's Ryan White CARE Act, including Special Programs of National Significance (SPNS), have encouraged care models that con-

sider the special needs of the adolescent population and provide communities with the tools they need to conduct effective outreach programs. Title IV of the Ryan White CARE Act provides support for the development of innovative models that link systems of comprehensive primary/community-based research, medical, and social services for children, adolescents, and families.

"I was infected with HIV by my first partner when I was 16 years old. Now at 20 I have this virus that's taking my life because everything I heard when I was younger was sugar coated. We need more complete information than what we are being given. Even the pamphlets concerning HIV/AIDS prevention are too basic and bland. We need to know real stuff." -- Ryan, age 20.

Besides responding to an HIV-positive adolescent's physical and mental health needs, linkage with important social services is also an important element to care. Social service providers should be trained to offer referrals for legal assistance, other treatment programs, information about housing, job-training assistance, and help in obtaining health insurance. They also are more able to offer outreach services for adolescents who are homeless, pregnant, or trading sex for food and shelter.

Medicaid provides coverage for a comprehensive set of benefits that includes counseling and testing, prescription drugs, physician visits, inpatient hospital care, substance abuse treatment, home care, and hospice care. Medicaid coverage of children and adolescents has been improved in recent years but many low-income families may not be aware of their eligibility for such benefits. The Federal government and states should examine opportunities to ensure that all Medicaid-eligible HIV-positive youth have access to appropriate treatment and care. Medicaid is the largest single payer of direct medical services for people living with AIDS, serving nearly 50 percent of all persons living with AIDS and more than 90 percent of children with AIDS.

Part IV

RESEARCH

HIV/AIDS research has made great strides on many fronts. Physicians have a growing array of medications to treat and even prevent a variety of HIV-related opportunistic infections. As a result, HIV-positive people who have access to care usually are not getting sick as often, their illnesses aren't as severe, and they are spending less time in the hospital than they did 10 years ago. But adolescents have not received the full benefit of recent research discoveries, and there is significant unmet need for adolescent-specific treatment and behavioral research. We clearly do not know enough about adolescents in general, about how HIV affects them physiologically or behaviorally, and about the progress of HIV disease in young people.

HIV/AIDS research efforts have primarily focused on two specific populations: infants and adults. Funding for adolescent-related AIDS research has traditionally come from those pursuing pediatric research. But adolescents are biologically more like adults than infants yet they still are not at the same developmental stage as most adults.

Adolescents are not considered central to the pediatric mission, and researchers who focus on adults usually are not funded to include adolescents in their research programs. The result has been that adolescents appear only peripherally on the radar screens of most AIDS researchers, and when they do, it's only to the extent that they share adults' physical or behavioral traits.

Additionally, a variety of developmental and behavioral factors challenge efforts to draw adolescents into the few adolescent-specific protocols that have been developed for their benefit. Adolescents can sometimes be particularly challenging subjects for research. Researchers have reported difficulty enrolling adolescents in protocols, keeping them enrolled, and ensuring that they are following the guidelines for protocol conduct.

Basic research sponsored by NIH has provided and will continue to provide a better understanding of the pathogenic mechanisms and course of the disease in adolescents.

In recognition of the fact that adolescent development is different from that of both adults and children, NIH is supporting studies on adolescents.

While NIH has opened pediatric clinical trials to adolescents up to age 18 and adults trials to those who are as young as 13, adolescents continue to face barriers to their participation in clinical trials. This lack of participation has left significant gaps in the knowledge base about adolescents. Scientists are quick to acknowledge that a great deal of catching up remains to be done. Basic research on adolescent reproductive and immune system development is lacking. Data are just beginning to be gathered on how the adolescent's immune system differ from that of adults, an important consideration in defining the response of an adolescent's body to HIV. Further studies are needed on the effect HIV has on adolescent growth and puberty.

"I'm HIV positive. I'm a teenage mother. I'm affected by my community. How do you expect me to live? Where is my future leading? Where is the future leading for my 3-year-old daughter?" — "Haitien"

Additional studies are needed to understand the natural history of HIV in adolescents as well as expanded study of youth and their behaviors. The NIH currently sponsors natural history studies designed to track the shifting demographics and the changing manifestations of HIV/AIDS. But there are things we need to know about HIV-positive adolescents that we don't know, such as how they become infected, how they effectively resist infection, how long they live, and how quickly they die. We don't know enough about the factors that influence the behavior of young people, including why some choose to be sexually active and others do not; why some use drugs or alcohol and others do not; and why certain sexual behaviors are chosen over others.

Surveillance of HIV infection among adolescents in the United States has not been comprehensive enough to accurately estimate the scope of the problem. The family of HIV seroprevalence surveys should be expanded to target and teach us more about the epidemic as it affects young people. Accurate data help to target HIV prevention efforts and to forecast the kinds of services needed. Such studies would help to indicate which communities are experiencing high infection rates, how HIV is being transmitted, how long HIV-infected adolescents are ill, and the general scope of the epidemic among this age group.

The inclusion of adolescents in clinical trials permits the identification of appropriate regimens of treatment for this age group. The development of clinical practice guidelines with correct dosages and times to start treatment can only be developed from such studies. Similarly, the rapid dissemination of information concerning clinical practice guidelines, results of clinical trials, and options for trials, as well as eligibility criteria for trial participation, must be a high priority for the NIH.

There still is not enough information about the optimum time to begin anti-retroviral treatment, which treatments

to use, and the correct dosages for adolescents. The lack of a significant base of adolescents enrolled in trials has resulted in little dissemination of information. At this early period in the study of adolescent-related HIV issues, even anecdotal information is important to clinicians and researchers if they are to begin building a response to the epidemic among young people.

The NIH has recognized that current research efforts aimed at young people are few in number and much further behind than those for adults and children. The Adolescent HIV/AIDS Research Network, a collaborative effort between the NIH and the Health Resources and Services Administration (HRSA), has been launched to plan and conduct research on the medical, biobehavioral, and psychosocial aspects of HIV and AIDS in young people. This network, combined with other youth-focused efforts at NIH and CDC, can reduce the barriers to young people participating in research and narrow the information gap. Working together the Federal government and its partners should achieve the goal of providing better treatments and health care to HIV-positive adolescents and crafting Federal responses that best meet their often changing needs.

Part V

FURTHER STEPS

This examination of youth and HIV revealed six common themes that require action at all levels of American society. There is strong consensus among scientists, educators, health care providers, community leaders, and young people themselves on these matters. They are:

- ◆ Young people, parents, schools, and communities must be integral partners in developing, delivering, and evaluating HIV prevention approaches for adolescents;
- ◆ Innovative, creative prevention efforts aimed at young people must be encouraged, adequately funded, and evaluated, and -- when found to be effective -- broadly disseminated;
- ◆ Comprehensive HIV/AIDS education — as part of comprehensive health education — should be available to all young people in all fifty states and U.S. territories;
- ◆ Routine counseling and voluntary HIV testing should be made more accessible, developmentally appropriate, and affordable to young people;
- ◆ HIV-positive adolescents should be linked to a continuum of care and services that will extend their life span and provide them with the information and skills they need to reduce the likelihood of further transmission;
- ◆ Adolescent-specific biomedical and behavioral research should be increased to enhance our knowledge of the progress of HIV disease in adolescents and of effective AIDS prevention approaches.

THE FEDERAL ROLE

The Federal Government has three central responsibilities in leading our country's battle against HIV and AIDS:

- (1) Seeking a cure for those who are living with HIV/AIDS and a preventive vaccine to protect those who are uninfected;
- (2) Helping communities cope with the financial costs of

caring for those who are living with HIV/AIDS; and

- (3) Working with communities to foster behaviors that prevent the spread of HIV.

During the past three years, the Clinton Administration has sought to fulfill these obligations by submitting budgets that would increase overall funding for AIDS-related programs by 40 percent. Funding for AIDS-related research has been increased by 26 percent and the Office of AIDS Research at the National Institutes of Health has been strengthened. Funding for AIDS prevention efforts has also increased and a new community planning process has directly involved local organizations in the design of prevention programs. Funding for AIDS-related care has increased by 90 percent, including a 108 percent increase in funding going to the Ryan White CARE Act. New efforts have been made to involve young people in each of these areas. The government has vigorously enforced provisions of the Americans with Disabilities Act prohibiting discrimination against people living with HIV and approval time for AIDS-related drugs has been cut in half.

In conjunction with this report, the following new initiatives should be undertaken:

Listening to the Voices of Youth. Young people should be encouraged and empowered to have a voice in the development and implementation of HIV/AIDS research prevention, and care efforts. The Federal government should take the following steps to assure that voice is heard:

- ◆ The Department of Health and Human Services should create a forum of young people who are infected with or affected by HIV along with their advocates and providers. This group should work with relevant federal agencies to help identify and articulate the needs of adolescents in fashioning Federal responses to HIV and AIDS;

- ◆ The Health Resources and Services Administration should encourage the inclusion of young people and their advocates on AIDS care planning councils to help identify local needs and ways to target Federal funds to help meet the distinct developmental and comprehensive care needs of youth.

◆ The Centers for Disease Control and Prevention (CDC) should encourage the inclusion of young people and their advocates in AIDS prevention planning councils to provide their unique perspective of the needs of youth in prevention efforts.

◆ The Federal government should continue to help the nation's schools and other youth serving agencies implement comprehensive programs to prevent the spread of HIV among young people.

Examining the Impact of HIV on Youth. Sufficient scientific information exists to indicate that HIV may behave differently in infected adolescents and that there are adolescent-specific health-care needs and treatment protocols that must be identified in order to respond effectively. The following steps should be taken to assure that this occurs:

◆ The National Institutes of Health and the Food and Drug Administration should continue to encourage sponsors to enroll adolescents, when feasible and appropriate, in HIV/AIDS clinical trials.

◆ In releasing data from clinical trials, NIH and FDA should include specific data related to adolescents. When the number of adolescents participating in a trial is too small, anecdotal data should be released on a limited basis to allow clinicians an opportunity to begin building a base of information for their use in treatment.

◆ The Public Health Service should continue to develop in collaboration with researchers, clinicians, and the infected and affected community, clinical practice guidelines and expeditiously disseminate the latest information on state-of-the-art therapies, options for trials and eligibility criteria for entry into them, and health care and prevention tech-

niques to U.S. and international communities affected by HIV/AIDS.

Making Informed Decisions. HIV counseling and voluntary testing provide an important bridge between HIV prevention and care. To assure that young people have access to such services, the following steps should be taken:

◆ CDC's counseling and testing guidelines should acknowledge and address the special needs of youth seeking such services. This guidance should address such issues as processes for consent, confidentiality, and payment for services. The guidance should be integrated into the training of all personnel at CDC-funded counseling and testing sites;

◆ CDC should require that, as part of the grant application for counseling and testing funds, states demonstrate the availability of counseling and testing for young people.

SHARED RESPONSIBILITIES

Any effort to protect young Americans from the threat of HIV and AIDS cannot begin and end with the Federal government. These Federal efforts should serve as the catalyst for action on all levels of society. Throughout the history of the epidemic, states, localities, communities, schools, churches, synagogues, private foundations, and voluntary charitable organi-

zations have been actively committed to combatting the spread of HIV. These efforts should continue and should be expanded. The Federal government seeks and looks forward to a closer partnership with communities involved in this effort and pledges its continuing support for the critical work being done.

"The great burden we have as Americans is that when we have to deal with something new, too often we can't deal with it from imagination and empathy we have to actually experience it first. I do not want to wait until every single family has somebody die before we have a good policy on HIV and AIDS." -- President Clinton, December 6, 1995, to the White House Conference on HIV and AIDS.

ACKNOWLEDGMENTS

We are very grateful for this insight and appreciate the time taken by scores of individuals and organizations to draw out the many complicated issues surrounding HIV and AIDS among young people. This report reflects the knowledge, concerns, and commitments of those individuals and the people they serve.

The National AIDS Fund coordinated the preparation of this report and supervised the administration of grants from the Until There's A Cure Foundation and James C. Hormel. In addition, the Fund recruited the four interns who conducted much of the report's research and preparation. The Fund also arranged visits to local programs of significance. Paula Van Ness, Fund President, brought together funders, youth experts and staff to help make this public-private initiative possible. The project was managed for the Fund by Jerry Atchison, Director of Communications. Dennis Stover, Director of Programs, coordinated visits to PMI sites and provided valuable guidance. Providing important oversight and coordination efforts among youth groups around the country was Gretchen Wooden, Senior Program Officer for Youth Initiatives.

In the Office of National AIDS Policy, Brenda Kunkel and Richard Sorian assisted in directing and completing this project along with Jeff Levi, Alexandra Milonas, LaHoma Romocki, Jane Sanville, and Carmena Parris. Several White House interns and volunteers were also helpful in the research and preparation of this report: Jesse Souweine, Michael Bishop, Julie Blessing, Lisa DaValle, Rachel Garfield, Brenda Hahn, Vanessa Potkin, Jessica Purdy, Katie Smeltz, and Rachel Smith.

Numerous organizations, both national and local, were instrumental in providing us with direct access to young people and their advocates. The AIDS Policy Center for Children, Youth and Families, the National Alliance of Positive Youth (NAPY), the Institute for Family Centered Care, Metro TeenAIDS, the National Association of State Boards of Education, and participants at the National Youth Summit on the Prevention of AIDS Among Youth were especially helpful. We also appreciate the assistance of the National Advocacy Coalition on Youth and Sexual Orientation (NACYSO), the National Youth Network, the Latino/a Lesbian and Gay Organization.

Transportation for representatives of youth and HIV education and advocacy groups was generously provided by USAir.

Several Federal agencies made major contributions to the content of this report: the Centers for Disease Control and Prevention, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, National Institutes of Health, Health Care Financing Administration, and Food and Drug Administration.

The following list includes some, but certainly not all, of the individuals who provided assistance during the research and preparation of this report. Many of the young people with whom we met preferred to remain anonymous and we, of course, respect those wishes. Each of them should know that they have made an important contribution to this report and to our national response to HIV and AIDS.

Alicia Beatty-Tee
The Circle of Care
Philadelphia, PA

Val Bias
National Hemophilia Foundation
Washington, DC

Ana Maria Branham
Arizona Department of
Health Services, Phoenix, AZ

Angela Bryan, MA
Prevention Marketing Initiative
Phoenix, AZ

Rea Carey
National Advocacy Coalition on Youth
and Sexual Orientation
Washington, DC

Tim Cincinnati
Names Quilt Project
Sacramento, CA

Daniel Daley
Sexuality Information and Education
Council of the U.S.
Washington, DC

Larry D'Angelo, MD, MPH
Children's National Medical Center
Washington, DC

Dale Dayton
University of Cincinnati
Medical Center
Cincinnati, OH

Jane Delgado
Coalition of Hispanic Health & Human
Service Organizations
Washington, DC

Bob Diairio
Board of Education
New York, NY

Ralph DiClemente, PhD
University of Alabama
Birmingham, AL

Kevin Dougherty, MD
Payne Whitney Clinic
New York, NY

Abigail English, JD
National Center for Youth Law
Chapel Hill, NC

Donna Futterman, MD
Montefiore Medical Center
Bronx, NY

Kristy Galvan
American Red Cross
Falls Church, VA

Thomas Gleaton
Inner City AIDS Network
Washington, DC

David Harvey
AIDS Policy Center for
Children, Youth & Families
Washington, DC

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Institute of Medicine
Washington, DC

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Bay Area Young Positives
San Francisco, CA

Bernice Humphrey
Girls Incorporated
Indianapolis, IN

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and Behavioral Studies
New York, NY

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Services Center
Los Angeles, CA

Ibby Jepson
Institute for Family Centered Care
Bethesda, MD

Paul Kawata
National Minority AIDS Council
Washington, DC

Cinaro Kennedy
Columbia University
New York, NY

Frances Kunreuther
The Hetrick-Martin Institute
New York, NY

Carol Levine
Adolescent Alone Project
New York, NY

Felicia Lynch
National Association of
People with AIDS
Washington, DC

Kevin McDermott
Greater Mount Calvary Holy
Church AIDS Ministry
Washington, DC

Kim Miller, PhD
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Medical Center
New Orleans, LA

Kevin Mischka
Metro TeenAIDS
Washington, DC

Demetri Moshoyannis
Youth Positive DC
Washington, DC

Rudy Navarro
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AIDS Partnership
Phoenix, AZ

Kevin Neal
Metro TeenAIDS
Washington, DC

Gretchen Noll
National Network for Youth
Washington, DC

Judy Norton
Arizona Department of
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Phoenix, AZ

Phyllis Orosco
Sacramento, CA

Marj Plumb
New York City Department of Health
New York, NY

Keith Pollanen
National Association of
People with AIDS
Washington, DC

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IssueSphere
New York, NY

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Community AIDS Council
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Minneapolis, Minnesota

Jennifer Hinks Reynolds
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American Foundation for
AIDS Research
Washington, DC

Peter Simpson
United Way
Sacramento, CA

Wayne Smith
HIV Task Force
San Francisco, CA

William Smith, EdD
Academy for Educational
Development
Washington, DC

Stephen Thomas, PhD
Emory University
Atlanta, GA

Michael Wallace
Indiana State Department of Health
Indianapolis, Indiana

Kristen Weeks
Prevention Marketing Initiative
Sacramento, CA

Beth Wescott
National AIDS Clearinghouse
Rockville, Md.

Mildred Williamson
Cook County Hospital
Chicago, IL

Lori Yosick, ACSW, LISW
Director of Client Services
Columbus AIDS Task Force
Columbus, Ohio

Toni Young
National Women and
HIV/AIDS Project
Washington, DC

The National AIDS Fund

The National AIDS Fund is the nation's largest philanthropic and grantmaking organization dedicated to eliminating HIV and AIDS as a major health and social problem. It works in partnership with communities to provide care and to prevent new infections through education, research, and outreach. Since it was founded, the Fund has provided almost \$50 million to communities for HIV/AIDS programs, supporting more than 2,400 such programs in 31 states. The Fund also provides program and technical assistance for hundreds of national and local educational programs -- such as the Youth and HIV/AIDS Report -- and programs of direct service. The Fund also provides the nation's business community a network of leading corporate, government, and nonprofit experts who deal with HIV/AIDS policy issues, and it publishes a broad range of HIV/AIDS publications for both managers and employers.

The Until There's A Cure Foundation

The Until There's A Cure Foundation, principal funder of the Youth and HIV/AIDS Report, provides funding for innovative education programs to encourage safer behaviors among teens and young adults through peer-to-peer education. For those living with HIV/AIDS, the Foundation provides financial support for care and other services. For future generations, the Foundation supports AIDS vaccine development with funds being primarily contributed through the International AIDS Vaccine Initiative of the Rockefeller Foundation. Through partnerships with professional sports teams, the Foundation has reached audiences with its message of AIDS awareness. The Foundation was created by Kathleen Scutchfield and Dana Capiello, two mothers and entrepreneurs who have raised funds to support Foundation Initiatives through sale of The Bracelet, a 1/4-inch cuff bracelet featuring a familiar small raised AIDS ribbon.

THE WHITE HOUSE
WASHINGTON

October 23, 1997

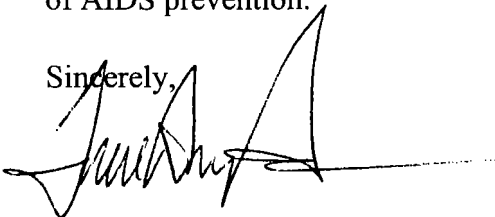
Pat Pignatelli Jr., MPA
Health Officer
Health Department
Borough of Lincoln Park
34 Chapel Hill Road
Lincoln Park, NJ 07035-1902

Dear Mr. Pignatelli:

Thank you for your recent inquiry regarding setting up an AIDS Awareness curriculum for adolescents. The Centers for Disease Control and Prevention regularly develop curricula relating to HIV/AIDS. I have therefore forwarded your letter to Mr. Michael Greenwell at the CDC's Division of Adolescent and School Health. He will be more able to assist you.

The local college which you are assisting is lucky to have you! Thank you for providing encouragement and support to projects like this one; they are a critical carrier of the message of AIDS prevention.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd A. Summers", with a long horizontal line extending to the right.

Todd A. Summers
Deputy Director
Office of National AIDS Policy

October 23, 1997

Pat Pignatelli Jr., MPA
Health Officer
Health Department
Borough of Lincoln Park
34 Chapel Hill Road
Lincoln Park, NJ 07035-1902

Dear Mr. Pignatelli:

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Sincerely,

Todd A. Summers
Deputy Director
Office of National AIDS Policy



FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street NW, Suite 820
Washington, DC 20006

Phone: (202) 632-1090
Fax: (202) 632-1096

TO: Michael Greenwell

FAX NUMBER: (770) 488-5962

FROM: Anil Soni

DATE: October 23, 1997

PAGES: 2 (including cover sheet)

COMMENTS:

As we discussed over the phone, the following letter requests assistance in developing an AIDS Awareness curriculum for adolescents. Thank you for your help!

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10293	Pat	Pignatelli	10/10/97	
Addressed To				
Summers, Todd				
Sender's Organization				
Borough of Lincoln Park				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
AIDS curriculum help				
☒ Response Needed?		Response Type	Response Date	Responder ID
		letter and referral	11/4/97	
Responder Name	Action Promised	Action Complet	Action Date	
Summers, Todd				
Notes				



Borough of Lincoln Park

34 Chapel Hill Road • Lincoln Park, NJ 07035 - 1902

Health Department

(201) 694-6306 * FAX: (201) 628-9512

October 10, 1997

Office of National AIDS Policy
Executive Office of the President
850 17th St., NW
Suite 820
Washington, DC 20006

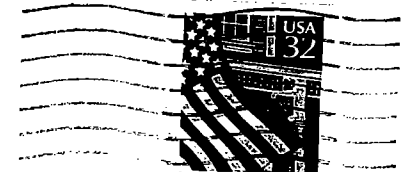
Dear Sir/Madam,

The Lincoln Park Health Department would like to assist a local college in setting up an AIDS Awareness curriculum for adolescents. If you have any information or possibly a school curriculum for adolescents please send it to me at your convenience. Thank you for your help.

Sincerely,

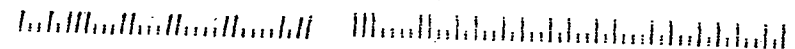
Pat Pignatelli Jr., MPA
Health Officer

AFTER FIVE DAYS RETURN TO
BOROUGH OF LINCOLN PARK
LINCOLN PARK, NEW JERSEY 07035
Health Department



Office of National AIDS Policy
Executive Office of the President
850 17th St., NW
Suite 820
Washington, DC 20006

20006/9999



THE WHITE HOUSE

WASHINGTON

December 18, 2000

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

Dear Secretary Shalala:

I am writing to thank you and the Department of Health and Human Services for the support you provided to my Office in the development of "Youth and HIV/AIDS 2000: A New American Agenda". This report would have been impossible without the valuable input received from your staff and from the agencies. Thanks to good work and collaboration, this report has received good reviews in the AIDS community and from the press.

In order to now move this process from paper to practice, implementation of the recommendations now requires our immediate attention. While this Administration's tenure is limited, I believe, as I am sure you do, that there is still an opportunity to move forward with many of the most pressing recommendations. To that end, I respectfully request the Department to ask each agency involved to explore ways in which policies, procedures, and perhaps most importantly, FY 01 funding program guidance, could be used as vehicles for the implementation of the recommendations contained in the report. I am also particularly interested in the development of a compendium of science related to effective HIV prevention efforts targeting youth which could be shared with the AIDS community to support their ongoing efforts.

The support of the Department for the development of important report highlights your leadership as well as the active interest of your staff in this area. Again, thank you for your support and I look forward to working with you on this effort during the remaining weeks of this Administration.

Sincerely,



Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

cc: Kevin Thurm
Mary Beth Donahue
Surgeon General David Satcher
Dr. Eric Goosby

THE WHITE HOUSE
WASHINGTON

October 18, 2000

D. Gregory Barbutti
1304 Bradwood Road
Austin, TX 78722-1520

Dear Mr. Barbutti:

Gregory —
Last week, the White House Office of National AIDS Policy released a new report, "Youth and HIV/AIDS 2000: A New American Agenda." The release was announced at a spirited press event at Cross Keys High School in Atlanta, Georgia, where we received a very gracious welcome from the high school principal and some 500 juniors and seniors. Representatives of the local school board and several Federal agencies attended the event, along with service providers and advocates who were in town for the U.S. Conference on AIDS.

I am enclosing a copy of the report, and wanted to take this opportunity to thank you for your support during its development. PACHA members offered very helpful comments on earlier drafts of the manuscript, and the reference to the youth report in PACHA's final report has prompted a great deal of interest.

An electronic version of the new youth report has been posted and can be downloaded from our website (go to www.whitehouse.gov/ONAP and then click on ONAP Hot News). Additional printed copies are available from the National Prevention Information Network (1-800-458-5231) while supplies last.

I look forward to continuing to work with you to improve our response to the threat posed by HIV and AIDS. With your help, we can turn the tide in this country and share the lessons we learn with advocates for youth around the world.

Sincerely,

Sandy
Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope all is well —

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Valerie Reyes-Jimenez
Peer Educator/Advocacy Department
Housing Works, Inc.
139 West 93rd Street, 3A
New York, NY 10025

Dear Ms. Reyes-Jimenez:

Valerie -

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Sincerely,

Sandra

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope you are well —

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Regina Aragon
674 Arimo Avenue
Oakland, CA 94610

Dear Ms. Aragon: *Regina -*

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Sincerely,



Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

*Hope you are having fun in your new
life — miss you bunches —*

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Ignatius Bau, J.D.
Policy Director
Asian and Pacific Islander American Health Forum
942 Market Street, Suite 200
San Francisco, CA 94102

Dear Mr. Bau:

Ignatius

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Sandy

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Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope you are well

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Charles W. Blackwell
President and Director
Native Affairs & Development Group
Pushmataha House
230 East Capitol Street, NE
Washington, DC 20003

Dear Mr. Blackwell: *Charles -*

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Sincerely,

Sandy
Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Let's have a drink soon!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Todd Summers
Progressive Health Partners
4712 Piney Branch Road, NW
Washington, DC 20011

Dear Mr. Summers:

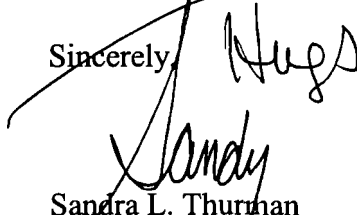

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Sincerely,


Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Denise Stokes
212 Manor Oak Way
Stockbridge, GA 30281

Dear Ms. Stokes:

Denise

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Sincerely,

Sandra

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

I miss you!

THE WHITE HOUSE

WASHINGTON

October 18, 2000

Stuart C. Burden
Senior Program Officer
Program on Global Security & Sustainability
John D. and Catherine T. MacArthur Foundation
140 South Dearborn Street
Chicago, IL 60603-5285

Dear Mr. Burden:

Stuart

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Sincerely,

Sandra

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope to see you soon!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Margaret K.L. Campbell
The Wainwright Resource Center
121 South Charles Street
Boston, MA 02116-5432

Dear Ms. Campbell: *Margaret*

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Sincerely,

Sandy

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

You were fabulous in Atlanta! Hope to see you soon

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Lynne M. Cooper
President
DOORWAYS
4385 Maryland Avenue
Saint Louis, MO 63108

Dear Ms. Cooper: *Lynne*

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Sincerely,

Sandra

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope to see you soon

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Joseph Cristina
Chairman
Children Affected by AIDS Foundation
6033 West Century Blvd., Suite 260
Los Angeles, CA 90045

Dear Mr. Cristina:

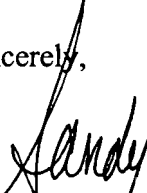
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Sincerely,


Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Can't wait to see you!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Honorable Ronald V. Dellums
President
Healthcare International Management Company
1201 Pennsylvania Avenue, NW #300
Washington, DC 20004

Dear Mr. Dellums:

Ron —

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Sincerely,

Sandy

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

You would have loved the event with the kids. They are not afraid to tell it like it is!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Ingrid M. Duran
Executive Director
Congressional Hispanic Caucus Institute
504 C Street, NE
Washington, DC 20002

Dear Ms. Duran: *Ingrid*

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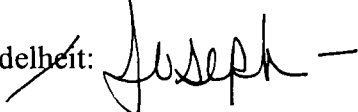
Hope to see you soon

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Rabbi Joseph Edelheit
Temple Israel
2324 Emerson Avenue South
Minneapolis, MN 55405

Dear Rabbi Edelheit:



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Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Debra Fraser-Howze
National Black Leadership Commission on AIDS
105 East 22nd Street, Suite 711
New York, NY 10010

Dear Ms. Fraser-Howze: *Debra -*

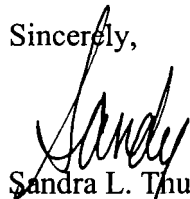
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Sincerely,



Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Girlfriend - I miss you!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Bob Hattoy
1910 Kalorama Road, NW
#305
Washington, DC 20009-1448

Dear Mr. Hattoy:

Honey —

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Sincerely,

I love you —

Sandy

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

*Missed you at the walk, darlin' — Hope
you are feeling better —*

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Thomas Patrick Healy
40 5th Avenue
New York, NY 10011

Dear Mr. Healy:

Tom -

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Sandy

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Let's have dinner soon!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Michael T. Isbell
Michael T. Isbell Consulting
304 Park Avenue South, 11th Floor
New York, NY 10010

Dear Mr. Isbell: *Mike —*

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Sincerely,



Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Come see us when you can!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Jack C. Jackson, Jr.
Governmental Affairs Director
National Congress of American Indians
1301 Connecticut Avenue, NW
Suite 200
Washington, DC 20036

Dear Mr. Jackson: *Jack -*

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Sincerely,

Sandy
Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope all is well

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Caya Beth Lewis
National Health Coordinator
NAACP
4805 Mt. Hope Drive
Baltimore, MD 21215

Dear Ms. Lewis:

Caya -
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Sincerely,

Sandra
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Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Come see me soon!

THE WHITE HOUSE

WASHINGTON

October 18, 2000

Miguel Milanes, M.P.A.
Community Development Coordinator
Research/Community Affairs, Florida Dept. of Children/Families
District 11-Dade and Monroe Counties
401 Northwest Second Avenue, Suite N-1021
Miami, FL 33128

Dear Mr. Milanes:

Miguel

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Sandra

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Hope you are well!

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Brent Tucker Minor
2910 Sycamore Street
Alexandria, VA 22305

Dear Mr. Minor:

Brent -

Last week, the White House Office of National AIDS Policy released a new report, "Youth and HIV/AIDS 2000: A New American Agenda." The release was announced at a spirited press event at Cross Keys High School in Atlanta, Georgia, where we received a very gracious welcome from the high school principal and some 500 juniors and seniors. Representatives of the local school board and several Federal agencies attended the event, along with service providers and advocates who were in town for the U.S. Conference on AIDS.

I am enclosing a copy of the report, and wanted to take this opportunity to thank you for your support during its development. PACHA members offered very helpful comments on earlier drafts of the manuscript, and the reference to the youth report in PACHA's final report has prompted a great deal of interest.

An electronic version of the new youth report has been posted and can be downloaded from our website (go to www.whitehouse.gov/ONAP and then click on ONAP Hot News). Additional printed copies are available from the National Prevention Information Network (1-800-458-5231) while supplies last.

I look forward to continuing to work with you to improve our response to the threat posed by HIV and AIDS. With your help, we can turn the tide in this country and share the lessons we learn with advocates for youth around the world.

Sincerely,

Hugs + Kisses
Sandy
Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

October 18, 2000

Helen M. Miramontes, M.S.N., R.N., FAAN
Box 0608, Room N531C
2 Kirkham
San Francisco, CA 94143-0608

Dear Ms. Miramontes:

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Sandy
Sandra L. Thurman

Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

I miss you!

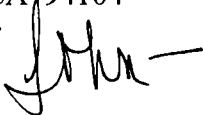
THE WHITE HOUSE

WASHINGTON

October 18, 2000

John A. Perez
Political Director
California Labor Federation
417 Montgomery Street, Suite 300
San Francisco, CA 94104

Dear Mr. Perez:



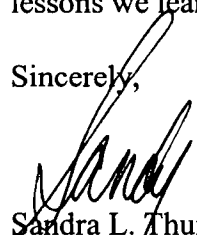
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Sincerely,



Sandra L. Thurman
Presidential Envoy for AIDS Cooperation and
Director, Office of National AIDS Policy

Hope all is well



Final Event Report

To: David Harvey
From: Lauren Norton
Date: October 11, 2000
CC: Sandra Thurman, May Kennedy, Kristin Braun, James Millner, Claudia Gaines
Patton, Lisa Bigazzi, Emily Hess

The following summarizes the activities prior to and during the press conference on October 2, 2000 releasing the White House report on "Youth and HIV/AIDS":

- Compiled extensive media list including both local and national media.
- Wrote media advisory for press conference and distributed to aforementioned media list.
- Produced fact sheet based on White House report.
- Pitched local and national media for coverage of the press conference.
- Conferenced with Grace Taylor, Cross Keys High School principal, to arrange set-up for press conference.
- Conferenced with Chris Parsons of AID Atlanta to determine logistics of press conference.
- Arranged for additional sound equipment to be used at press conference.
- Arranged for photographer to take pictures of press conference and attendees.
- Arranged for select students to be available day of press conference for media interviews.
- Conferenced with Kristin Braun and James Millner to determine responsibilities of The Headline Group and Sciens Worldwide PR.
- Set up media interviews day of press conference.

Attending media:

- *The Atlanta-Journal Constitution* - reporter, Gracie Bonds Staples
- *The Atlanta-Journal Constitution* - photographer, Louie Favorite
- *Reuters Health* - reporter, Emma Witt
- *Southern Voice* - reporter, Paige Parvin
- *WAGA-TV/Fox, Channel 5 Atlanta*
- *WGCL-TV/CBS, Channel 46 Atlanta*
- *WSB-TV/ABC, Channel 2 Atlanta*
- *WXIA-TV/NBC, Channel 11 Atlanta*

Final Event Report / p. 2

Media coverage (clips attached):

- | | |
|---|--|
| ▪ <i>Reuters Health</i> | October 2, 2000 |
| ▪ <i>The Atlanta-Journal Constitution</i> | October 3, 2000 |
| ▪ <i>Southern Voice</i> - article | October 5, 2000 |
| ▪ <i>Southern Voice</i> - editorial | October 5, 2000 |
| ▪ <i>WXIA-TV/NBC, Channel 11 Atlanta</i> | October 2, 2000 - 5 p.m. news |
| ▪ <i>WGCL-TV/CBS, Channel 46 Atlanta</i> | October 2, 2000 - noon news, 5 p.m. news |
| | October 3, 2000 - noon news |
| ▪ <i>WZGC - 92.9 FM</i> | October 6, 2000 - morning news |

Half of new HIV infections occur in youth

By Emma Patten-Hitt

ATLANTA, Oct 02 (Reuters Health) - Since the Office of National AIDS Policy published its most recent statistics in 1996, an estimated 80,000 teens and young adults have become infected with HIV in the United States, according to their newly-released report.

Sandra Thurman, director of the White House Office of National AIDS Policy, spoke about the findings to a group of high school students, in conjunction with the United States Conference on AIDS here.

"We've made some real progress since the last report was published, and that's good news, but unfortunately, we're facing a lot of the same challenges that we faced in 1996," she said.

"The report emphasizes the distressing reality that the vast majority of HIV-infected youth do not receive adequate medical care," Thurman continued.

According to the report, out of 40,000 new HIV infections every year, government officials estimate that 50% of the cases occur in young people between the ages of 13 to 24. Although high-risk sexual behaviors have dropped and the use of condoms has risen, the number of new HIV infections has remained steady since 1996.

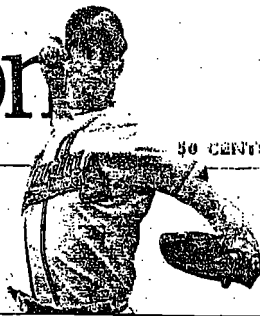
Minorities are at greatest risk of being infected, Thurman said. African Americans and Hispanics each make up about 15% of US teenagers. Among new teen AIDS cases reported, 49% are among African Americans and 20% are among Hispanics.

"We need to make sure that we are giving our young people the information they need to make decisions for themselves. Young people ought to have access to counseling, testing and treatment if they're HIV-infected and many young people in this country don't have that access," Thurman told Reuters Health after the conference.

"The report reminds us that behavior change is still the key to preventing HIV and protecting America's youth and shows the good news that we know what works. It's not rocket science here," she added.

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The Atlanta Constitution



50 CENTS

TUESDAY, OCT. 3, 2000

TODAY'S PAPER / ONLINE AT AJC.COM

DIVISION SERIES: BRAVES VS. CARDINALS

Greg Maddux to start in today's opener / E1, E4-6

➤ Almost 10,000 tickets left for Game 3 here / E6 ➤ Mark Bradley: An uphill climb to the World Series / E6

Despite precautions, AIDS infection rate refuses to drop

By Gracie Bonds Staples
gstaples@ajc.com

Young people are taking fewer sexual risks and using more condoms, but the rate of HIV infections has remained steady the past four years, a new report shows.

Out of 40,000 new HIV infections each year, 50 percent are in young people ages 13 to 24; and



LOUIE FAVORITE / Staff

Sandra Thurman, the president's envoy on AIDS, returned Monday to Atlanta.

African-Americans and Hispanics represent nearly 70

percent of the new AIDS cases among that age group, according to "Youth and HIV/AIDS 2000: A New American Agenda." The report was issued during the U.S. Conference on AIDS in Atlanta.

"It's hard to explain," said Presidential AIDS envoy Sandra Thurman, who released the findings at a news conference Monday at Cross Keys High School in

northeast Atlanta. "That's one of the reasons we need to do more research. We know the basics. We know what kind of information to give them to help them protect themselves, but we need to define what those messages need to be with greater specificity.

"That's particularly true with high-risk groups — children living in poverty, children in abusive

situations, children who are experimenting with drugs, children who have low self-esteem."

Thurman is one of more than 3,000 local and national AIDS activists in town for the three-day conference, which is being sponsored by the National Minority AIDS Council in partnership with 20 national AIDS advocacy

➤ PLEASE SEE AIDS, A7

Gays on TV used to be a novelty, but these days, they are commonplace and showing more dimensions, including John Goodman as an affable everyday gay man on Fox's 'Normal, Ohio.' An inside look at gays and the new fall TV season. Page 49



ATLANTA EDITION



Ed Managan would become the first openly gay U.S. Senator if he wins his Vermont race Nov. 7. Voters could double gay representation in the U.S. House and elect the first transgendered person to Congress. Page 1



Young Americans, including men under 25 who have sex with men, are becoming infected with HIV at the rate of two every hour, according to a new report released Monday by AIDS czar Sandra Thurman. Page 1



The campus of Gallaudet University in Washington, D.C. is still shaken after last week's unexplained beating death of 31-year-old freshman and a leader of a campus gay group. Page 11

HIV-infection rates on rise for young gay men

Youth, minorities spotlighted in U.S. Conference on AIDS

by PAIGE PARVIN

ATLANTA—Young people, including young gay men, are being infected with HIV at a rate of two per hour, while new cases continue to climb among racial minorities, according to new statistics released this week in conjunction with the U.S. Conference on AIDS.

"This is increasingly an epidemic affecting people of color, women, and the young," Dr. David Satcher, U.S. Surgeon General, said Tuesday.

Recent data from the Centers for Disease Control & Prevention indicate that African Americans, who make up 12 percent of the population, accounted for more than 50 percent of the estimated 40,000 new HIV infections from July 1999 to June 2000.

Latinos, who make up 11 percent of the population, accounted for 19 percent of new HIV infections.

Half of all new HIV infections—about 20,000 a year—are believed to occur in young people aged 13-24, many of whom are black and Latino. Sandra Thurman, director of the Office of National AIDS Policy, said Monday during an appearance at Atlanta's Cross Keys High School.



Prevention is tough for young, gay black men, who are on the 'fringes of society,' said U.S. Surgeon General Dr. David Satcher.

By their senior year of high school, 65 percent of American youth are sexually active.

Since the first White House report on HIV and youth in 1996, some 80,000 teens and young adults have become infected, according to new findings.

"Put simply, our teens are drowning and we've provided no lifeboats to save them," said David Harvey, executive director of the AIDS Alliance for Children, Youth and Families, which helped compile the report. "Abstinence-only AIDS prevention programs are not enough. ... Teens need comprehensive sex education and condoms to prevent early pregnancy, HIV and STDs."

Of the new HIV infections reported last year among men aged 13-24, at least half were the result of unprotected sex with other men, according to the report.

"We have failed to re-tool prevention efforts to meet the needs of young gay men coming of age," Harvey told *Southern Voice*. "Future prevention efforts have to address them in a way that is effective and appropriate. The reality is, young people do not see their peers and friends sick and dying." Thurman called for more frank, direct prevention efforts aimed at youth.

"This report reminds us that behavior change is still the key to preventing HIV," she told the packed gymnasium. "We must be willing to insist that young people know the facts about HIV and have the tools to protect themselves."

Youth at higher risk need additional help, Thurman said, including those "confronted with racism, poverty and homophobia."

Cross Keys students asked Thurman questions after she spoke, demanding to know why their school doesn't offer education about sex and AIDS.

"We have to go to the local level, to look to the community... to make sure this information is easily accessible," Thurman said, adding that school programs are federally-funded but many schools don't tackle the issue head-on.

A Cross Keys student told *Southern Voice* that most kids he knows "don't even think about AIDS."

Rusty Kigelman, a senior, said he doesn't

know any gay students at Cross Keys, but he doesn't think they would be welcome if they chose to be open about their sexual orientation.

"You know Eminem, who all the gays and lesbians were against?" he volunteered, referring to the white rapper under fire for his anti-gay lyrics. "It works the same way here. A lot of people are into his music."

Asked if a protest of Eminem would be likely to occur at his school, Kigelman grinned broadly. "No way," he answered.

'Stigma of homosexuality' still plagues prevention

Young gay men in urban areas are at particularly high risk for HIV, Satcher said, especially men of color. A recent survey in seven cities found seven percent of young gay men were infected, with 19 percent of those being African-American.

"This is a group that tends to see themselves on the fringes of society," Satcher said of black gay men. "They cannot come forward and admit they are gay, much less be tested. ... The stigma surrounding homosexuality and HIV prevents people from getting tested."

Of the total new HIV cases among women, black and Latino women make up 78 percent, according to the findings released at the conference, which was organized by the National Minority AIDS Council and drew some 3,000 attendees.

People who have been arrested, high school dropouts, and homeless persons are also at disproportionately high risk for the disease, Satcher said, adding that many of these are racial minorities as well.

"The prevention challenge is great," he said Tuesday. Minority communities don't typically identify themselves as being at high risk, Satcher said, and are often mistrustful of federal programs.

Satcher cited two federal initiatives, the Leadership Campaign on AIDS and Crisis Response Team, which are working to curb the AIDS epidemic in minorities.

The Leadership Campaign is reaching out to religious leaders, among others, to help them develop effective responses to AIDS, Satcher said.



Atlanta native Sandra Thurman, the White House AIDS czar, said Monday 65 percent of youth have sex by their senior year, and schools need to do more to educate them about HIV.

But getting black church leaders to acknowledge gay members at all, much less in their prevention and education efforts, is a slow process, according to two African-American AIDS activists who work directly with black churches.

"Stigma comes out of sin, and sin has its roots in the belly of the church," Pernessa Seale, founder of the Balm in Gilead, said during Tuesday's press conference. "It is where social norms are set."

Later, Seale said her organization urges churches "not to use their theological position on homosexuality and condom use as an excuse to not address HIV and AIDS."

"We have seen that when the church gets involved with HIV, it opens the door for acceptance of the gay community," Seale told *Southern Voice*. "But I have found that if we go in with a homosexual agenda up front, we never get to the HIV agenda."

Rev. Edwin Sanders, pastor of a non-denominational black church in Nashville, said he works with other churches to help them develop AIDS ministries, and encourages them to be inclusive and accepting of gays.

"I think all of us have to be inclusive, and not to do that is contrary to the teachings of Jesus," he said. "But we have a long way to go."

Quilt founder debuts South African panels

by JENNIFER J. SMITH

ATLANTA—With a new focus and a new project, the founder of the AIDS Memorial Quilt brought 12 South African quilt panels to the U.S. Conference on AIDS Monday. This was the first showing of the African Quilts Project in Atlanta.

Cleve Jones, the quilt project founder and a long-term AIDS survivor, traveled to South Africa for

the first time last winter, and is convinced now more than ever that Africa is the place to invest AIDS resources.

"There's very good reason for us to be focusing on South Africa and the rest of Africa right now," said Jones. "First, these people are striving to create a democratic, multi-racial society where 60 to 70 percent of the military is HIV-positive, 80 percent of the mine-workers are

positive, and they are fast approaching a total infection rate of 1 in 4."

"Secondly, South Africa is the key to the entire continent. If we lose South Africa, we lose Africa as a whole," he warned.

Touring the U.S. through January, Jones hopes the African Quilts will be a way to further involve the African-American community in the on-going public education effort.



Among the panels on display at the U.S. Conference on AIDS were 12 from South Africa making their first showing in Atlanta.

Gays on TV used to be a novelty, but these days, they are commonplace and showing more dimensions, including John Goodman as an affable everyday gay man on Fox's 'Normal, Ohio.' An inside look at gays and the new fall TV season.

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VOICES & ECHOES

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The editorial positions of Southern Voice are expressed in editorials and in editor's notes as determined by the editor. Other opinions are those of writers and do not necessarily represent the opinion of Southern Voice or its staff.

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Southern Voice
a joint enterprise of
Southern View, LLC and Crescent City View, LLC

A Window Media Publication

Publisher: Window Media, LLC
President: William Waybourn
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To submit a letter:

Letters should be fewer than 400 words and may be edited for content and length. Names may be withheld upon request, but must be included with phone number for verification.

EDITORIAL

Silence on AIDS still = death

by CHRIS CRAIN

Silence = Death!

That was the rallying cry of the ACT UP protestors who galvanized national attention to the AIDS epidemic back in a time when the President of the United States refused even to utter the disease's name.

Today, politicians from both parties pay lip service to AIDS research and HIV prevention, and AIDS service organizations can boast large budgets and extensive service programs.

Success in treating those already infected with HIV has lessened the "crisis mode" that gripped the country, and especially the gay community, in the 1980s and early 90s.

But as the epidemic moves into new populations, infecting gay youth and people of color at an alarmingly high rate, the institutions with access to those at risk have been struck dumb yet again.

To be sure, some people in power are talking. Just this week, Surgeon General David Satcher held a press conference to emphasize that homophobia blocks frank prevention efforts from reaching young people, especially minorities.

"They cannot come forward and admit they are gay, much less be tested," Satcher said Tuesday at the U.S. Conference on AIDS, held in Atlanta. "The stigma surrounding homosexuality and HIV prevents people from getting tested."

Sandra Thurman, the Atlanta native who President Clinton tapped as director of the Office of National AIDS Policy, came back home this week to release depressing new statistics indicating that young people, including young gay men, are being infected with HIV at a rate of two per hour.

Thurman also called for more direct prevention efforts aimed at youth.

"This report reminds us that behavior change is still the key to preventing HIV," she said. "We must be willing to insist that young people know the facts about HIV and have the tools to protect themselves."

So if the Surgeon General and the president's AIDS Czar agree that sex education needs to move beyond "abstinence only" and deal directly with safer sex, homosexuality and gay youth, then why isn't it happening?

There is almost a Kafka-esque quality to the national AIDS debate today, as those with access to the most power argue for changes in policy that never happen.

At the local level, many AIDS service organizations have grown increasingly dependent on corporate giving, muting their once-strong voices calling for more aggressive and direct prevention efforts. Corporate donors abhor "controversy," and the boards of many of the larger AIDS service organizations are packed with members who prefer middle-of-the-road politics to dramatic calls for change.

These AIDS groups aren't even spending much money to do broad-scale, direct prevention themselves. This newspaper, and other publications like it, reach tens of thousands of young gays every week, and



Where have all the activists gone? Many of those not locked in a 'flat Earth' debate about whether HIV causes AIDS have been co-opted by corporate donations.

yet only a handful of AIDS organizations in the South and nationally make any effort to urge prevention and testing through eye-catching ads.

Instead, these private agencies host prevention programs that successfully educate only a tiny percentage of those at risk. We will never prevent the spread of HIV 30 people at a time.

We're dealing with a generation that doesn't remember Ronald Reagan, much less the devastating AIDS body count that piled up during his administration. Mass-media education should be aimed at those who are too young to have been so inundated with the rules of safer sex that they remember the risk in the heat of the moment.

Another powerful institution that has remained dangerously silent in the face of a newly virulent AIDS epidemic is the black church. New statistics confirm a trend in the making for years: African Americans, who make up 12 percent of the population, account for more than 50 percent of the estimated 40,000 new HIV infections in the last year.

Dr. Helene Gayle, the African-American head of the AIDS task force at the Centers for Disease Control & Prevention, has laid a good deal of the blame for this increase on the homophobia that tells young black men struggling with their sexuality that they must have (unprotected) sex with women to prove their manhood.

The black church has often played a pivotal role rallying the African-American community to respond to threats like poverty and Jim Crow. But only recently have black church leaders found their voice on the incursion of HIV and AIDS into their

HIV-infection rates on rise for young gay men

Page 9

community, and their pews, but homophobia is not a word that crosses their lips.

Most black church leaders talk about AIDS as if infection occurs by immaculate conception, not by African American men who have sex with other men, whether or not they self-identify as gay.

To their credit, very few black religious leaders outside the Nation of Islam actively condemn homosexuality or exclude gay parishioners. On the other hand, silence = death holds as true for African-American churches that ignore their black gay brothers as it does for white politicians who oppose sex education in schools.

Most AIDS specialists—it's getting harder and harder to call them activists anymore—treat these religious leaders with kid gloves, unwilling to call them on their homophobia and the toll it carries with it. Thus far at least, this campaign of loving the black church into effectively dealing with homophobia as a root cause of HIV infection is not bearing significant fruit.

So where are all the AIDS activists—the kind who called to task these powerful institutions and their inadequate response to the changing face of AIDS?

Some are engaged in an irrelevant "flat Earth" debate about whether HIV causes AIDS, too trapped in their anti-establishment anger to tackle the real battle for effective AIDS prevention.

And others, those not yet co-opted by the strings that come with five and six-figure corporate donations—continue to sit this one out. In the meantime, we are treated to the bizarre spectacle of watching our nation's most powerful health policy officials talk as if they're on the outside, unable to bring safer sex education into the schools and needle exchange programs into the streets.

Corrections

Due to an editing error, an article in last week's Southern Voice ("Overside: Atlanta City Council Sees 29 New Members") stated that Atlanta City Council member Lee Morris is a candidate for City Council president. Morris said he is not running for the post. Despite earlier media reports that he might run for mayor, Morris said this week that he is not a declared candidate for any post, including his current City Council district.

Another article in last week's issue ("Gay Democrats to honor non-gay allies at dinner") incorrectly identified the title for Clinton administration official Todd Dickinson. Dickinson is U.S. Under Secretary for Commerce. Southern Voice regrets the errors.

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Federal Plan Focuses on 'Realistic' Youth AIDS-Prevention Programs

'Unproven' Abstinence-Only Programs to Be De-Emphasized

By Daniel J. DeNoon
WebMD Medical News

Reviewed by Dr. Charlotte E. Grayson

Oct. 2, 2000 (Atlanta) -- Policy-makers who wonder whether schools are giving teens the information they need about AIDS prevention, safe sex, and drug use should ask Tiffany Hick, a student at Atlanta's Cross Keys High School.

"School officials think the school exists outside of everything," Hick tells WebMD. "They think school is in a bubble that protects it from the real world -- but they're wrong."

But even school officials complain that their hands are tied when it comes to frank talk about AIDS. "Our biggest obstacle to AIDS prevention is the lack of information the students and parents receive," Cross Keys principal Grace Taylor tells WebMD. "There are so many nationalities and religions -- and AIDS crosses these many moral lines.

"I am an advocate of AIDS programs," Taylor says. "We talk about AIDS here -- but I don't think we do a thorough job. In terms of a curriculum, we don't have one. It's not entirely up to us as a single school -- we have to go through the school board and even the state."

Taylor, Hick, and fellow Cross Keys students and teachers on Monday became the first to hear the fighting words of U.S. "AIDS czar" Sandra L. Thurman, who chose their school as the stage from which to announce the "new American agenda" of the White House Office of National AIDS Policy. The sweeping policy recommendations focus on young people -- the 13- to 24-year-old age group that gets 50% of all new U.S. HIV infections, despite representing only 16% of the population.

"The numbers mean we have an AIDS epidemic in this country, just as we do around the world," Thurman tells WebMD. "Over the past six to seven years, the epidemic in the U.S. has begun to reflect the epidemic in the rest of the world. It affects youth, women, communities of color. We need to target those groups much more readily than we do now. There is still the misperception that this is a gay male epidemic."

The federal plan calls for priority funding of proven "programs that work" -- that is, scientifically validated programs that provide explicit information not only on how to postpone sex, but also on safe sex, including condom use. What the plan refers to as "untested abstinence-only programs" would not get priority for federal AIDS funds.

"We have to change the behavior of young people -- and politicians," Thurman says. "It is important to educate the decision-makers. There is still the fear that if you give youth the information they need about how

to protect themselves during sex, they will then start having sex. But science shows that if you provide condoms, young people are more likely to use them during sex -- and that they are *not* more likely to have sex.

"We *do* need to encourage abstinence," she says. "Having said that, we have to give them the facts. Giving condoms to young people is not enough -- we have to teach them how to use them. ... We must insist that young people have the tools to prevent HIV."

David Harvey, executive director of the AIDS Alliance for Children, Youth, and Families, shared the podium with Thurman. "Abstinence-only programs are not enough," says Harvey, who calls for schools to provide condoms to students.

The new recommendations do not go quite that far, but they go farther than the first White House AIDS plan, which in 1996 called for better youth health care, comprehensive HIV/AIDS education, routine HIV testing and counseling, and increased study of how best to evaluate AIDS-prevention programs. Despite some impressive increases in federal funding of health programs for young people, there has been no decrease in the annual number of new HIV infections. In the four years since the last set of recommendations, an estimated 80,000 teens have become infected with the AIDS virus. Most of these young people don't know it yet, because seven out of 10 teens don't know where to get an HIV test.

A key component of the new plan is its acknowledgement that schools can go only so far in providing AIDS services. Community resources are called on to close the gap -- and these include health care providers, whom the plan says should be recruited and trained specifically to treat young people with HIV.

In a point-by-point analysis, the White House plan sketches the extent of the youth HIV/AIDS problem. Some of the findings:

- 65% of American youth are sexually active by the time they are in 12th grade.
- Each year, one in four sexually experienced teens gets a sexually transmitted disease (STD). These diseases are transmitted by the same behaviors that transmit HIV -- and an STD makes a person much more likely to give or get the AIDS virus.
- Among 13- to 19-year-olds, more females than males are now being diagnosed with HIV. Young women from the South and Northeast have higher HIV infection rates than any other group.
- Among gay youth, 41% report having unprotected anal sex -- thought to be the highest-risk sexual behavior for contracting HIV.
- African-Americans make up 15% of U.S. teen-agers, but account for 67% of AIDS cases reported among teens.
- Very high-risk youth -- those who drop out of school, are sexually abused, who run away from home, who are incarcerated, who live in foster homes, or who are homeless -- are at especially high risk of acquiring HIV. There are between 730,000 and 1.3 million homeless/runaway youths in the U.S.
- 87% of young Americans think they are not at risk of HIV infection.
- Only 11% of U.S. young people with HIV receive adequate medical care. One out of three 18- to 24-year-olds has no health insurance -- and this number is increasing.

To do something about this growing problem, the recommendations say that, among other things:

- The federal government should ensure adequate funding for youth-focused HIV prevention. This will require new funding, redirection of existing resources, and more attention to high-risk youth.

- More schools should have quality HIV prevention programs. The CDC should support and coordinate such programs in the 15,000 school districts in the U.S. Only programs that have been proven to be effective should be used. Five such programs are listed on a CDC web site:
<http://www.cdc.gov/nccdphp/dash/rtc/hiv-curric.htm>.
- Community-based HIV-prevention services should include making condoms readily accessible, and this should be advertised in the media.
- AIDS prevention should be integrated into after-school programs, church programs, juvenile-justice programs, and one-on-one encounters with general-practice health care providers.
- STD education, screening, and treatment should be provided to all youth who need them.
- The federal government should develop a program to provide routine, voluntary HIV testing and counseling for at-risk youth.
- Voluntary HIV testing should become a routine component of health care.
- More federal AIDS resources should be directed toward young people.
- Incentives, such as scholarships and loan-repayment programs, should be used to recruit new health care professionals to treat young people with HIV.
- The federal government should increase AIDS research that is specific to teen-agers.

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THE WHITE HOUSE
WASHINGTON

October 5, 2000

Blake Hall
Project M.A.G.I.C.
2950 Ridgewood Road
Atlanta, GA 30327

Dear Mr. Hall:

Blake -

I wanted to let you know how very much I appreciate the great contribution that the Project M.A.G.I.C. performance made to the release event for the new White House report, *"Youth and HIV/AIDS 2000: A New American Agenda"* at Cross Keys High School on October 2, 2000. The way you abbreviated your usual presentation and directed the performers in the new version on such short notice helped make the event a tremendous success.

The report is now available electronically (www.whitehouse.gov/ONAP, and then click on "hot news"). Hopefully, it will begin to refocus national attention on the HIV/AIDS prevention, care, and research needs of adolescents and young adults in the United States.

It was a privilege to share the stage with such talented, dedicated frontline prevention specialists. Together, we can meet the needs of our young people.

Sincerely,

Sandra
Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

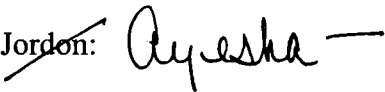
*you all did a fabulous job! Thanks
for all the good work you are doing and
keep it up!*

THE WHITE HOUSE
WASHINGTON

October 5, 2000

Ayesha Jordon
Project M.A.G.I.C.
2950 Ridgewood Road
Atlanta, GA 30327

Dear Ms. Jordon:

Ayesha —
I wanted to let you know how very much I appreciate the great contribution that the Project M.A.G.I.C. performance made to the release event for the new White House report, *"Youth and HIV/AIDS 2000: A New American Agenda"* at Cross Keys High School on October 2, 2000. Your energetic, engaging, informative performance helped make the event a tremendous success.

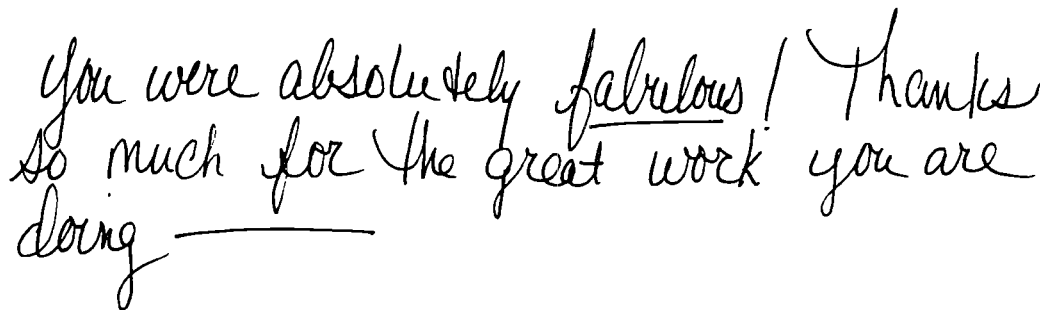
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Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

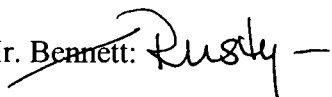
you were absolutely fabulous! Thanks
so much for the great work you are
doing —

THE WHITE HOUSE
WASHINGTON

October 26, 2000

Russell L. Bennett
HUD, DEH Room 7212
451 7th ST. SW
Washington, D.C. 20410

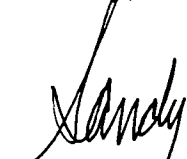
Dear Mr. Bennett:



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Your contribution to this effort as part of the original advisory team was invaluable. Without your direction and support, it would not have been possible to come this far. Hopefully, the report will begin to refocus national attention on the HIV/AIDS prevention, care, and research needs of adolescents and young adults in the United States. I look forward to continuing to work with you to meet the needs of our young people.

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Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

October 26, 2000

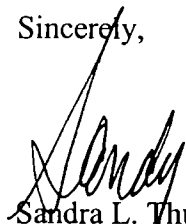
Ofelia Virtucio
Asian and Pacific Island Wellness Center
730 Polk St., 4th Street
San Francisco, CA 94109

Dear Ms. Virtucio: *Ofelia* —

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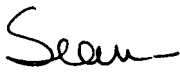


Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

October 26, 2000

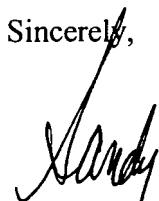
Sean Sasser
Health Initiatives for Youth
1242 Market Street, 3rd Floor
San Francisco, CA 94102

Dear Mr. Sasser: 

At long last, we released the new White House report, "*Youth and HIV/AIDS 2000: A New American Agenda*," at a very successful event at Cross Keys High School in Atlanta, Georgia, on October 2, 2000. Enclosed please find a copy of the report. It is now available electronically (www.whitehouse.gov/ONAP, and then click on "hot news") as well.

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Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

Hope to see you soon!

THE WHITE HOUSE
WASHINGTON

October 26, 2000

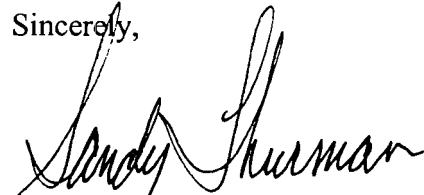
Bret Rudy, M.D.
Children's Hospital of Philadelphia
Medical Staff Office
34th St. and Civic Center
Philadelphia, PA 19104

Dear Dr. Rudy:

At long last, we released the new White House report, "*Youth and HIV/AIDS 2000: A New American Agenda*," at a very successful event at Cross Keys High School in Atlanta, Georgia, on October 2, 2000. Enclosed please find a copy of the report. It is now available electronically (www.whitehouse.gov/ONAP, and then click on "hot news") as well.

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Sincerely,

A handwritten signature in black ink, appearing to read "Sandra L. Thurman". The signature is fluid and cursive, with the first name "Sandra" being more prominent and the last name "Thurman" following in a similar style.

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

October 26, 2000

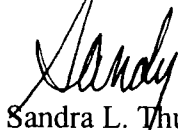
Alex Torres
Bienestar Human Services
5326 East Beverly Blvd.
Los Angeles, CA 90022

Dear Mr. Torres: 

At long last, we released the new White House report, "*Youth and HIV/AIDS 2000: A New American Agenda*," at a very successful event at Cross Keys High School in Atlanta, Georgia, on October 2, 2000. Enclosed please find a copy of the report. It is now available electronically (www.whitehouse.gov/ONAP, and then click on "hot news") as well.

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Sincerely,



Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

October 26, 2000

Richard Schulman
HRSA/HAD
PKLN 7-36
Rockville, MD 20857

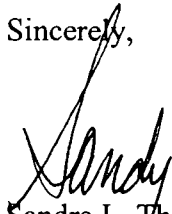
Dear Mr. Schulman:

A handwritten signature in cursive script that reads "Richard" followed by a horizontal line.

At long last, we released the new White House report, "*Youth and HIV/AIDS 2000: A New American Agenda*," at a very successful event at Cross Keys High School in Atlanta, Georgia, on October 2, 2000. Enclosed please find a copy of the report. It is now available electronically (www.whitehouse.gov/ONAP, and then click on "hot news") as well.

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Sincerely,

A handwritten signature in cursive script that reads "Sandy".

Sandra L. Thurman
Presidential Envoy for AIDS Cooperation
Director, Office of National AIDS Policy