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THE WHITE HOUSE

WASHINGTON

May 10, 1994

Mr. Neil N. Diehl
Chairman Emeritus
Ingram Barge Company
One Belle Meade Place
4400 Harding Road
Nashville, Tennessee 37205

Dear Mr. Diehl:

Thank you for writing and the good wishes. The Comprehensive Care Center was most impressive, and you are to be commended for the fine work your organization is doing to provide high quality, cost-effective health care to persons living with HIV.

You indicated that you were not eligible for Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds in Tennessee. Although no Title I eligible metropolitan areas exist in Tennessee the state does receive Title II funds and is eligible to apply for Title III(b) funds. You might contact Jane Daub, Program Director, Tennessee Department of Health AIDS Program to inquire about funding through Title II of the CARE Act and other state/local resources. Ms. Daub can be reached at (615) 741-7500. For information about funds available through Title III(b) of the CARE Act contact Patricia Milon, Deputy Chief, HIV and Substance Abuse Branch, Health Resources and Services Administration. Ms. Milon can be reached at (301) 594-4444.

I hope you find this information helpful and best wishes in your efforts to procure funding for the Comprehensive Care Center.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

INGRAM BARGE COMPANY

NEIL N. DIEHL
CHAIRMAN EMERITUS
TEL. 615-298-8281

ONE BELLE MEADE PLACE
4400 HARDING ROAD
NASHVILLE, TENNESSEE 37205
TEL. 615-298-8200 · FAX 615-298-8213

APR 11 1994

March 30, 1994

Ms. Kristine Gebbie
Office of Disease Prevention
330 C Street S. W.
Room 2132
Switzer Building
Washington, D. C. 20201

Dear Ms. Gebbie:

Enclosed you will find the materials used at the Baptist Church Orientation on HIV/Aids here in Nashville. As I discussed with you the meeting had a very affirmative feeling and the thoughts of the participants were that it was very worthwhile.

Also enclosed is a summary that explains the background to the Comprehensive Care Center that you had an opportunity to see on the 30th. I would appreciate any feedback you might have and hope that you might have some ideas of funding that could be available to this facility. We are working to attempt to secure some of the Ryan White funds but, as you know, are not eligible for them in Tennessee.

I did appreciate your presentation at lunch time and wish you the very best in your current assignment.

Sincerely,

Neil

Neil N. Diehl

NND:kl

Enclosures

Tim - could you draft an answer to this ??
Thanks

COMPREHENSIVE CARE CENTER (CCC)
FOR THE TREATMENT OF HIV INFECTED INDIVIDUALS

I. The Medical Background on HIV - AIDS

Worldwide

It is now recognized that the global HIV epidemic has become the most devastating health crisis in recorded history. Estimates of the number of infected individuals range from 50-110 million worldwide. HIV infection is principally a heterosexually transmitted disease and the common thought of risk behavior groups of gay men and intravenous drug users are not significant in those countries with the highest AIDS incidence.

U. S.

It is estimated that there are between 1.5 and 2.5 million HIV infected individuals in this country. A great number of these individuals are unaware of this infection. AIDS is the number one cause of death of young men in the United States today.

Tennessee & Davidson County & Middle Tennessee

Tennessee has a relatively low incidence of AIDS cases according to the Center for Disease Control. Davidson County, however, has 22.3 AIDS cases per 100,000 residents placing it in the nation's highest incidence category. Increasing incidence rates are apparent among women, minorities and heterosexuals. As an example, heterosexual transmission has risen from 6% of AIDS (prior HIV infection probably an average of 10 years) cases to over 11% of current HIV reporting.

In Middle Tennessee, there are an estimated 3,000-5,000 persons infected with HIV. At some point the majority of these Tennesseans will seek medical care in Davidson County. The Comprehensive Care Center (CCC) is an innovative community-wide response to the challenge of providing that care in a high quality, cost effective, humane manner in a centralized setting.

II. The Comprehensive Care Center Model

Approach to Care

Outpatient care is the cornerstone of HIV related care. We have developed a case management health care delivery model which consolidates many out-of-hospital services which, in turn, reduces acute care needs for persons with HIV disease. This model emphasizes patient care assessment, education and effective communication with direct care as well as social service entities.

A case managed approach shows significant advantages over the non-case managed model in terms of lower hospital charges, longer survival between HIV diagnosis and death and longer survival between the first AIDS-related hospital admission and death (JANAC 1992: 3(2), 24).

Medical Services and Facility Description

Patient services at the Center will include regular clinical visits, (both initial evaluation and follow-up), on-site infusion and transfusion, ophthalmologic examination, chest x-ray and same-day outpatient procedures including endoscopic evaluations, lumbar puncture, bone marrow aspirations, skin biopsies and cryosurgery.

The Comprehensive Care Center is located in the Park Plaza Building in downtown Nashville in 14,000 sq. ft. of space generously donated by Baptist Hospital and Centennial Medical Center. The facility includes 18 examination rooms, 4 nursing stations, 2 conference rooms, executive offices, an outpatient pharmacy, a small laboratory, a radiology suite for chest x-rays and endoscopy suite for procedures and infusion services. Office space is available for community based organizations serving HIV infected individuals and their families to provide case management and other ancillary services.

Staffing

Staffing will be provided by Vanderbilt personnel on a service contract arrangement. The staff will be made up of a full-time medical director and the equivalent of one other full-time infectious disease physician, three family nurse clinicians, a registered nurse, a licensed professional nurse, a medical social worker, two receptionist clerks and an executive director.

Other Medical Assistance and Cooperative Efforts

Specialists from the community will staff dermatology, ophthalmology, gastroenterology, and pulmonary clinics. Physicians in training from Vanderbilt and most likely Baptist will rotate through the center. Plans are to include Meharry Medical College and Vanderbilt University medical and nursing students on a rotational basis.

Besides providing high quality care and training, the CCC will also be a focal point for research. Meharry Medical College and Vanderbilt University have been awarded a joint AIDS clinic trial unit grant (ACTU) by the federal government. Patients will be provided access into experimental protocols developed by this AIDS clinical trial unit through the CCC. Recruitment for independent pharmaceutical industry sponsored drug trials and Vanderbilt vaccine evaluations unit studies will also take place at the CCC.

III. Funding and Support

Initial Support

A non-profit organization, the Nashville Health Management Foundation has been established as a parent organization for the Center; and the coordinated efforts of the medical, academic, business and lay communities, provide the basis for success.

Significant contributions to the conceptual and physical development of this facility have come from many sources including Ingram Industries, Woodfin Miller Foundation, Vanderbilt University, Baptist Hospital, Centennial Medical Center, St. Thomas Hospital, HealthTrust, Hospital Corporation of America, Office of the Mayor, Metropolitan Health Department, Nashville Academy of Medicine, United Way of Middle Tennessee and the State AIDS program.

Ongoing Projection

Feasibility studies and financial pro formas based on 1993 Medicaid reimbursement rates, on a fee-for-service basis, indicate that the Center should be self-sufficient in 2-4 years. Revenue will be generated from patient visits, on-site and home infusion services and outpatient procedures.

The impact of TennCare on the financial stability of this clinic is not known at present, but it is likely to increase the number of eligible patients from an estimate of 600 in January 1994 to well over 1,500 as soon as enrollment of applicants is completed.

Initial Population

The initial patient population will include patients who are Medicaid eligible in the Metropolitan Health system and Metropolitan/Nashville General Hospital and patients who are currently being seen at the Vanderbilt Infectious Diseases Clinic. The Vanderbilt Infectious Diseases Clinic will remain a research protocol clinic dealing specifically with ACTU research activities.

IV. The Impact On The Community...

Economics Objective

The social impact and the financial costs of this epidemic are equally staggering. The estimated life-time cost of treating a person with HIV infection is currently a little over $100,000. Translated into Middle Tennessee statistics, this shows a currently estimated $300-500 million price tag on direct care costs for HIV infected individuals. This averages between 30 and 50 million dollars annually if we provide non-managed health care. By early enrollment in a managed care program it is estimated this cost will be reduced 50%

Patient Care Objective

In a care program, it is more likely that appropriate medications at appropriate times will be administered eliminating many preventable complications of the disease. The CCC has been designed to provide this high quality, cost effective care.

Examples of Managed Care Success

Pneumocystis pneumonia is the number one killer of AIDS patients in the United States and only strikes HIV infected individuals in the latter stages of their disease. Placing a patient on an oral medication at the appropriate time will completely eliminate the risk of this complication. Medication to prevent this complication may cost as little as $8 a month but will be effective in preventing a several thousand dollar twenty-one day hospital admission.

Standard diagnosis and therapy for cryptoccocal meningitis (a relatively frequent infection with AIDS) includes radiologic evaluation of the brain, a spinal tap and six weeks of relatively toxic intravenous medication. A facility like the CCC will allow the clinician to diagnosis, to start treatment and continue treatment at home without any need for hospital admission.

Tuberculosis is another infectious complication of HIV. The most effective way to prevent new cases of tuberculosis is to develop a thorough screening program for patients at high risk for TB. In a managed care system patients would be tested on an annual basis and prophylactic therapy would begin upon evidence of prior TB infection.

These examples illustrate the value of a managed care approach.

V. Summary

- The patient benefits from the best possible health care available.
- The emphasis on out patient care greatly improves the quality of life by minimizing the amount of time they must spend in the hospital.
- The community benefits by a decrease in the loss of productivity by patients and a decrease in the overall cost of treatment.

If this initiative is successful, it may provide an innovative model for other medium sized cities in the United States dealing with expanding numbers of HIV infected individuals and certainly represent a model of public/private collaboration to meet the increasing demands and challenges of the HIV epidemic.

MAY 10 1994

THE WHITE HOUSE

Dear Joe —

Thank you for the poetry - and for your continuing effort to channel your energies into a sound response to the HIV epidemic. It was a pleasure to meet you & see the posters

Eugene Tobin

May 5, 1994

Dear Kristine Gebbie,

Thank you very much for taking time out of your busy schedule to view the student poster display at the State Office Building. I wish you could have seen it up at the county park where we had more room to be decorative and give sufficient space to recognize each of the works.

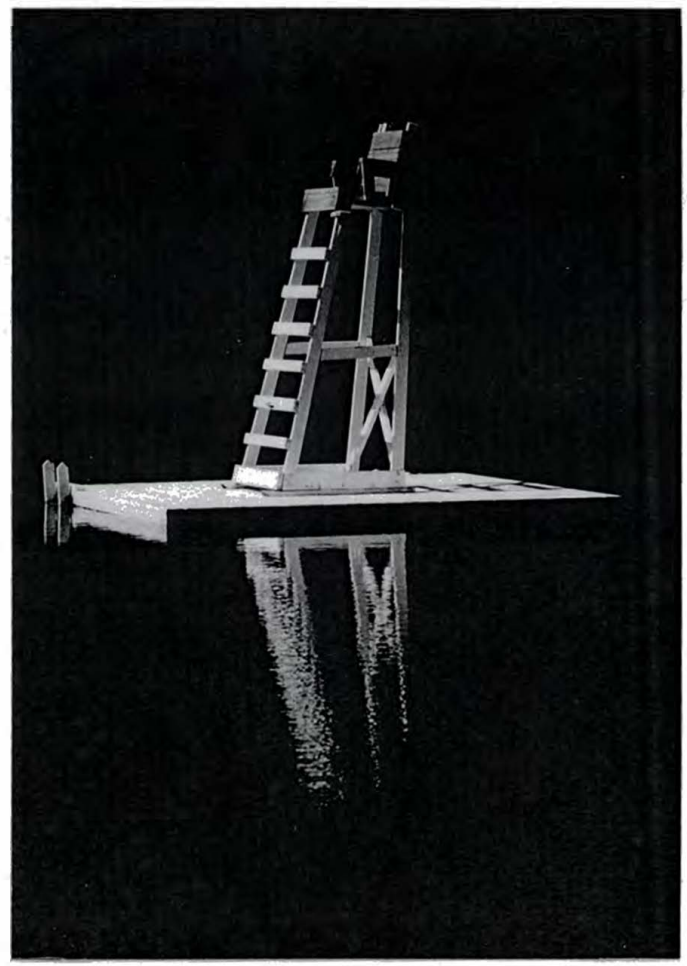
I'm very proud of our efforts in the Md Swim for Life Committee and felt like "Cinderella" when you showed up - which is not to say all of the people in the State AIDS administration are "wicked stepsisters."

Much of the energy of my loss and anger has been channeled into being

creative in "productions" such as Swim for Life; on a more personal level I've described some of my own sense of sadness about loved ones dying in poetry and I'm in fact editing two of my poems about AIDS

Very appreciative,

Joe Stewart



swim for life © Joe Stewart photo

Joe Stewart
3212 avon ave
Balt Md 21218

0504 050634 MLOCR#8 WGMF, DC 20066

Kristine Gebbie
AIDS Coordinator
750 - 17th St, NW #1060
Wash DC 20503

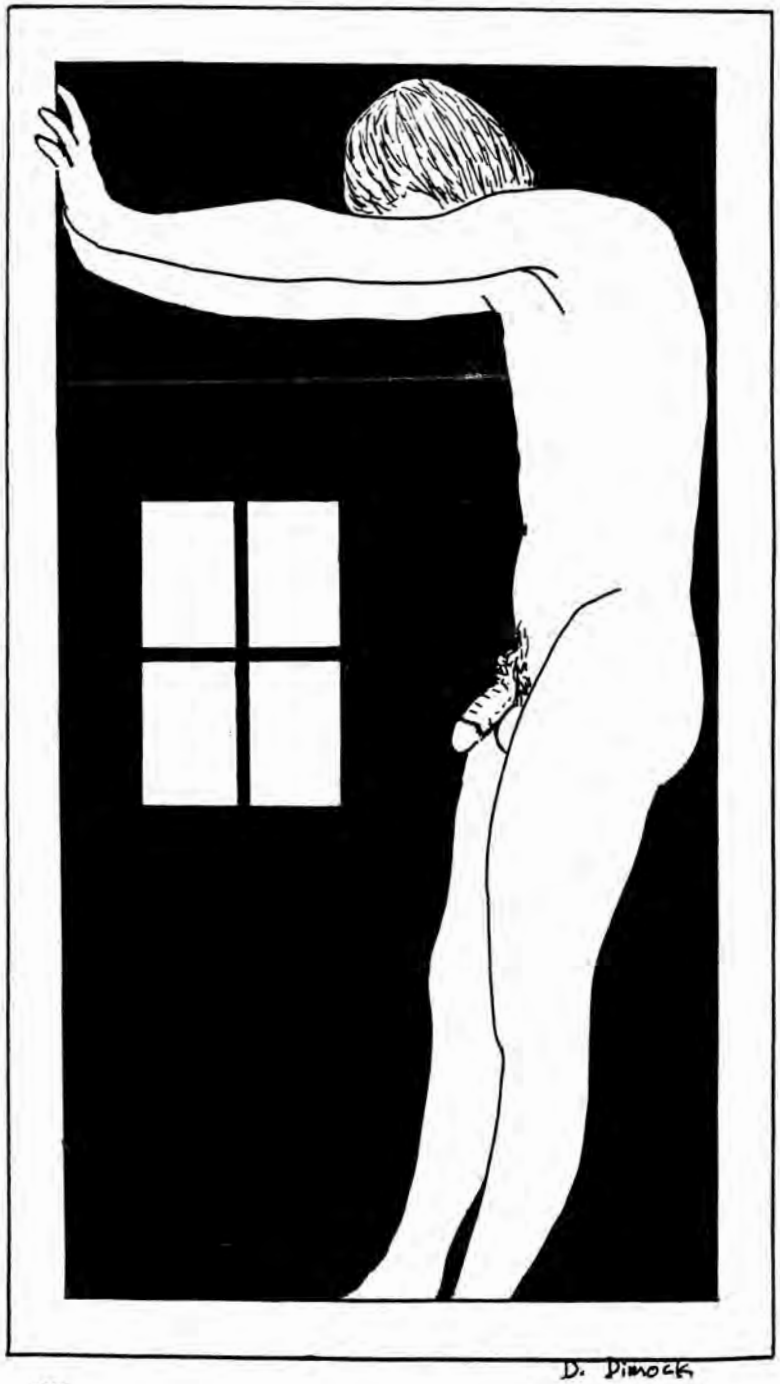
from RFD winter 92/93 issue no 72

GREENMOUNT CEMETERY
ST. PATRICK'S DAY, 1990

(This poem is dedicated to Joseph Horan, a person with AIDS with whom I "trudged the road of happy destiny" for awhile. He died sober the day after Christmas, 1989.)

In the mausoleum I say hello to you
and it is strange--this is something
I've never done before.
I remember raking leaves for my father,
as a child, sweating and smelling sweet ground
and dying foliage
and then the fire and smoke
blowing down our hill
and being treated with an ice cream cone
but treated more by just having my father's approval.
We share that, don't we, that search for a father's love,
I saw that in you when your dad arrived, who was then
more helpless, he or you, and you did your best
to thank him for making that visit and in your eyes
there was such thanksgiving, happiness and pleasure
and you could die then in peace knowing he loved you.
I remember, walking the country road to a cutoff marked
"deadend" "no treaspassing" "keep out" and following
the dusty dirt mysterious forbidden path through
woods for maybe a mile before it broke out above a cliff
and it was a "lover's lane" filled with old beer cans,
condoms, crushed cigarette packages and past the cliff
was the river where I learned to swim and there
with the used rubbers I wanted so much to be an adult
not knowing how horrible that could be, not knowing
anything about heartbreak or death and it started to
get dark and again I broke into a sweat but this time
out of fear since I had to make that mile back
and I started to walk fast and then to run.
You didn't talk much about being young.
I remember finding you so attractive I wrote
in my journal that I'd seen this man at a meeting
and vowed I would get to know him
and then a few weeks later there you were smiling
from across another AA meeting, smiling at me,
and I gave you a ride home and accepted your offer
to come up for coffee.
Nothing prepared me for the epidemic,
nothing from school or church or community could,
I guess, have prepared you or me.
I had lost my father and as a teenager after that
I tried taking my own life once,
but to be in love with a dying man
and to want him so badly even with
the risk, no I was not ready for that
and you were not ready for me, were you?

by Joe Stewart



D. Dimock

THE ZOO by Laurence W. Thomas

The zoo was crowded that day and I hadn't shaved.
Two seals lay looking like two old men in bed
with which observation I was shocking my friend

when our eyes met.
I stared too long and frightened the glance away
and the brown seal barked in anger
at not being able to rest his head on the tan seal.

I looked again and there it was
But more shy, wary of eagerness
And more interested in the spider monkeys.

The bison smelled. The deer smelled.
The hippopotamus smelled
And lay half submerged in dirty water.
Only one sad-eyed bird sat still
and the bird house smelled and was crowded that day
and I hadn't shaved.

from PWA! Miss
News + Views,
April 1991

People With AIDS coalition

P.W.A. Coalition of Baltimore

NEWS

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December 1990 - December 1989
by Joe Stewart

Green red blue yellow lights
blinked off and on the tree,
we smelled pine, fresh brewed coffee
in the midst of our ritual
of rippng away gold and silver paper
from the boxes on the floor
in an orgy of gift giving and taking;
I thought of you
gasping for perhaps your last breath
behind that hideous oxygen mask
hiding your still beautiful face.

We had our Christmas weeks before
at my insistence
fearing you would be gone by the 25th;
I'd given you Day-Glo stars and moons
with a card that said something
about wanting to go with you to the moon
and stars
or wanting to give you the moon and stars
or something as foolishly romantic and
absurd.

I called your hospital room;
in a loud voice -- where did you get the
strength? -
you admonished me, "When I'm out of here
and need my rest
I don't want you calling me so early in
the morning!"
I felt hurt and rejected despite knowing
you always teased me like that.
I could spend much time now
analysing the significance of what you
said,
wondering whether you knew it would be
the last thing you ever said to me, but
that would be silly.
So instead I latched onto the moon and
stars,
read astronomy and cosmology books
and books about the planets, especially
Mars
because of that dumb daydream I had of us
watching a film about aliens from Mars
coming to the Grand Canyon
to save our planet from nuclear
destruction
and all I wanted was to hold your hand.
I actually went to the Grand Canyon and
cried and cried and cried.
Now I look beyond Earth's moon and the
planets
outside our galaxy in the stars exploding
past and future world:
searching for something to explain the
mystery of life and death
and bring you closer to me.

[A special thank you to Joe Stewart who has designed and produced a line of greeting cards to benefit the Coalition. The cards are on sale at the 31st Street Bookstore.]

Tuesday, April 2, 6:30 P.M. General Meeting. Unitarian Church Hall, Charles and Hamilton Streets. Program: **"Looking Good with HIV". Jennings**, one of Baltimore's most prominent cosmetologists, will discuss ways of using make-up to look your very best -- regardless of your physical condition.

Thursday, April 4, Friday, April 5. The Forrest Collection at Goucher College. (See article!)

MAY 10 1994

THE WHITE HOUSE

Dear John —

I've done my courier duties with your letter! It was good to spend a little time with you in Baltimore — you have a big challenge, but a high commitment to meet it. All the best to you — Christine

GIZINSKI '94

Ms. Kristine Gebbie
National AIDS Coordinator
The White House
Washington, DC

Dear Ms. Gebbis :

As Chair of HERO Aidswalk '94, a long standing volunteer and member of the Board of Directors, I would like to thank you for taking the time to visit and find out more about the services that HERO (Health Education Resource Organization) provides to the citizens of Maryland.

In addition, our city is fortunate that you were here to witness the implementation of the much needed Pilot Needle Exchange Program. The Mayor and others have worked long and hard to see its implementation, and support from you and your administration are truly appreciated.

I am certain that you are frequently asked for favors. So quite naturally, I have a big favor to ask of you too. Enclosed you will find a letter to President Clinton in which I have asked for a Presidential Proclamation to declare June 5th, 1994 , HERO AIDSWALK DAY in Maryland. In addition I also have requested the President's support in my endeavor to be elected the Legislative Represenatative from the 46th District in Maryland. My favor is that you pass this packet of information on to President Clinton for his review.

Thank you for your consideration and help.

Very truly yours,

John L Gizinski

John L. Gizinski
2631 Eastern Avenue
Baltimore, MD 21231

MAY 10 1994

THE WHITE HOUSE

Dear David -

Thank you for the copy of Orphans of the HIV Epidemic - I have looked at the material - it is a sobering description of an under-considered problem. I've had some chance to meet with Carol Levine & will stay in touch.

Best wishes to you - Christine

DAVID MICHAELS
4800 DAVENPORT STREET NW
WASHINGTON, DC 20016
(202) 244-9293

May 2, 1994

Ms. Christine Gebbie RN, MN
AIDS Policy Coordinator
Office of the President
750 17th Street NW
Washington, Dc 20500

Dear Ms. Gebbie

I have enclosed for your information a copy of Orphans of the HIV Epidemic. I am the author of the first chapter, which contains projections of the number of youth orphaned by HIV/AIDS in New York, Newark, San Juan, Miami, Los Angeles and Washington.

I will be here at the Committee on Education and Labor through the end of the summer, and then will be returning to the City University of New York Medical School. If you or anyone in your office would like further information on this topic, please do not hesitate to contact me.

Your very truly,

David Michaels

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Mr. James M. Murk
Post Office Box 873
Mount Juliet, Tennessee 37122-0873

Dear Mr. Murk:

Thank you for writing. Enclosed is a copy of my remarks to the Association of Reproductive Health Professionals on October 20, 1993, which occasioned some press coverage. I hope that reading my remarks in their entirety and in their original context will make my meaning clearer.

Please write again if you have any other questions or concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

Remarks of Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
at the Meeting of the
Association of Reproductive
Health Professionals

October 20, 1993
Willard Hotel
Washington, D.C.

You used the phrase in my introduction that I am supposed to be working with the President or that the President has asked me to work towards developing a national plan for AIDS. We have one, it's called "Stop AIDS." That's the strategy, that's the plan and that's the goal, and the question is what are the strategies that we are going to use between now and then to get it to happen. And that is the vision of the future because we know we have already too many infected people. We still have an immense care burden that we will have through the end of the century and beyond even if we stop transmission today. But if stopping transmission is our vision of the future, for that to happen, it really is an issue of youth in our society.

You only have to look at the data now available about new cases of AIDS, remembering that that's a late stage in HIV infection, to know that much transmission, men and women, heterosexual and homosexual, is happening prior to adulthood. And that unless we can change patterns of sexual behavior with young people, we will not be able to stop this disease even if we invent a cure tomorrow. We know that from our work with other sexually transmitted diseases earlier in this century and even today.

To focus just a little then bit on a vision of the future in which we could change those sexual patterns, there are a couple of things that I think you can be most helpful on as we move towards the implementation of a national strategy:

The first is that we have to understand that this activity is both national and local. There are some things that can be done nationally to set the stage. Certainly at the national level we have big checkbooks that can be hauled out to pay for things, but changing human behavior at an intimate level happens at an intimate level, at a local level. It is affected by not what you saw for five minutes on the TV, and I think that many of you will be pleased and impressed with the new public service announcements coming out of CDC so the new materials, they will help. But not just those few seconds, those few minutes on national TV, but what kind of messages are being conveyed through the schools, through doctors and nurses

in every health facility, through the churches and the boys and girls clubs and the community at large in our expectations. So that we need to keep organizing and developing people concerned about the future health of teens at the local level at the same time we are developing better grass roots strategies to have an influence nationally.

The second point I want to make is critical to what our message has to be. I am more and more convinced that we will not change what we need to change, unless we as a nation, as a culture of many cultures, have an affirmative view of human sexuality as an essential thing to human life and as an essentially important and pleasurable thing as a part of human life. That as long as we couch our messages around sexuality in terms of don'ts and diseases and don't recognize it for the positive thing it is and figure out how to give those messages while giving the warning messages about the risk, we will continue to be a repressed Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality, most particularly in teens, and leaves people abandoned with no place to go.

I can help just a little bit in my job, standing on the White House lawn, talking about sex with no lightning bolts falling down on my head, but that's only a little bit. The work that the Surgeon General is doing, the work that each one of you is doing in your daily efforts will be a part of that. I invite you to remain a part of that dialogue and please share with each other and with me your ideas on how we can begin work on some of that social transformation.

Thank you.

James M. Murk Box 873 Mt. Juliet, TN 37122-0873 (615) 443-5300

Standard copy of speech

April 28, 1994

Ms Kristine Gebbie
AIDS Policy Coordinator Office
Department of Health and Human Services
200 Independence Avenue, SW, Room #275H
Washington, DC 20201

Dear Ms Gebbie,

I read your statement of October 20, 1993 at the conference on teen pregnancy in the press about the repressive Victorian influences still existing in parts of American society relative to sexual expression, which does not recognize sex for the positive thing that it is and "leaves people abandoned with no place to go." I read what Frank J. Murray of the *Washington Times* wrote that you called the teaching of abstinence "criminal," and that an abstinence based curriculum was irresponsible because it "spreads fear and leads to adults who see nothing positive about their sexuality." Does this mean that all sexual repression is bad, and all sexual expression is good? Do you believe that free, open, unrestricted and even promiscuous sexual behavior is legitimate as long as safe sex is practiced. **If you are expressing the philosophy of the "new morality" of the sixties, as a former professor of sociology and anthropology, I would like to share some thoughts with you.**

(1) Unrestricted sexual expression has been a characteristic of every human civilization in decline--every culture in history that has "destroyed itself." Why did every one of the 26 civilizations which the famed historian Arnold J. Toynbee cataloged in his *A Study of History* **begin with a strict moral code?** As they disciplined their social behavior and constructed strong families, which produced able and well-balanced individuals for their society, they ascended the ladder of success. When they became powerful and successful and rich, they discarded self-denial and control in favor of self-expression, hedonism, and a resulting anarchy on the social level, and every one of these civilizations, weakened from the inside/out, declined and fell. The philosopher-historian Spengler thought he saw it happening to Western Civilization. If either of these students of history were alive to view American culture today, they would without a doubt conclude the same thing.

(2) **Can we thumb our noses at the lessons of history with impunity?** Have we gone too far in our own self-orientation and evaluation that we think we are the exception? What makes us think that we can "live it up" and survive if we repeat all the same mistakes of past cultures?

(3) You probably know, as most well-educated people do, that the British historian Edward Gibbon who studied the ancient Greeks and Roman Empires for years concluded that the **number one reason for their demise** was the fact that the nuclear family--father and mother together rearing secure, well-enculturated children--fell apart. (See his *Decline and Fall of the Roman Empire*) The destruction of the family in Rome was due largely to a total sexual freedom which multiplied divorce, placed less and less value on children, and sacrificed the training of future generations on the altar of their own convenience and self-indulgence. Babies who could not be aborted were simply taken out into the woods to die, and Cato said that a boy slave was worth more than a whole farm. In other words, "they sacrificed the permanent survival of their culture on the altar of their immediate desires." Are not a whole

host of people in our society today doing the same thing and even praising their "new found" freedom and extolling a new American revolution of diversity including the family?

(4) The sexual drive is not just like another physical drive like hunger or thirst. When unrestricted, especially among men, it becomes insatiable. This hardly needs much proof. Dustin Hoffman in an interview with Barbara Walters confessed that he thought about sex all the time. Michael Douglas checked himself into a sex addiction clinic recently because his uncontrollable desire was wrecking his marriage. Sex becomes an addiction as much as drugs, alcohol, or nicotine or worse. **A man comes to the place where he will not be satisfied unless every woman in the world could be his.** Witness Elvis with his 1,000 women, Magic Johnson with his 2,000 and Wilt Chamberlain bragging about 20,000 conquests. Many rock stars today say that it is all they live for. A member of the the Rock group *Kiss* said in an interview when asked about the purpose for his life: "I want to f---- myself to death. I want to f---- until this God-given piece of flesh falls off of me!" I'm sorry if these words are offensive, but these are facts. There are many worse, irresponsible lyrics blighting the industry. Phallic worship takes the place of everything, and we are reduced to something worse than paganism or even beasts. Liberated homosexuals experience the same kind of compulsion, the average male having 2,000 partners in a lifetime, according to the most recent study. (October 1993 issue of *The World and I* journal.) This unremitting multiplication of partners I would call the "Solomon syndrome." Women may find it less compelling, but feminism helped to precipitate this phenomenon, and they have participated in the "freedom" which has in reality become a bondage. Now many are crying "rape" with a "curent emphasis on men as beasts." (See John Leo, De-escalating the Gender War," *U.S. News and World Report* April 18, 1994, p. 24)

To find a complete fulfillment which is never possible, sex addiction goes to many extremes--unlimited promiscuity, sado-masochism, bestiality, rape, incest, pedophilia, and it can become the basis for wife and child abuse and serial killing. Women who may not find the sex drive as addictive as men, nevertheless, have learned to exploit it to serve their own ends. **So is this kind of society, which we are experiencing to an extent today, really superior to the Victorian or the Puritan?** We live in a free society where "anything goes!" Have we really profited by being "liberated" from the *evil of sexual repression?* Today our society bemoans 30 million children with the protection of only one parent and hundreds of thousands of victims relegated to a succession of foster homes. What will it be like in another generation?

(5) **It is a myth that Puritans and Victorians did not enjoy sex.** In an informal *Redbook* survey (1977), over 100,000 women replied to a number of questions about their sexual lives. It was discovered that those women who were very religious and "kept the rules" of the old Jewish/Christian mores of sex only within the marriage relationship, those whom you might term "Victorian" or "Puritan," were the most orgasmic and most satisfied; whereas the "sexually liberated" women were the most frustrated. The Puritans, in fact, were very open about sex and enjoyed it very much even speaking of its beauty, but they restricted it to within the marriage bond for the safety of the nuclear family. They believed it was one of God's rules given for our well-being and the health of human society.

(6) In every viable human culture sex has been restricted with certain rules of behavior especially for the sake of the family which provides security for the production of healthy generations to come. The American Indians, as most primitive tribes, were not always strict

about premarital sex, but they punished adultery after marriage very severely. Premarital sex in our society, rather than promoting sound marriages, actually hinders the bonding of two people in a monogamous relationship and lays a foundation for almost inevitable divorce. Today 50% of all marriages with children wind up in divorce and the children are the victims.

(7) The dysfunctional family in America is the direct cause of most of our child poverty, crime, educational decline and illegitimacy which simply multiplies dysfunctional families. This is a primary result of sexual permissiveness. (See numerous sociological studies examined in Barbara Dafoe Whitehead, "Dan Quayle was Right," *Atlantic Monthly*, April 1993.)

(8) The number one expressions of the dysfunctional family are divorce and single parent families which may give a temporary selfish pleasure and freedom to the adults but is mostly devastating to the children. **The number one cause of divorce and single parent families** in America today is unrestricted sexual expression, sexual promiscuity, unfaithfulness to one's mate, or what we used to call sexual immorality. **(Immorality does not have to be a religious term but it simply refers to actions that are destructive to the individual and the society.)**

(9) So we have tried to be "merciful" in American society by removing restrictive moral standards, and by trying to ameliorate the consequences of this new freedom in providing, and even promoting, abortion, welfare, and a wholesale campaign pushing condoms. But everything seems only to get worse! It is like trying to cure disease in the 3rd world countries without attacking the causes--poor sanitation and bad public health practices. (See Charles Murray's October 29, 1993 op ed piece in the *Wall Street Journal* reprinted in the *Reader's Digest*, March 1994; also Charles Krauthammer in the *Washington Post*, November 19, 1993.)

(10) Can you imagine how much the western world in years gone by was saved from destruction from just STD's because of the widespread acceptance of the so-called repressive rules of the Bible and the Christian church with regard to sex. In the United States today there are 33,000 new cases of STD's every day, and these are only the reported ones. There are to date a total of 43 million cases of incurable STD's in our nation--way over 25% of the adult population. Is this true freedom? I am certain that many of us might not even be alive today without the protection of societies like the Puritans and Victorians throughout the history of the last 1500 years. It is even possible that America would not even have existed, and a Kristine Gebbie would never have seen the light of day.

(11) **The simplest theological definition of sin is selfishness. Hedonism is an extreme expression of self-indulgence.** An inevitable rule of human culture is that in the long run "the wages of sin is death!" which is true both for the individual and the culture. Why would anyone want to be responsible for promoting and propagating this destructive philosophy of life? Were we too hasty to encourage the philosophy of the very flawed Kinsey Report? The marriage of the two doctors themselves who did the original research for this report wound up in divorce court.

(12) The Clinton administration is trying to legitimize this cultural revolution in American society which is obviously in the throes of its final decline.

(13) We used to have a strong moral base rooted in a well-defined moral code. Do you know much about the history of the founding of this nation and the principles upon which it was based? I am enclosing a couple of items I have written. Benjamin Franklin wrote a booklet for Frenchmen who might wish to emigrate to America. He referred to the fact that America was a very favorable environment for families, and he gave two reasons: (l) You could live your entire life in America and never meet an atheist (Franklin himself was not an orthodox Christian, but a theist, gave contributions to all denominations, and was tolerant of all.) (2) Adultery and free sexual expression, a habit in the decaying French society, was "unknown in America unless it was in secret." This assured stable families. What a contrast with American behavior today?

(14) History teaches us apart from any religious revelation that unrestricted sexual freedom is eventually violently destructive to the well-being and health of a society, and even to the individual. I think we are proving that today in America. **As goes the home, so goes the nation.** Free sexual expression, without reasonable restrictions, without a moral conscience, is without doubt **the number one cause** of most of our social pathologies; namely, various kinds of violent crime, illegitimacy, poverty of children and educational decline. Doesn't it seem ironic that America leads the civilized world in every one of these social illnesses?

(15) Christian faith regards sexuality as a gift of God for both procreation and pleasure, bonding two people in a loving, faithful, monogamous, lifetime relationship. Biblical teaching is only repressive of uncontrolled, unrestricted and destructive (or immoral) expressions of the sexual nature.

(16) After writing the above, I saw the Maury Povich show this morning on TV. A mother who had been brought up with the self-expression philosophy of the "new morality" in the 1960's when people began to practice "liberated sex" was on the show with her two daughters. She had not wanted her daughters to be sexually repressed as she thought she had been, so as they were growing up she had them participate with her in her sexual liaisons with many men. She did not appear to be a "bad" person, and she seemed to want the best for her children, but the results of her practice of sexual freedom had destroyed her family. It had actually become like a sickness which was destroying her life. One of her daughters was filled with so much anger and fear that she could not even look at her mother. The other daughter lived a life of deep sadness. Both of the daughters seemed happily married to sympathetic men but they both expressed a fear for what might be passed on through this awful experience to their own children because of the scars left on their own lives. It was one of the saddest things I have ever seen on TV. They are all being sent to therapy at the Cottonwood de Tuscon clinic. I sat and cried and prayed for that poor family. **Unrestricted sex is maybe the most destructive force we have ever let loose on the American society.**

(17) There was a pediatric physician in the 1890's who wrote a book about child rearing which recommended the repression of the urges of children and severe discipline, e.g., not spoiling a child with too much loving care. or "don't pick him up when he cries." We now know that this was ridiculous and hurtful. Dr. Spock, on the other hand, a generation ago taught just the opposite. He recommended what he later recognized was a too extreme permissiveness. The result of Dr. Spock's teaching was that we reared a whole generation of children who had never learned to control their urges. This fact coupled with a rejection of the belief in a

Creator who had revealed rules for human behavior has produced a living hell in parts of our society. As Dostoevsky said in *The Brothers Karamazov,* "If there is no God, anything is permissible" or to freely paraphrase, "Since there are no rules, we can make up our own."

Neither the too repressive nor the too permissive is acceptable. For our own protection, however, it is most probable that it is better to err on the side of repression rather than on the side of anarchy. The *Humanist Manifesto* declared the philosophy that human ethics are based on human experience. What have we now learned from this human experience? We can see the debilitating results of our present practices. But in spite of all the ample evidence of our decline and its obvious cause, the major problem remains that even with the sanctions of a broken-down society staring us in the face, America seems to have become too selfish and too addicted to a "do as I please" philosophy to change! *"I Did It My Way"* is the theme song of our age, and its results are destroying our culture from the inside out.

Most efforts at correcting our debacle are really not correction at all but are like building a levee trying to keep the flood waters at bay, or better yet, like the little Dutch boy trying to plug the hole in the dike with his thumb. I think we were much better off fifty years ago in the days of our naivete, but I don't think you have any memory of those days. Believe me, with all their supposed frustrations, they were much safer, healthier, cleaner and happier. Someone has said that those were the days when grass was for mowing, Coke was for drinking, pot was something you cooked in, and closets were for hanging clothes in, not for coming out of.

Very sincerely with respect,

James M. Murk

Schematic for an article.

REAPING THE RESULTS OF AMERICA'S SEXUAL REVOLUTION: An Outline of the Major Cause of the Decline of American Civilization

By James M. Murk

The following schematic is an overview in outline of what I believe is the major reason for the progressive decline in our society in the last 30 years. It draws from sociological studies (Noted specifically in Barbara Dafoe Whitehead, "Dan Quayle Was Right" *Atlantic Monthly*, April 1993) which support the teachings of the Sacred Scriptures and Christian theology.

In summary, our society is being fractured by (1) economic deprivation among the marginal classes; (2) an inordinate increase in violent crime especially among the young; (3) mushrooming rates of illegitimate births from 5% to 45% (even 80% in the urban ghettos): and (4) a significant educational decline seen in drastically lower SAT scores and also in major curriculum changes, which dilute the study of the traditional American culture and mores, which had been based for 175 years essentially on a Biblical morality.

A major cause of this deterioration is the significant increase in dysfunctional families, what used to be called "broken families", due to divorce and single parent households. Without the safety net of a dedicated extended family, children become the principal victims inflicted with psychological damage and are often deprived of moral training. This greatly inhibits the inculcation of the character traits necessary for the development of good and responsible citizens.

By far the primary cause weakening the traditional family has been the change in sexual mores throughout our culture, rooted in a philosophy of self-expression which was born in the 60's. What was called the "new morality" has virtually become a mainstream American value. The destructive result of this selfish hedonism is empirically verified in the obvious, overwhelming social problems we are witnessing today.

In Biblical or theological terms, unrestricted sexual freedom is just the old sexual immorality or promiscuity. This is a breaking of one of the rules for constructive human behavior given to us by God in the Ten Commandments and in the teachings of Jesus, the prophets and the apostles. It is therefore the result of a widespread, popular rejection of the morality of the Bible upon which the Founding Fathers of our nation based our government and our educational system.

The philosophy underlying the "new morality" has also become, furthermore, a part of the current innovative ideas concerning Civil Liberties. This new ideal of virtually irresponsible individual freedom has developed as the prevailing interpretation of the Bill of Rights by the liberal elite in American society and is the political philosophy of our present administration in Washington. <u>This is a very radical cultural revolution in American social values.</u> It has elevated SIN (the exaltation of individual rights above the needs of the society as a whole or an anarchous "do as you please" attitude rooted in man's innate drive to want his own way) to the status of what is considered "PC" or "politically correct." A consequence of this new mind-set and cultural revolution is the disintegration of whole strata of American culture and society, and has become a grave threat to the future viability of the social fabric of our entire nation.

Solution: Repentance (Gk μετανοια meaning "a change of mind") which means a need for a complete rehabilitation of our thinking in America and a return to the traditional Judeo-Christian values and beliefs upon which this nation was originally founded.

FORMULA FOR THE DECLINE OF AMERICA

Deterioration or Disintegration of Society

Poverty **Crime** **Illegitimacy** **Educational Decline**

The Dysfunctional Family

Divorce **Single Parent Families**

(Most commentators in America recognize today that these first four levels exist and are related, but few are willing to go further and tell the truth about the reasons behind it all.)

Sexual Immorality

(Unfaithfulness, Promiscuity and Perversion)

(This is America's "dirty little secret". All commentators are afraid to call it immorality because we have made it amoral. *Immorality*, however, should be defined as anything that is destructive to the individual or the society. Both Jesus and Paul put sexual immorality at the top of their lists of sins--Mark 7, Romans 1, Gal. 5, and Col. 3)

Doctrine of Self-expression

(The 60's philosophy becomes mainstream America. The 70's evolve value clarification programs in schools--"what feels or seems good to you determines what is right." Absolutes give way to moral relativism and the downplay and disappearance of concepts of right and wrong)

Selfishness

(The simplest theological definition of SIN)

***"Do as you please"* Becomes an American Value**

(This is now conceived as being included in the First Amendment. As an internalized value, however, it is the essence of the sinful nature--"insisting upon one's own way." (Isaiah 53:6)

This Libertarianism Becomes the New Basis for a Modern Philosophy of Civil Liberties

NOTES ON THE DECLARATION OF INDEPENDENCE, THE 4TH OF JULY, AND THE FOUNDATIONS OF AMERICA

The Declaration of Independence of the American colonies from Great Britain and King George III in particular was also a declaration of the colonists' dependence upon Almighty God. Samuel Adams, who was known as the "Father of the American Revolution," coined a slogan for the times which was published as a part of the tracts sent throughout the colonies by the Committee on Correspondence: *"No King, but King Jesus."*

The responsibility for the writing of the DECLARATION was originally designated to a committee by the Continental Congress. It was first drafted by Thomas Jefferson, then revised by other Founding Fathers on the committee, and was given a final revision by the Congress.

There are four references to God in the DECLARATION:

(l) Jefferson wrote that the declaration was based on the "Laws of Nature and of Nature's God." This has reference to natural and divine law upon which all common law and the American legal system had been based. This means that there are rights and wrongs which are absolute. God's law is not relative. These basic concepts are rejected today by the liberal law schools much as the Bible has been dissected, reinterpreted and denied as truth by the liberal theological schools. Only lip-service is given to the original American tradition.

(2) The committee later added the words *"they are endowed by their Creator with certain unalienable rights."* Thomas Jefferson concurred in a personal letter, *". . . the only firm basis for the liberties of a nation was the conviction in the minds of the people that these liberties are a gift of God."* Therefore the basis of the American republic was a belief in God the Creator who had given "rights" to man. These rights are not to be separated from man's responsibility to God who created him nor are they independent of the Creator. These "unalienable rights" of man were actually viewed by the Founding Fathers as being contingent on a belief in God who created man. Today's interpretation of human rights by the liberal elite is based on a virtual deification of the individual man himself with no recognition of God or responsibility to His creation. The result is an irresponsible and destructive permissiveness which borders on anarchy. Some have called it "rights-mongering." Therefore whatever contradicts the *"laws of nature and of nature's God"* would never have been considered "fundamental rights" by the framers of the Constitution. The liberal elite vehemently oppose the logical application of these teachings of our American tradition. Efforts have been made in the direction of the total secularization of our culture in direct opposition to the charter of our nation--the Declaration of Independence. This

is an obvious perversion of our American heritage.

(3) Congress also added the phrase, *"appealing to the Supreme Judge of the World, for the rectitude of our intentions."* This was a declaration of dependence upon the purpose of God for the nation and a request for His blessing. It assumed that God was the ultimate Judge and King. It assumed a moral law of the Creator which was absolute and not subject to the whim of human determination.

(4) Congress finally added the words, *"with a firm reliance on the protection of divine Providence."* In making the break with Great Britain and especially from King George III, the Founding Fathers knew that they were taking a great risk. They concluded that they had better "hang together" or they would all "hang separately." They literally threw themselves on the mercy of God. Congress called several times on the colonists for many days of fasting, prayer and repentance. These Founding Fathers themselves often all went to church together to listen to sermons and pray. In declaring their independence of an unjust human government, they declared their dependence upon the Creator God, whom they knew as the God of the Bible.

John Adams, who was to become the second president of the United States, was an eye-witness and participated in the first 4th of July celebration. He wrote to his wife Abigail: *"I am apt to believe that it will be celebrated by succeeding generations as the great anniversary Festival. It ought to be commemorated, as the day of deliverance, by solemn acts of devotion to God Almighty."* Subsequently for 100 years or more the 4th of July was as much a religious festival as it was a patriotic holiday.

Samuel Adams was a cousin of John Adams and also a committed Christian. He wrote at the time of the signing of the Declaration by the Congress on August 2, 1776: *"We have this day restored the Sovereign to whom all men ought to be obedient. He reigns in heaven, and from the rising to the setting of the sun, let His kingdom come."*

Today it is difficult to realize that this liberating event was viewed by the Founding Fathers as a religious experience as much as a civic enterprise. This was because to them politics and religion could not be separated. Government was ordained by God, and everything they did politically was a part of their religious commitment. Religion and politics were not separated in their minds. In fact, President George Washington in his Farewell Address said that anyone who would separate religion and politics was a traitor to his country.

Every part of life was sacred. There was no division between the secular and sacred for a true Christian. The French historian Alexis de Toqueville testified

to this phenomenon as being true in American life even 50 years later. He said, *"There is no country in the whole world in which the Christian religion retains a greater influence over the souls of men than in America, and there can be no greater proof of its utility, and of its continuity to human nature, than that its influence is most powerfully felt over the most enlightened and free nation on earth. . . Upon my arrival in the United States, the religious aspect of the country was the first thing that struck my attention; and the longer I stayed there, the more did I perceive the great political consequences resulting from this state of things to which I was unaccustomed. In France I had almost always seen the spirit of religion and the spirit of freedom pursuing courses diametrically opposed to each other, but in America I found that they were intimately united and that they reigned in common over the same country. . . Religion in America . . . must be regarded as the foremost of the political institutions of that country . . . I do not know whether all the Americans have a sincere faith in their religion for who can search the human heart? But I am certain that they hold it to be indispensable to the maintenance of republican institutions. This opinion is not peculiar to a class of citizens or to a part, but it belongs to the whole nation and to every rank of society."*

Separation of church and state as it is promoted today was not even conceived as possible by the Founding Fathers. Patriotism and Christian faith were one and the same in our nation for generations. As an ideal it was true for the majority in this country at least through the years of the Second World War. "For God and country" were virtually synonymous commitments so that not to believe in God or be religious was virtually considered unAmerican and unpatriotic by the majority of Americans. The Founding Fathers to a man would judge organizations, such as the ACLU, which seek to change or reinterpret this American tradition as seditious, subversive and treasonous.

The first act initiating the Continental Congress in September 6, 1774 had been a prayer and reading of the Bible by a clergyman Mr. Duche, who later was appointed chaplain to the Congress. The Congress wrote *"Desirous . . . to have people of all ranks and degrees duly impressed with a solemn sense of God's superintending providence, and of their duty devoutly to rely . . . on His aid and direction . . . Do earnestly recommend. . . a day of humiliation, fasting, and prayer, and that we may with united hearts, confess and bewail our manifold sins and transgressions, and, by a sincere repentance and amendment of life. . . and, through the merits and mediation of Jesus Christ, obtain his pardon and forgiveness."*

Being in Congress in those days was sometimes like being in church. And so it was true that from the beginning in our nation that there was no separation between religious practice and the state or civil government in the minds of the Founding Fathers of our nation. The only wall that existed was to prevent the

newly formed national government from supporting any one individual church or Christian denomination. England was Anglican, France was Roman Catholic, Germany was Lutheran. The Originators of our country wanted all Christian churches to have equal acceptance under the law.

These leaders were almost all Christians of one persuasion or another. Of the Framers of the Constitution in 1787 at least 52 of 55 were orthodox or evangelical Christians because most of the states had religious requirements for public office. They included a belief in God, in Jesus Christ, in the divine inspiration of the Old and New Testaments, and in future rewards and punishments. (The delegates to the Constitutional Convention included 29 Anglicans, 18 Calvinists, 2 Methodists, 2 Lutherans, 2 Roman Catholics, 1 backslidden Quaker, and only one open Deist, Dr. Benjamin Franklin, who was really technically a Theist or Unitarian. It was Dr. Franklin who had recommended during the Constitutional Convention that the Founders call on God for his help and wisdom and quoted Psalms 127:1, "Except the Lord build the house, they labor in vain who build it.")

At the time of the Revolution, a crown-appointed governor to the Board of Trade in England wrote about the colonies with respect:

"If you ask an American, who is his master. He will tell you he has none, nor any governor but Jesus Christ."

The Provincial Congress charged the militiamen in the Revolution:

"Let us be, therefore, altogether solicitous that no disorderly behavior, nothing unbecoming our characters as Americans as citizens and Christians, be justly chargeable to us."

In retrospect about 1835, John Quincy Adams, son of John Adams and the sixth president of the United States wrote, *"The highest glory of the American Revolution was this: it connected in one indissoluble bond the principles of civil government with the principles of Christianity."* JQA had known all the Founding Fathers and had observed the beginnings of the nation from the time of his youth. All these original leaders of our country had been agreed that the Christian religion and morality were the basis of our republican government.

George Washington (Commander in Chief of the army of the Revolution, presiding officer of the Constitutional Convention and first President, called the Father of our country): *"Of all the dispositions and habits which lead to political prosperity, religion and morality are indispensable supports. In vain would that man claim the tribute of patriotism who should labor to subvert these great pillars of human happiness . . . And let us with caution indulge the supposition that morality can be maintained without religion. . . reason*

and experience both forbid us to expect that national morality can prevail, in exclusion of religious principle." Farewell Address, September 19, 1796

John Adams (our second President): *"We have no government armed with power capable of contending with human passions unbridled (that is, "uncontrolled") by morality and religion. Avarice, ambition, revenge or gallantry would break the strongest cords of our Constitution as a whale goes through a net. Our constitution was made only for a moral and religious people. It is wholly inadequate to the government of any other. . . . The only foundation of a free constitution is pure virtue. . . . This form of government (i.e., the United States republic) is productive of everything which is great and excellent among men. But its principles are as easily destroyed, as human nature is corrupted. . . . A government is only to be supported by pure religion or austere morals. Private and public virtue is the only foundation of republics."*

These are prophetic words for our day because as our corruption grows our society "comes apart." Our major problems are not in reality economic problems; they are moral problems. We could soon pay the national debt with what we spend on crime and disorder, welfare and immorality in America today. Our second president held up little hope for this nation if its people became corrupt and subverted the principles upon which it was founded. The rejection of the moral absolutes upon which the American society was based and substituting a relativist, "do as you please," permissive philosophy is irrevocably destroying our foundations and our hopes for the future of our nation.

James Madison ("Chief Architect of the American Constitution" and our fourth President): *"We have staked the whole future of American civilization not upon the power of government, far from it. We have staked the future of all of our political institutions upon the capacity of mankind for self-government; upon the capacity of each and all of us to govern ourselves, to sustain ourselves according to the Ten Commandments of God."*

In 1980 the courts forbade the display of the Ten Commandments in public school halls or classrooms. This was a travesty and would have been considered by the Founding Fathers a seditious decision or an act of treason. The House Judiciary Committee in 1854 on reviewing the petition of some to eliminate religious influence in government based on their interpretation of the First Amendment to mean the separation of church and state wrote, *"Had the people during the revolution, had a suspicion of any attempt to war against Christianity, that Revolution would have been strangled in its cradle. At the time of the adoption of the Constitution and the amendments, the universal sentiment was that Christianity should be encouraged. . . It must be considered as the foundation on which the whole structure (the civil government) rests. Laws will not have permanence or power without the sanction of religious sentiment, without a firm belief that there is a Power above*

us that will reward our virtues and punish our vices. In this age there can be no substitute for Christianity: that, in its general principle, is the great conservative element on which we must rely for the purity and permanence of free institutions. That was the religion of the founders of the republic and they expected it to remain the religion of their descendants. There is a great and very prevalent error on this subject in the opinion that those who organized this Government did not legislate on religion."

Some Conclusions: The Founding Fathers based our entire American system on the Judeo-Christian value system. Removing these absolutes from the foundation of our government, society and culture will ultimately mean the destruction of our nation as we have known it. We can see it happening today before our eyes. America will go the way of France who founded her republic on atheism and immorality and soon dissolved into the dictatorship of Napoleon and eventually has had seven different constitutions to America's one.

Since the Supreme Court separated public schools from all Christian faith and its symbols, America has become the world leader in every social pathology. We are in a mess, and it is the fault of the aggressions of the liberal elite and the passivity of the majority, including most evangelical Christians, who have allowed it to happen. We have been sleeping. Evangelicals in America are the true inheritors of the original American heritage and tradition. It is time to awaken and take back our country. Such action is regarded as religious bigotry, but we are in good company. Almost all the Founding Fathers, and even Jesus Christ himself, if living in America today, would be decried as religious bigots by the liberal elite. This includes most of the media and the purveyors of the popular culture.

The following contemporary books are must reading for one who is concerned for the future of our nation:

William J. Bennett. *The De-Valuing of America: The Fight for our Culture and for Our Children.* New York: Simon and Schuster, 1992. (Former Secretary of Education and drug czar, who is Roman Catholic, analyzes the condition of America today.)

Michael Medved. *Hollywood vs. America: Popular Culture and the War on Traditional Values.* New York: Harper Collins, 1992. (Well-known movie critic appearing with Jeffrey Lyons on PBS Sneak Previews every week writes the most amazing expose of America's popular culture--movies, TV, music, art--from the standpoint of a conservative, practicing Jew.)

Robert Bork. *The Tempting of America: The Political Seduction of the Law.* New York: Simon and Schuster, 1990. (Rejected by the liberal elite

and the Senate for appointment to the Supreme Court, one of the most brilliant jurists in America examines the third branch of government and explains with unanswerable argument how and where we are going astray from the foundations of our nation and in the structure of our American system which we inherited from the Founding Fathers. He is a strong proponent of interpreting the Constitution according to the "original understanding" of the writers of our Constitution--a doctrine dogmatically supported by Jefferson.)

David Barton. *The Myth of Separation.* Waldo, TX: Wallbuilder Press, 1992. (This book proves beyond any doubt that separation of church and state was never a doctrine of the Founding Fathers nor intended by the First Amendment and has an extensive bibliography of the whole field, the obvious errors of the Supreme Court, and the words of the Founders and courts themselves.)

I have compiled this and submit it for possible use on the 4th of July or at other appropriate times to instruct us in the foundations of our American heritage. Feel free to copy this material.

James M. Murk
Murk Family Ministries, Inc.
Box 873
Mt. Juliet, TN 37122-0873
(615) 443-5300

MAY 10 1994

THE WHITE HOUSE

Dear Burt —

how good to hear from you! I'd love to see you and take you to the WH Mess for lunch - Do we have a couple! My best

Barbara

Cancer Center
Burton J. Lee, III, MD
Medical Director

May 2, 1994

Kristine M. Gebbie, RN, Ph.D
National AIDS Policy Coordinator
Executive Office of the President
The White House
Washington, DC 20500

Dear Kris,

It was nice to see your Letter to the Editor in *The Wall Street Journal* the other day and know that you are still alive and well and kicking. I miss you and I will be taking great care that our friendship does not die of neglect!

When I am in Washington one of these days, I'll try to give you a call and see if we can chat or have lunch or something. Meanwhile, I am sure that you will not let them park you in the side pocket. They did it to me, but I am sure they will have more trouble with you!

With warmest regards,

Burton J. Lee, III, MD
Medical Director

/km

Greenville Hospital System
701 Grove Road Greenville SC 29605-5601 803-455-5863 Fax 803-455-8783

THE WHITE HOUSE

WASHINGTON

May 10, 1994

Mr. John R. Jackson
6700 Chimney Rock #27
Houston, Texas 77081

Dear Mr. Jackson:

Thank you for writing, and for sharing your experiences receiving health care. I am sorry to hear you are having difficulties communicating with your health care providers.

As National AIDS Policy Coordinator I am devoted to the development and implementation of policies that will enhance services for those infected with HIV. Training health care professionals to interact with their patients, and to be responsive to their needs, are particularly important components of their educational experience.

Your personal experiences with this virus and the challenges it presents are very important to how I do my job. Again, thank you for writing and best wishes.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Tim —
draft reply

John R Jackson
6700 Chimney Rock #27
Houston, Texas 77081

Kristine Gebbie
AIDS Policy Coordinator
The White House

I am having a hard time. most of the health care people I have to deal with hear what they expect to hear and not what I say.

It's hard enough to fight the virus, but having to fight the system at the same time is more than I am able to do.

Is there anything you can do? Maybe an advicate office to help with communication. Any help you can offer will be very welcome

John R Jackson

John R Chaikin
6700 Chimney Rock #27
Houston, Texas 77081

WASH., D.C. GMF DCR#7 04/20/94 05:16

LOVE

29 USA

Kristine Gebbie
AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave
Washington, DC

THE WHITE HOUSE

WASHINGTON

May 11, 1994

Mr. Mark S. Hughes
Cartoon Factory
P.O. Box 5327
Burlington, Vermont 05402

Dear Mr. Hughes:

Thank you for sharing "To Be in Johnny Campbell's Shoes" with me. It was a pleasure for me to meet with you during the recent event sponsored by Vermont CARES. It is very important that individuals such as yourself become and remain involved in our Nation's efforts to end the HIV/AIDS epidemic.

I am very encouraged to hear of your interest in the area of HIV/AIDS prevention. You ask for ideas on how to make your comic book more popular. It may be possible for you to market directly to the organizations that provide HIV/AIDS prevention interventions for people at risk for HIV. In the United States there are over 2,000 community based organizations that provide HIV/AIDS prevention and services. In order to obtain a complete listing of AIDS-related organizations, you may want to contact the National AIDS Clearinghouse at (800) 458-5231. They can conduct a search of organizations for you.

You may also want to market your comic book through existing networks of national non-profit organizations that engage in HIV/AIDS prevention activities. Among these are the National Association of People with AIDS, (202) 898-0414, National Minority AIDS Council (202) 544-1076, AIDS National Interfaith Network (202) 546-0807, Mobilization Against AIDS, (415) 863-4676 and National Task Force on AIDS Prevention, (415) 403-3800.

One other area where your ideas could be very useful is the Community Planning Process that is currently being implemented in all the States and territories by the Centers for Disease Control and Prevention. The intent of the planning process is to shift the responsibility for prevention priority setting to the state/local level. The Federal government will provide the funding and the technical assistance necessary to make the process effective, but the local authorities must be committed to making the process as representative and fair as possible. It is the intent of this administration to share the responsibility for making prevention

activities as applicable to local circumstances as possible. In order to accomplish that, we are encouraging state and local jurisdictions to work in partnership with the community.

I have shared the information on your letter with Carlos Vélez, J.D., Director of HIV/AIDS Prevention in my office. I understand that he has written to you under separate cover. I have also shared your materials with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether they can use your comic book in their program operations.

Again, thank you for sharing your information. I wish you continued success in your endeavors.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc: Associate Director (HIV), CDC
Carlos Vélez, J.D.

The CARTOON FACTORY
CARTOON ILLUSTRATING • CARICATURES
MARKUS HUGHES
P.O. BOX 5327
BURLINGTON, VT 05402
(802) 863-5374

RECEIVED
APR - 4 1994

Carlos
draft copy

Dear Ms. Gebbie:

I am following up with a letter after the brief meeting we had at the Vermont Cares Annual Dinner in Burlington, Vermont. I introduced myself at the cocktail party with my comic book idea for teenagers: "To Be In Johnny Campbell's Shoes." Enclosed is an example of the Teacher's Edition. It will be included with all the classroom comic books enabling teachers to utilize every inch of information within this AIDS story.

You were sent the first copy of the comic book under the name Savage-Hughes Corporation. I am the person in charge, with the research, teacher meetings, revisions and the one striving to get this book published, as well as being the writer and illustrator.

My degree is in education, but my talents are in writing, cartooning and creativity. I am not a scientist, doctor, psychologist or AIDS specialist. I am a fairly typical right-brained artist. This is why I feel this comic book has much potential! It will be absorbed by student, teacher and adult alike because it isn't so typical, structured and boring as most intellectual text books and health manuals can be.

This will be "whole"-istic teaching! Let's stop teaching Just good-sex/bad-sex, "use a condom," "just abstain" - This book and idea is to go to the root of the epidemic (and that isn't just about AIDS!) We're talking about societie's ills, cultural differences, personal values, the environment one grows-up in, the media's push....on and on. I want to generate free thinking with questions like "What is Love?" "Describe your FEELINGS about this issue." "What's it like to be gay?" "Describe Discrimination." "Why do Drugs?" and "Why Not do Them?" Push buttons. Go beyond the unhealthy barriers. I want to be part of this expanded, progressive way of teaching. Teaching beyond JUST abstinence, but before free condom distribution in schools. I want to educate so teens can decide, maturely, on their own!

"To Be In Johnny Campbell's Shoes" is one of many helpful and healthful stories to be created. Maybe you or a friend might know how I might begin. Thank you so much for your time.

Sincerely,

Mark S. Hughes

CONDOM COMICS

CONDOM COMICS

PRESENTS

TO BE IN JOHNNY CAMPBELL'S SHOES

AN AIDS AWARENESS PICTORIAL FOR TEENS

TEACHER'S EDITION

The purpose of this book is to expand the student's awareness of HIV/AIDS, to develop a positive and healthy attitude about their own sexuality, to encourage healthful and responsible decision-making and to know high risk, low risk and no-risk behaviors for HIV transmission.

The topic of human sexuality can be quite embarrassing to many students. This book may bring up areas of discussion that could be sensitive to some individuals. Suggested ideas may be:

1. Allow the classroom atmosphere to be relaxed, fun and non-threatening.
2. Use discretion on the topics to be focused on within the class or discussion groups. Keep in mind maturity level of students within the class.
3. Let students know that they are free to pass-up any questions asked of her/him.
4. Make known that there will be no making fun of. Everyone should show respect for each other.
5. No one should be asked to disclose personal information about their sexuality.
6. Depending on your community you might want to hold a parent information session.

Uses for this book:

Reading aloud. Students might read small sections of the story stopping at key points to discuss what is going on and their reactions or opinions.

Class role-playing. Students represent specific characters in the story and may stop to discuss main points.

Quiet reading. Students may read page to page or scene to scene. They may be presented with topics of interest for discussion in small groups or within the whole class. They may also be asked to write down their thoughts about specific situations in essay form or through a personal journal as mentioned below.

Further ideas that could be utilized include: keeping of a journal by the students. A journal would allow students to write down their observations and thoughts, spill-out feelings about particular subjects. You may also want to provide an ANONYMOUS questions box for particular questions students might ask. Discretion is advised.

Symbols:

- ▲ INFORMATION
- ● DISCUSSION QUESTIONS
- ■ EXERCISES/ASSIGNMENTS
- ◆ PARENT-CONNECTION
- ⊙ AUTHOR NOTE

SCENE 1

WELCOME TO FRANKLIN, A BUSY, LITTLE TOWN IN OUR FINE U. S. OF A. THIS IS HOME OF THE FRANKLIN HIGH SCHOOL "COUGARS" AND THEIR ALL-AMERICAN BOY, JOHNNY CAMPBELL. JOHNNY'S THEIR STAR QUARTERBACK, TOP-SCORING BASKETBALL PLAYER, EXCELLENT PITCHER ON THE BASEBALL TEAM, PLUS – MR. CAMPBELL IS A TOP HONOR STUDENT! A TRUE AMERICAN MALE LIKE JOHNNY MUST KNOW ALL THE RIGHT MOVES! KINDA MAKES YOU WANT.....

...TO BE IN JOHNNY CAMPBELL'S SHOES


TO JOHNNY P. CAMPBELL FOR ABOVE AVERAGE ACADEMIC ACHIEVEMENTS AND ALL HIS INCREDIBLE ACCOMPLISHMENTS IN HIS ATHLETIC ENDEAVORS! A FINE EXAMPLE TO US ALL!!
FRANKLIN HIGH SCHOOL
FRANKLIN
I WANNA BE JUST LIKE JOHNNY!! BOY, TO BE IN HIS SHOES!

- Why did the author use the title "To Be In Johnny Campbell's Shoes"?
- Think of role-models you would like to be like.
- What's good & bad about role-models?

Deciding to be tested can be much more complicated then in Johnny's situation. This scene with Johnny and Doctor Ling is hurried for the flow of the story. Students should know that the decision to be tested is very personal and should be made only after understanding what the results may mean.

▲ **If a person is considering being tested, it's important to talk to qualified personnel such as health care providers and counselors.**

Try to find a center that offers pre and post care counseling. As for confidentiality, one must take precautions. If possible, **find a testing clinic where you do not give your name or any other personal identification.**

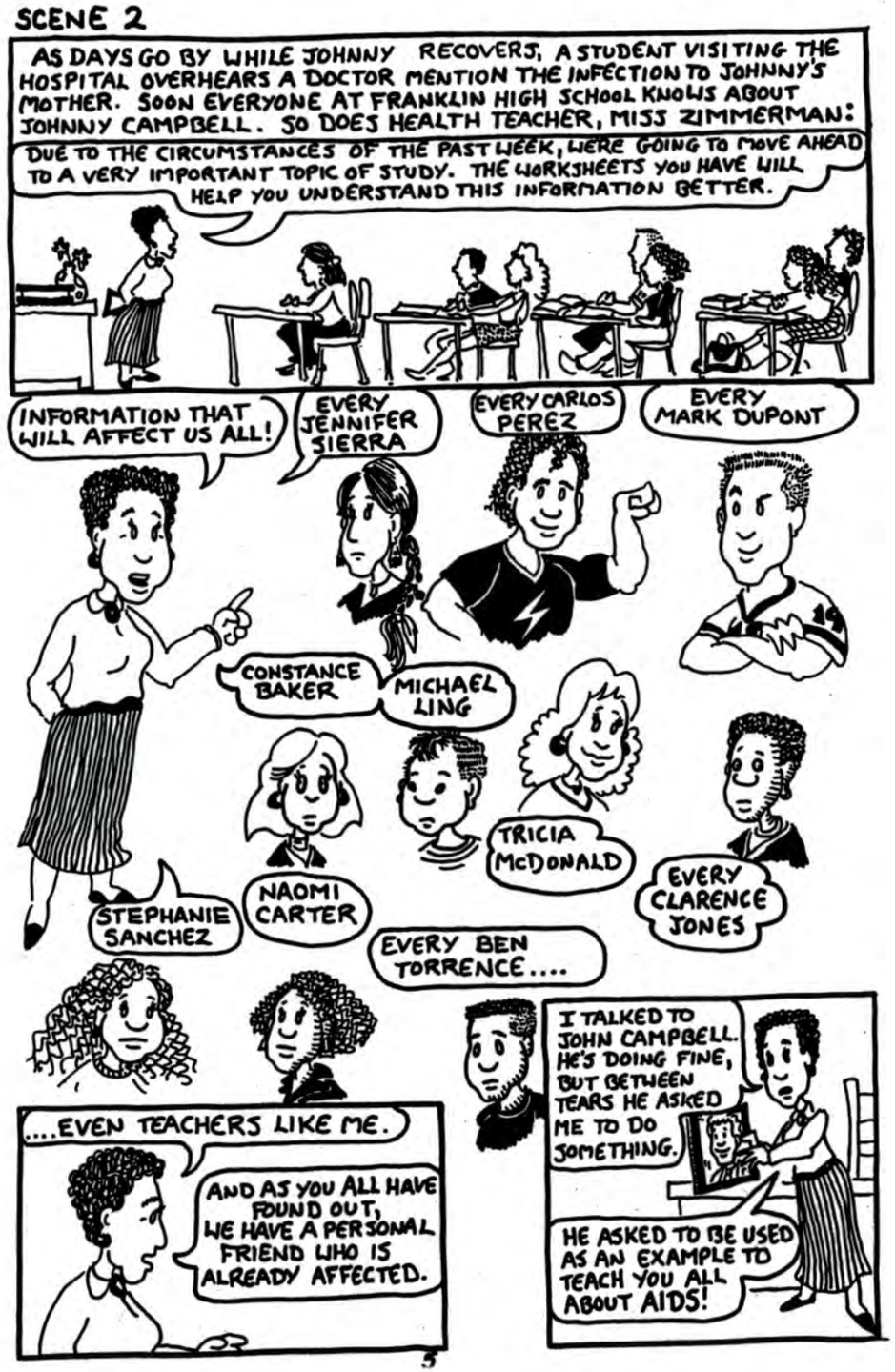
Some centers provide confidential and anonymous HIV antibody testing. In confidential testing the results are like medical records- it is, (supposedly), protected information. However, a person being tested for HIV should find out the policy of their health clinic or hospital concerning testing positive. Even some states require the reporting of positive tests! Anonymous testing is the only way to guarantee true confidentiality of possibly testing positive. A lot of states have anonymous testing centers where your name and other personal identification is not required.

If tested, one should be aware that a negative test result may be false. The test may have failed to detect HIV antibodies that do exist. This can occur when someone is tested before the antibodies have appeared in the blood. If exposed to HIV it may take the body 6 months to show signs of measurable antibodies. If it **is** surely negative, that doesn't mean one is now immune to HIV in the future!

If the test result is confirmed positive it will be very important for the person to find a caring and experienced health care provider to help manage the infection and offer support.

Such a leak of information is unlikely, since confidentiality is taken seriously in most health clinics & hospitals. This situation occurs in the story for the purpose of what could happen with such a leak. The benefits of the anonymous testing would clearly provide the HIV infected person to continue on with her/his life without being discriminated against.

- Why would someone who is HIV positive be discriminated against?
- How might they be discriminated against?



▲ There are three aspects affecting a person's sexuality. The <u>biological</u>, (how the body functions and its "natural urges" as a sexual being), the <u>psychological</u>,(how the mind functions as a sexual being making decisions according to beliefs and feelings), and the <u>sociological</u>, (how society and upbringing has influenced the decision making in those beliefs and feelings).

● Give some examples of natural urges that influence your decision-making.

Examples: sleeping is a natural urge- drinking coffee to stay awake is a decision.
Eating/ go on diet.
Anger/ suppress it.
Wanting chocolate/ eating an apple.

■ ACTIVITY: Risky Behavior Continuum.

An exercise to understand the areas of high to low to no-risk sexual behaviors. Information sheet enclosed.

- What is a DEROGATORY term? Give examples.
- How do these terms hurt people?
- How do they affect the school or the work climate?

▲ Homosexuality may have its own agenda in your course. The issue here is about homophobia. Just like any phobia it is the fear of the unknown or what one does not understand. It can be a taught fear by parents or society causing the many forms of discrimination that exist. These people consider themselves normal as they transform their fears into hatred towards the people they feel are weird and abnormal.

What is Homophobia?

There may be several lifestyles others find annoying or may even be scared of whether religious, spiritual, political or eccentric.

Give examples of such lifestyles.

Ex: A male with female characteristics, vegetarians, women in the army, nerds, neo nazis.....

Does everyone agree to the lifestyles that have been mentioned as being abnormal?

♦ PARENT CONNECTION-

As a take-home assignment have the students ask their parent, parents or guardian what it was like on one of their first dates.

What sort of steps did they take or didn't take in building the relationship.

Students may want to record the information in their journal or just write down to present to the class.

▲ Getting a person's sexual history is probably going to be pretty hard. It will require good communication skills and a trusting relationship. But don't be afraid to ask anyway!

Don't only depend on talking as your way to be safe. It is still up to you to protect yourself in any sexual relationship.

- How many of you would be embarrassed to talk about sex with a date or partner? To talk about sex with your best friend? To talk about sex with your parents?
- Why are some people easy to talk to and some embarrassing?
- Where can partners or a person go to be tested for STDs?

Answer: (Private Physicians,(skilled in this area), Family Planning Clinics, College/University Health Centers, Public Health Services, Community STD Clinics.)

● What do you think a committed relationship or marriage should involve if it is to be happy and monogamous?

▲ Students might say they have heard this a million times, but you may want to continually remind them that **abstaining and no-risk sexual behaviors are the only ways to be absolutely safe.**

Otherwise-Condoms have been proven to be the most effective prevention of STDs. They can provide 98-99% protection if used consistently and correctly:

-Use only latex rubber condoms.

-Store condoms in a cool dry place.

-Use a spermicide lubricant, (cream, foam or jelly), with your condom to increase protection.

-Use a **water-based** lubricant, such as KY Jelly , to reduce risk of breaking the condom or injuring body tissue. **Do not** use petroleum jelly, cold cream, Crisco , baby oil, hand lotions, shortening, Vaseline , whipped cream or butter. These can weaken the condom and make it break.

-Put the condom on the erect penis before any genital contact. Pre-ejaculatory fluid can transmit STDs as well as cause pregnancy.

-Roll condom on carefully allowing space at the head. Pinch half an inch at the tip to collect semen. Roll condom all the way down.

-Use plenty of lubricant, as mentioned above. If concerned about pregnancy, use other methods of contraceptives along with the condom.

-After ejaculation, slowly withdraw the penis before losing erection. Avoid any spilling or slipping off by holding the base of the condom.

It is not the intent of this book to promote drinking and driving, let alone underage drinking. Some might think that Jennifer would know Carlos was drunk or buzzed by his actions or driving but some people can appear to be quite sober. This scene is meant to reflect an incident involving drinking to show one example of what can happen when impaired. However, just as easily as alcohol has made Carlos daring enough to push for sex, an incident involving an alcohol impaired girl could also show the giving-in of such pressure.

Some people, like Jennifer, do have the ability to hold strong to their integrity, but as a whole, with alcohol and other drug use either gender can be impaired enough to make unwise decisions.

- Why is Jennifer questioning the difficulties of being friends with "some guys"?
- Are ALL guys one-sided with lust?
- Can girls be this way?
- Why would men be one way and women another?

- Why is Jennifer's anger SO valid and appropriate?

- Why is Carlos so vicious about what happened between Jennifer and himself? Being the type of person he is, how else might he have explained the incident?

- Is it true that alcohol and drugs bring out the "gunk" in men & women? Describe what is meant by "gunk".

▲ Alcohol and drugs can cause many types of spontaneous actions & thinking. Some people even enjoy the "new" self revealed through alcohol or other drug use. They were once shy, now they're more open, daring, funnier, & relaxed. Others may even find this person more interesting and out-going. However, this is a false personality. In bad situations, this same shy person might be holding in a lot of anger, only to let it out when drunk or high.

- Why would self-confidence and high self-esteem help Jennifer to NOT act spontaneously?
- What impact have Jennifer's parents had on her feeling of self-confidence?

▲ BEING HIV POSITIVE

-The person who is infected with HIV has a virus that attacks their immune system. This person will develop AIDS only when their immune system becomes so damaged that it can't fight off other diseases and infections.

-A person can look and be healthy for up to ten years or more before developing AIDS. They might not even know they're infected and it won't be evident to others.

-When a person does begin showing signs of AIDS they may lose weight easily and develop illnesses that healthy bodies can usually resist.

-An already unhealthy person who drinks, does drugs, smokes or eats poorly will develop AIDS much quicker if HIV positive.

-A person who has HIV should seek help and support. Medically there are anti-viral drug therapies and preventive antibiotics to help slow the progress of the virus. There are self-care possibilities such as a change of diet, exercising, yoga, stress work. There are also non-medical choices- herbal remedies, acupuncture, chiropractic help, massage, meditation and holistic medicine alternatives. Very important as well is seeking support from friends, family, support groups or counselors.

▲ Mark's use of "Homo" is another negative, derogatory term.

SCENE 4

▲ Naomi is bringing up a gender issue here. The academically achieving male athlete is supposed to, (in many people's eyes, esp. males), have many sexual successes. To become HIV positive means he's a failure.

● Explain the point Naomi is trying to make about Johnny's message to Americans.

- Why are male achievers not supposed to get AIDS?
- Would it be a similar outlook for females?
- Would Johnny be looked-down-at if he had the following happen to him:
  -got someone pregnant.
  -became paralyzed in a football game.
  -found out he had cancer.

● Tricia brings up the fact that people are "weirded-out" by sex and the educating of sex in schools. What are your feelings about this?

PARENT CONNECTION

Here's an opportunity to ask their parent, parents or guardian what life was like for them as teens.

-What were **their** parents or guardian like?
-How was the sexuality issue treated?
-Where did they get their information concerning sex?
-How did society treat sexuality?
-How did the media treat it?

Being able to talk about sex with your parents or guardian is so important. How might it be helping Ben & Naomi's relationship?

Tricia talks about an incident that gives you an idea about her relationship with her mother. How might her upbringing be affecting her relationship with Mark?

16

- Is "looking-good", (as in your hairstyle, clothes, who you date, who you hang out with), still very important today?
- Would you date the most gorgeous girl or guy just because it will make you look good?

- What is wrong with Tricia & Mark's relationship according to Mark's description?

- In what way is Ben & Naomi's relationship more mature and responsible?

● How would alcohol and other drug use affect your ability to refuse sexual activity? Explain.

● What sort of effects does music videos & movies have on Mark?
Are Mark's reaction to the entertainment world typical of most teens? Explain.

● Is Mark's comment that "we're just too young to worry about this death-stuff" a common belief among teens? Explain.

▲ Risks are taken everyday. Riding a bicycle without a helmet, skydiving, driving, skiing, deciding to be the lead in the school play. Some risks allow room for mistakes, others do not. Some risks are necessary to push a person towards a new goal, a new challenge. Having the ability to weigh-out the positives or dangers of a particular risky behavior is important.

Define various risk-taking behaviors. Can you tell which are healthy & safe to those that are unsafe behavior? What might be the negative results of some risks? (parental disapproval, jail, death). What might be positive results of risks? (conquering a fear, quitting a bad job, daring to ask that certain-someone out on a date, experiencing jumping out of an airplane at 10,000 feet).

What makes one risk safe and the SAME risk unsafe, such as diving into a quarry, skiing a black diamond, swimming at night.....?

- What does Naomi mean by talking about things like dreams and desires?
- Are you able to talk about your dreams, goals, worries or problems easily with another person? Why or why not?
- How do you think this could help Tricia's relationship?

- How are Mark & Tricia's description about their relationship different & similar? Explain.

● Define the differences between how Tricia sees love & sex and how Naomi sees them.

▲ An interesting thing about giving advice is that a lot of people give it but they don't tend to follow that same advice!

▲ Date rape can come in many forms and is an extremely scary subject. This incident is subtle but there- Tricia could have been forced to be sexual without her consent if she had passed-out or was semi-conscious. Alcohol and drugs may affect judgment so much that a person may make the choice or give their consent, without fully knowing they did so. And the male might not always be the aggressor. That drunken "yes" from her last night, with his drunken "okay" might result in her claiming rape in the morning! Mutual, mature and safer sex requires a clear and sober mind.

● TEACHERS, see if your students recognize the possibility of rape within the story. You might ask the following:

● Tricia admits to remembering something that happened in a stranger's dorm room. Naomi, however, thinks it may have been something worse. What would it be?

● Why would date rape be so scary for either one to mention?

How might a person's lack of confidence in themselves result in regular alcohol and other drug use?

Why is being different and unique so difficult?
Describe discrimination.

- Addiction is a very powerful opponent to face by yourself. Come up with some different types of addictions, (examples may range from addiction to coffee to addiction to exercise).
- What are some ways you might seek help for addictions?

- What are your feeling about gay men and lesbians?
- Why might a person feel threatened by homosexuals?
- How would you feel if you found out your friend's parents are gay? If your friend was gay?

- Mark & Carlos still believe only gay men contract HIV & AIDS. Why do some people, no matter how much they know the facts, continue to hold onto this myth?
- What makes people hate differences in others?
- Can you think of ways to stop the hatred?

- Once his leg heals, Johnny will be coming back to Franklin High School. How do you think the "not-too-long-ago High School Hero" will be treated now?
- Johnny is your best friend coming back to school, how will you treat him? What will you do differently with him? What will you do the same?

- Describe the goals you would like to achieve in the next 5 years. What would happen if you found out you were HIV positive?
- It is sometimes only up to you to let obstacles stop you from achieving goals. Name other possible obstacles that may interfere with your plans.

▲ Tattooing, sharing razors and piercings are areas one might easily forget as being high risk. Steroids, of course, are a double hazard.

● You may want to ask the students if they know of other shared items that may pose a threat.

- Explain how Johnny might use his illness as a gift.
- What does Johnny mean by abusing sex?
- What is so important about respect for yourself & others concerning sex?

- "It's so different when it's someone you know." Explain what this means to you.
- Describe the differences you might feel when you read about people who have died of AIDS vs. knowing the person who has died of AIDS.

▲ Here's another form of risk-taking many people must go through to grow: Taking a chance on love.

- Describe what might scare you about falling in love with someone.
- Are there any stories someone would like to share about their risking at "love"?

- Why is Stephanie so concerned about being a virgin?

▲ Tricia is pushing Stephanie very mildly about being sexual. Some peer pressure can be much harsher.

- What is peer pressure? Give examples.
- Why would your friends pressure you to do something?
- Is it easy to say no to such pressures? Why or Why not.

- Why is Stephanie concerned about EVERYTHING to do about relationships?
- Do you think the other girls know **all** the answers?

- Are there rules today on how men & women go about dating and asking for a date?

◆ PARENT CONNECTION

Here, students may ask their parent, parents or guardian what rules existed when they were in school concerning dating. Who called who? What did they plan to do? Where did they go?

▲ ABSTAINING is the surest way to be safe from HIV/AIDS and other STD's. Besides it is a wonderful way to build a relationship.

- What are some reasons people choose to abstain?
- Do you think it's silly for two people dating to abstain? Is it unmanly or unwomanly? Do you pick on such people?
- Do you think EVERYONE **must** abstain from sex before they're married or in a monogamous relationship? Why or why not?
- Describe some alternative activities a loving/abstaining couple might engage-in instead of sexual intercourse. Be creative.

⊙ The use of a chocolate spread rubbed on each other's bodies is mentioned twice is this story <u>along with</u> intercourse and/or safe sex, (pages 19 & 33). Be it known that this is also a wonderful and creative alternative to sexual intercourse for the couple choosing to abstain!

- How would you feel if someone you liked seemed very attracted to you and found out they were only sexually interested?

- What's another word for following your heart? -(intuition)
- Can you usually trust it or will it make mistakes?

- Is there anything wrong with mistakes? Why or Why not.
- Is how Jennifer explores life wrong? Why or Why not.
- What makes Jennifer different from Stephanie?
- Without speaking only about sex, why is "experiencing" so important? Explain.

■ ACTIVITY: Safer Sex Excuses & Responses.

This exercise will help students think about and hear others talk about some of the many excuses or reasons NOT to use a condom; and to help them practice responding to these situations to stay safe. Activity sheet enclosed.

■ ACTIVITY: Manifesting A Positive Relationship.

As a fun assignment to present to the students try this example of positive visualization:

Visualization is fully focusing on something positive you want to have happen in your life and allowing it the time to appear.

A neat way to experiment with this is in looking for a relationship. Write out a list of the qualities you'd want in a perfect girlfriend/boyfriend:

-What might they look like?
-What will their personality be like?
-What are their hobbies?
-What sports or activities do they like to do?
-What will their future job/skill be?

Keep the list of your perfect relationship, read it for several days, share it if you like, then put your list out of sight,(let it go). You may notice as you grow & learn, it will also change and grow with you. AND if you are very sure of what you want, you may eventually meet that person!

⊙ Please note again that the confidentiality of such information given to Tricia would be far more respected, but for the purpose of presenting shocking news within the story I laid it out in this manner. Deciding to be tested for HIV and confidentiality are mentioned on page 4.

● If a person hasn't grown up knowing what love is, how will they know and learn about what it is?

● Describe love.

▲ The student who has made up their own mind to abstain is someone to admire. Unfortunately, our society, the media and some peers, don't tend to honor such people of strong conviction. Stephanie is lucky to have two friends who, though sexually active themselves, support her choice to abstain.

● Marriage is an extremely important decision to make between two people. Give ten qualities in a relationship that would show that two people are ready for marriage or a commitment.

● Give ten reasons why marriage or a commitment would not work.

● Describe what is going on in this last scene of the book. How do you feel about this scene? Compare opinions.

It may feel awkward, un-cool and uncomfortable to talk about safe sex. It may be embarrassing, BUT why take a chance?!

GROUP EXERCISE: RISKY BEHAVIOR CONTINUUM

Group size: 5-40 people
Time: 20 minutes, with discussion.

This exercise lets people explore their ideas of relative risk associated with HIV infection by moving around the room, discussing lvels of risk with other participants and getting a chance to discuss details about why some activities carry more risks than others. Can be used in small groups as well as large groups.

1) Explain to the group that some sexual or intimate activities have more risks than others for HIV infections, and some have no risk at all. This exercise will help them talk about and understand the varying levels of risk associated with specific activities.

2) Hand out activity cards to participants in random order.

3) Explain to the group that they place the activities along a line from Highest Risk to Lowest Risk of HIV infection. Designate now which side of the room is for Highest Risk activities, which for Virtually No Risk, with Low or Minimal Risk in the middle. Have them stand up and start arranging themselves in proper order. This should spark discussion and negotiation among participants.

4) After a few minutes of arranging, give them a 30 second warning to get into final order. Ask them to look at the order of the cards. Do they agree? What would they switch around? Help them get cards in proper order, by answering questions and discussing how and why risk may differ.

5) There may not be absolutely correct answers to this ranking, but the idea is for people to compare the relative risk of various activities and talk about their own choices.

Here are the activities, (in generally correct order), that should be listed on 5"x7" cards with terms written boldly:

HIGHEST:

Sharing needles Steroid use Tattooing Piercings
Sexual intercourse Semen Vaginal secretions Anal sex
Unprotected sex Menstrual blood Blood Prostitution
Multiple sexual partners Sharing razors

LOW OR MINIMAL:

Oral sex on a Man Oral sex on a Woman Blood transfusion
Using condoms* Using condoms with spermicide*

VIRTUALLY NO RISK:

Dry kissing French kissing*** Petting Massage
Drinking alcohol* Sharing cigarettes Smoking pot*
Giving Blood Sharing utensils or glasses Using bathrooms
Swimming pools Insect bites Sharing food Hot tubs
Holding hands Using public telephones Sneezes Hugging
Playing, working or living with someone w/ HIV/AIDS Tears
One life-long sexual partner** Talking/fantasy Masturbation

* items need to be discussed further due to the possible influence of impaired judgment or human error which could allow for potential risk.
** some risk may be assumed depending upon previous or current drug use and previous or current sexual activity.
*** no evidence of transmission by this behavior, however some risk may be assumed if blood is present.

PLEASE feel free to add to the list if certain activities have been neglected.

Group Exercise: Safer Sex Excuses & Responses

Group size: 5 - 20 people
Time: 10 - 15 minutes, with discussion

This exercise is to help people think about and hear others talk about some of the many excuses or reasons not to use a condom; and to help them practice responding to these situations to stay safe. This could be done in small groups, in one large group or done as role plays with more active audiences.

Small groups:
1) Each group of 3 - 7 people talks lists various excuses they have used, heard or can think of, and writes them down. They then come up with possible responses to this list and discuss how easy or difficult this conversation might be in real life.

2) Come back together, and have each group mention one or two of their excuses, the possible responses and their comments. Ask other participants to comment also. Write the excuses and responses on newsprint for all to see.

3) Group feedback: were the excuses realistic? has anyone heard these excuses from friends or partners? were the responses realistic? was it good to just hear other people talk about responding to difficult situations? does anyone feel more confident negotiating for safer sex after this exercise?

Large groups:
1) When time is limited, ask large group for some common excuses for NOT using a condom or practicing safer sex. Write these various excuses on the board or newsprint for all to see.

2) Ask group to suggest possible responses to these excuses. These may be responses that people have actually used or that people could tell a friend to use, or ones that they have just thought up. Write these on the newsprint next to the excuses.

3) Group feedback: were the excuses realistic? has anyone heard these excuses from friends or partners? were the responses realistic? was it good to just hear other people talk about responding to difficult situations? does anyone feel more confident negotiating for safer sex after this exercise?

Role plays: either in small groups or one large group
1) Ask for volunteers from the audience to role play a situation where one partner or friend does not want to practice safer sex, and the other does. What are the excuses one might use, and the responses that the other may give? Have them work out the situation, which may include sex with a condom, no sexual activity, or other safer sexual activity.

2) Get feedback from audience and participants on how role play went, and other possible solutions.

TALKING ABOUT CONDOMS WITH A RESISTANT, DEFENSIVE, OR MANIPULATIVE PARTNER

The following statements contain some common excuses and misinformed comments. Beside each one are some possible responses.

If your partner says:	You can say:
I know I'm clean (disease free), I haven't had sex in months.	Thanks for telling me. As far as I know, I'm not ill either. But I'd still like to use a condom since either of us could be infected with something and just not know it right now.
I'm a virgin.	I'm not. This way we will both be protected.
Condoms are unnatural, fake, and a total turn off.	Come on, let's try to work this out. An infection isn't so great either. Besides, I can keep you turned on!
What an insult! Do you think I'm some sort of disease-ridden whore or slut?	I didn't say that. I care about you and I want to protect both of us.
I don't know anyone who uses these things.	You do now!
You carry a condom around with you? Were you planning to get laid tonight?	I always carry one with me because I care about myself. I use them because I care about the both of us. Besides that, I was hoping to meet you tonight!
I'm not having sex with you if you use a rubber.	OK, how about trying something else? Would you like a massage?
Condoms aren't good for the environment!	Actually, latex condoms are made out of rubber. It will save the rainforests if we use them because the tree farmers will just tap the trees for their rubber rather than cut them down for other products.

These are responses from some of the Foundations/Trusts we had submitted our request to. We still have not heard from several others, namely The Ford Foundation, Agency for HIV/AIDS, Washington DC, Rockefeller Foundation etc.

THE PEW CHARITABLE TRUSTS

One Commerce Square
2005 Market Street, Suite 1700
Philadelphia, Pennsylvania 19103-7017

Telephone: 215.575.9050
Facsimile: 215.575.4939

March 16, 1994

Mr. Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th Street, N.W.
Washington, DC 20009

Reference log no.: 94-00787

Dear Mr. Chaleunrath:

Thank you for sending a request for funding and for providing a description of the activities you plan to undertake.

The Health and Human Services program staff has given careful consideration to your request within the context of our funding priorities. We have valued the opportunity to learn about your endeavors, and appreciate the time and effort you spent in preparing your request. Unfortunately, however, we are not able to respond positively to your funding request. This decision stems not from any concerns about your planned activities, but rather because your request does not fall within our current guidelines or program priorities that direct our grantmaking activities. Specifically, we are not able to consider providing support for AIDS-related efforts other than certain activities in Philadelphia and surrounding Pennsylvania counties.

I regret that we are not able to be of assistance, and hope that you are successful in finding the support you need from other sources.

Sincerely,

Carolyn H. Asbury
Director, Health and Human Services Program

CHA/ram

AT&T FOUNDATION

Milton J. Little, Jr.
Vice President
Health & Human Services

Room 3112
1301 Avenue of the Americas
New York, NY 10019
212 841-4662
FAX 212 841-4683

February 16, 1994

Mr. Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th Street, N.W.
Washington, DC 20009

Dear Mr. Chaleunrath:

Thank you for your letter and materials requesting AT&T Foundation support HIV/AIDS prevention and education programs among Asians.

As you may know, the AT&T Foundation has provided leadership in the corporate community's support of AIDS-related programs. Each year, AT&T supports many AIDS service and education projects across the United States. Additionally, each year the Foundation contributes nearly $7 million to United Ways across the nation, including the United Way of the National Capital Area. Local agencies share in the Foundation's United Way contributions. This level of support to the United Way, and our extensive commitments to AIDS projects prevent us from assisting all the worthwhile organizations that are brought to our attention.

I am sorry my response cannot be more encouraging. Please accept our best wishes for your important work.

Sincerely,

Milt J. Little Jr.

THE AARON STRAUS & LILLIE STRAUS
Foundation INC.
101 W. MT. ROYAL AVENUE
BALTIMORE, MARYLAND 21201

November 23, 1993

Vilay Chaleunrath, Executive Director
Indochinese Community Center
1628 16th Street, N.W.
Washington, D.C. 20009

Dear Ms. Chaleunrath:

The Straus Foundation is unable to consider your grant request as our guidelines restrict us to funding primarily in the Baltimore metropolitan area.

Sorry we are unable to help.

Sincerely,

Jan Rivitz/dp

Jan C. Rivitz
Executive Director

/dp

UNITARIAN UNIVERSALIST
VEATCH PROGRAM AT SHELTER ROCK

48 Shelter Rock Road, Manhasset, NY 11030
516-627-6576

February 1, 1994

Ms Vilay Chaleunrath
Indochinese Community Center
1628 16th Street NW
Washington, DC 20009

Dear Ms. Chaleunrath:

We have completed our review of your proposal dated November 8, 1993, requesting support for the HIV/AIDS prevention project. We regret that we will not be able to provide financial assistance.

As you might imagine, the Veatch Program receives many more proposals than we are able to fund. Limited resources and our own institutional priorities make it necessary for us to turn down many requests which we consider to be worthwhile.

We wish you luck, both in your work and in securing funding from other sources.

Sincerely,

Jan Fellenbaum
Grants Administrator

jnf

THE
ROBERT WOOD
JOHNSON
FOUNDATION

January 21, 1994

Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th St., N.W.
Washington, DC 20009

Reference: I.D. #23753

Dear Mr. Chaleunrath:

Our Program Staff has now had an opportunity to review your inquiry concerning the possibility of Foundation support for an HIV/AIDS prevention program for high-risk Asian subgroups in the Washington, D.C. metropolitan area. Unfortunately, I have to give you a negative response. Despite its obvious importance, the project you described for us does not fall sufficiently within our current program strategies that we could be of help to you, and I am sorry.

I hope through other potential sources you are successful in obtaining the support you are seeking. We appreciate having heard from you and your interest in the Foundation.

Sincerely,

Edward H. Robbins
Proposal Manager

EHR:tss

THE EDUCATIONAL FOUNDATION
OF AMERICA

Thank you for sending us information about your organization. Unfortunately, the Foundation does not have sufficient funds to meet all of the worthy requests we receive. We regret to inform you that your request has not been selected for support at this time.

Although EFA cannot be of assistance, we do wish you every success in securing the necessary funds from other sources.

THE WHITE HOUSE

WASHINGTON

May 11, 1994

Ms. Samarpita Das
HIV Program Director
Indochinese Community Center
1628 16th Street, N.W., Third Floor
Washington, D.C. 20009

Dear Ms. Das:

Thank you for sharing with me information about the Indochinese Community Center (ICC) and its activities with the Southeast Asian community in the Washington, D.C. Metropolitan Area. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV and provide care for those living with HIV.

I will not be able to answer in the affirmative to your request for funding. The Office of National AIDS Policy, which coordinates the implementation of policies in the areas of prevention, services and research, does not carry out programmatic activities of its own and does not provide grant funding. Although we can assist in directing individuals to sources of Federal funding, we do not make determinations as to whether a particular program should be funded. It is my understanding that you have already talked on the telephone with Carlos Vélez, J.D., of my office, and he gave you some information on sources of funding that you may be able to access. I hope that information was useful to you.

Again, thank you for sharing your information. I wish you continued success in your endeavors.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Indochinese Community Center
ศูนย์กลางชุมชนอินโดจีน
Trung Tâm Cộng Đồng Đông Dương
មជ្ឈមណ្ឌលសហគមន៍ឥណ្ឌូចិន

Carlos
Draft reply

March 30, 1994

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17Th St, NW
Suite 1060
Washington DC 20503

Dear Ms. Gebbie;

I am writing you this letter with a lot of hope that you and your office will be able to help the HIV /AIDS prevention services of Indochinese Community Center.

As you may be aware, the Indochinese community comprises mostly of recent immigrants and refugees. As of November 1991, Indochinese refugees in DC totalled 3,000. Maryland and Virginia refugee population as of 1991 total 11,700 and 25,000 respectively. It is almost evident that recent surveys will show much higher numbers for this community. Due to barriers like language, culture, lack of understanding of the US health care system, this community has a lot of difficulty in accessing mainstream health services. ICC's HIV/AIDS prevention and education program began in 1989, with funds from Meyer Foundation, Centers for Disease Control, and some other grants from County Health Departments. ICC provides STD, HIV/AIDS prevention services in the D.C. metro area to the minority Asian communities of Vietnamese, Amerasians, Laotians and Cambodians. Besides HIV, we also provide information on Tuberculosis, Hepatitis B , contraception, immunization and Sexually Transmitted Diseases. With the support of the community leaders and our strong commitment to this project, we have been very successful in educating more than 5,000 recent immigrants, refugees and settled Asian families about HIV infection in a culturally and linguistically appropriate manner. Currently there are 33 Asian and Pacific Islander men who are HIV positive in this area. Although, this is a gross underestimate of the actual numbers, still we are confident that it documents the success of our prevention education in the three high-risk communities. But recently, with the focus of the grantors shifting to the high incidence populations of African Americans and Hispanics, it is getting very difficult to obtain funds for the continuation of our much needed services to the Asian minority community.

In November, 1993, we had submitted an unsolicited proposal on HIV/AIDS prevention and education to the Public Welfare Foundation. And the Foundation granted $50,000 for the project. The project aims to provide STD/HIV prevention services to Amerasians, Vietnamese, Cambodians, Laotians, Indians and Pakistanis in the D.C. area. Since the grant is a matching grant, ICC needs to raise $25,000 from other sources before April 1, 1994 to meet the requirements. Enclosed please find copies of the letters from Public Welfare Foundation explaining the terms and conditions of the grant. Since then, we have sent our proposal to several National and Regional Foundations, but have received disappointing letters saying that the project does not fall under their priority criteria for the moment. The funds required in this case will provide supplemental support to a program. We know that the Asian minority community of this area need the valuable services of ICC. We not only educate people from these communities about the disease, but have also worked as a liaison between the local and county health clinics and our clients for various other services like HIV antibody testing, STD tests, counselling for substance abuse and other mental health problems.

I sincerely hope that your Office can provide some help to continue our HIV/AIDS prevention program. Enclosed please also find a copy of the proposal. If you have any questions, please call me at (202) 462-4330.

Thank you.

Sincerely,

Samarpita Das

Samarpita Das
HIV Program Director

Enclosures:

Public Welfare Foundation

funding a world of change

RECEIVED

APR - 4 1994

November 24, 1993

Mr. Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th Street, NW
Washington, DC 20009

Dear Mr. Chaleunrath:

This letter is to clarify the terms of the $50,000 grant recently awarded to the Indochinese Community Center by the Public Welfare Foundation.

The first half of the grant ($25,000) is an outright award, which will be paid in December, 1993. The second half of the grant ($25,000), is to be matched by funds raised from other sources with a deadline of April 1, 1994. Payment will be issued once the match has been met.

Once again, we express our support for the important work of your organization in providing HIV/AIDS education and prevention services to the Vietnamese, Laotian, Cambodian, Indian, and Pakistani communities in the D.C. metropolitan area.

Sincerely,

Jodi Williams
Grants Manager

2600 Virginia Avenue, NW Suite 505 Washington, DC 20037-1977 202-965-1800

ABSTRACT

This proposal for $ 104,300.00 is being submitted by the Indochinese Community Center (ICC) for funding of HIV/AIDS prevention in the Washington,D.C. area, targeting Asians determined to be at disproportionate risk for HIV. ICC is a current recipient of CDC AIDS prevention funds which finishes in September, 1993.

This proposal seeks to move beyond current outreach education efforts, which are one-time interactions providing basic AIDS information, to more individualized, long-term approaches. The goals are to provide decision-making skills on sexual behavior and establish social norms on safer behavior. This proposal will also broaden its target population to the Hindi-speaking minorities of Indians and Pakistanis of the Washington D.C. and Virginia area. It has been estimated that there are more than 3,000 Indian and Pakistani residents in this area, and there is no language or culture specific education provided to this population. The recent immigrants are generally of low socio-economic status and low-English-proficient. The target population subgroups will include gay and bisexual men, youth, and women from the Cambodian, Laotian, Vietnamese, Hindi-speaking Indian and Pakistani communities.

Two risk reduction interventions are proposed: small group education interventions and individual risk reduction counselling. D.C. area Asian communities are evidencing risky behaviors that put them at disproportionate risk for HIV and sexually transmitted diseases(STD's). Low rates of condom use, sexual exploitation , alcohol and other drug use are the key indicators of risk identified by the ICC HIV outreach workers over the past four years. These risk indicators, along with language and cultural norms that do not encourage open discussion of sexuality, contribute to the challenges of reaching the Asian community with accessible and effective HIV prevention messages.

ICC is the only agency in the Washington area providing AIDS-related services to the Indochinese Asian communities. A wide range of other services are provided by ICC including immigration services and assistance, emergency food and clothing distribution, English as a Second Language (ESL) classes, job counselling and placement. citizenship training, and crisis intervention.

Founded in 1978, ICC's mission is to provide services to the refugees and immigrants in order to promote survival and self-sufficiency., while maintaining dignity and self-respect. ICC now serves all recent immigrants and refugees to this country. Both the majority of the staff members as well as the Board of Directors represent the different racial and ethnic minority populations with which ICC works.

ICC will coordinate activities with area state and local health departments(i.e. D.C., Arlington county, Alexandria, Fairfax County, Montgomery county, and Prince George's County) as follows: health Department training for ICC staff, health department review of ICC's proposed intervention curricula, health department referrals to the ICC program, and referrals of ICC clients to health department services.

TARGET POPULATION

The Washington metropolitan area has the sixth largest Asian community in the nation, an estimated 35,000 individuals. The majority are recent immigrants to the U.S. The Indochinese people represent the largest community of Asians in the D.C. area, including 22,000 Vietnamese, 6,000 Laotians and 5,500 Cambodians. The estimated number of Indians and Pakistanis in the area is more than 3,000.

Culturally distinct from East Asians (Chinese, Japanese,Korean), the Indochinese are among the poorest and most disaffected Asian populations to come to the U.S. In the mid 1970's, the rise of communism in Laos, the Khmer Rouge in Cambodia, and the war in Vietnam led to a mass exodus of people which is still occurring. Since 1988, about 3,000 Amerasians have come to the D.C. area. Indians and Pakistanis, on the other hand have a different pattern of immigration. Twenty years back when Indians and Pakistanis immigrated to this country, they were mostly highly educated and skilled workers. There were doctors, engineers,scientists and other skilled mechanics. But recent migrants are less skilled, from low-socioeconomic backgrounds and with low literacy level. Due to the economic and political upheavals in their own countries, families have migrated in search of better livelihood.

Resettlement in the U.S. has broken down traditional social structures and cultures. Formerly unified communities now live as ethnic minorities dispersed in low income neighborhoods in the D.C. area. The family structure has been affected and the youth are confused and struggling to adapt to the new environment while preserving their own cultural norms.

AIDS cases among Asians. Out of 5,470 reported AIDS cases in the Washington metropolitan area, 32 are among Asians. Data are not available on HIV infection rates among Asians. Nationally, from 1991-1992, Asians and Pacific Islanders experienced the largest percent increase in AIDS cases of any ethnic/racial category- 9.7%. The majority of Asian AIDS cases (73%) are among Gay/Bisexual males. ICC has identified 3 Asians who are HIV positive but refuse to accept any help or referrals for treatment. As of February 1994, there are 33 cases of HIV infection in Asian Pacific Islander community of the District.

Subgroups at Disproportionate Risk. Through ICC's CDC outreach work, gay and Bisexual men, youth, and women in D.C. area Asian communities have been identified as evidencing risky behaviors that put them at disproportionate risk for HIV/AIDS and STDs. These subgroups are primarily Vietnamese(Amerasians) Cambodian, and Laotian, Indian , Pakistani youth and women ,and Asian gay and bisexual men. Low rates of condom use, sexual exploitation,alcohol and other drug use are key indicators of risks identified by ICC HIV outreach workers by observational analysis over the past four years.

AMERASIANS. Amerasians are the children of Vietnamese mothers and American fathers. In Vietnam, they experience much oppression and discrimination. Many are denied education and forced to make living on the streets. They have low literacy levels, high rates of substance abuse, many are victims of sexual exploitation. Upon coming to the U.S., the exploitation and low status doesn't end. Years of rejection in Vietnam have made Amerasians vulnerable; many cope with their social isolation by being sexually active and equating sex with love. Amerasian women are at high risk because Asian men treat them as more sexually available than other Asian women. Significantly, a prostitution ring of Amerasian and other Indochinese women exists in the Virginia suburbs.

Gay/Bisexual Men. the D.C. area's growing population of gay/bisexual asians is becoming more open. Two gay Asian groups Asians and Friends of Washington (AFW) and Gay Asian Pacific Islander Network (GAPIN) have been formed. Between 125 to 150 gay and bisexual Asian men belong to these groups; over half the membership of these groups is Indochinese.
This community, however, is not always receptive to HIV prevention messages.The knowledge level about unsafe behaviors attributing to transmission of HIV infection has gone up, but it is very hard to say that correct and consistent use of condoms has also gone up. ICC's experience in conducting outreach to this community, mostly through the bars, has revealed that this subpopulation is saturated with information and other educational information. It seems to be more important now, to convince and assist them in getting tested, provide emotional support during and after the waiting time for results, then make proper referrals based on the results of the test. This is important because even though they have the right prevention information, HIV outreach workers report that unprotected anal intercourse continues to be widespread and casual sexual encounters are common, along with alcohol and other drug use, particularly in area discos. Asian men are often powerless in situations where they are economically dependent upon their partners (caucasian or other) , are submissive, and rarely practice safer sex.

Youth. Young asians are faced with two very different worlds. They are exposed to the new ways of America, yet isolated within the old traditional cultures. Conflict arises as these young people try to "fit in" to new communities.

The stereotype of Asian teens is that they move on to college. In D.C. however, an increasing number are dropping out of school. For Amerasian girls, sexual activity is high as patterns of exploitation established in Vietnam re-emerge. Young men from poor neighborhoods tend to have behavior problems in school primarily because language creates a significant barrier to communication and education; most schools don't have bilingual staff. The other problem has been the urge to disobey and disregard parents traditional and orthodox approach about sexuality. Youngsters, under the pressure, are at a higher rusk for indulging in sexual activities which might have serious consequences. ICC HIV outreach workers report a growing number of Asian youth who hang out and engage in heavy drinking and marijuana use. Most Asian teens reportedly have sex

without using condoms. Asians gangs are also on the rise in Arlington and Fairfax counties in Virginia and are increasingly associated with drug trade. ICC has been successful in contacting some of the members and ICC will expand its work with them in this proposed project.

Women. Asian women continue to occupy a lo w status in Asian culture. Men typically treat them as property within marriages. Extramarital affairs are common among the Asian men, often with prostitutes and some with Amerasian girls. Unstable and exploitive marriages are especially evident among the latest wave of Vietnamese immigrants because many of the men were political prisoners and away from their wives for extended periods of time. Women generally have very low knowledge on sexual issues and reproductive health. Most of them know about condoms but are afraid to ask their husbands or partners to use them.

NEEDS ASSESSMENT

Current HIV Prevention Efforts targeting Asians. ICC is the only agency in the Washington metropolitan area providing AIDS-related services to the Asian communities. One other agency, the Korean Community Service Center has recently established an AIDS education program in 1992 to serve the area's korean population.
ICC's current educational activities are: door-to-door outreach(to women), bar outreach and networking within gay Asian support groups; networking with key contacts in affected communities(youth); small group educational sessions(mostly one-time interventions); video presentations and educational brochures and pamphlet distribution.

Asian focused HIV/AIDS prevention activities provided by local and state health departments in the region are coordinated through ICC. Currently ICC receives $15,437 from the Arlington County to provide serves in the County and $ 25, from the Fairfax county for similar educational activities in the county.

Barriers to HIV prevention Efforts among Asians. In its work with n its work with the Indochinese populations since 1989, ICC has identified several barriers, including a tendency to be self-contained and not open to the outsiders , multiple languages and culture, and biases toward HIV/AIDS because of its association with sexual promiscuity, with gay/bisexual men and drugs. Homosexuality violates the cultural standard and social obligation of continuation of the family line through marriage and child bearing. Cultural norms also exist on not bringing shame or discredit to the family.

Unmet HIV prevention needs. The focus of ICC's initial HIV/AIDS educational efforts was to increases knowledge about HIV/AIDS and to develop positive attitudes to change behavior and prevent exposure to HIV. Subsequent efforts focussed on raising awareness within specific Indochinese groups, particularly youth.

The Hindi -speaking communities of Indians and Pakistanis in the metropolitan area have never been reached with educational information on STD's or HIV/AIDS. ICC perceives this as a major unmet need especially because the size of this minority population is not small. Also because they have limited resources, therefore they have no other source of information. ICC's current HIV/AIDS Program Director has been talking to the Indian and Pakistani community of the metropolitan area and has found they all see a pressing need for HIV educational services for their communities.
ICC's efforts to reach the community with an HIV prevention message have been limited because of the barriers described above.. ICC has learned that raising community awareness is not likely to result in behavioral changes unless social norms are changed and skills are developed on sexual decisionmaking. The experience of ICC's outreach teams has led to a redirecting of efforts toward more individualized and repeat interventions. This proposal seeks to build upon these efforts with the addition social norms about safer behaviors.

The asian gay/bisexual men feel the need for a support group where they can express their fears and concerns and ask questions about getting the HIV test. This is very important, because ICC frequently receives calls from anonymous asian gay/bisexual men who want to get tested for they fear having contracted AIDS after unprotected anal sex. These individuals are very frantic, extremely scared, and need someone to speak to, preferably in their own language. Several times, our outreach staff had to provide interpretation services during test procedures for Vietnamese and other asian clients.

PROGRAM PLAN

Overview of Proposed Risk Reduction Intervention

ICC proposes to target gay/bisexual men, youth, and women in the Vietnamese, Lao, Cambodian, Indian and Pakistani communities. Two interventions will be offered: individual risk reduction counselling (one-on-one counseling) and small group education. These interventions are selected because of the strong societal taboos and norms related to sexuality and relationships in the Asian cultures. Sexuality is not openly discussed. Intimate, informal and private settings are preferred for such discussions. ICC's past efforts of peer education have not been very successful and effective as hoped, for two reasons. First, the societal norms and taboos regarding sexuality make it difficult to discuss sexuality and HIV because it is hard to establish trust in one-time interactions that are typical of current outreach efforts. Secondly, ICC's peer educators have had limited success because Asian societies regard the opinions of elders and authority figures as more reliable.

ICC outreach workers have good access to Asian clients for several reasons. Community members are well aware of ICC's programs and services. Recent immigrants are particularly receptive to interacting with Asians in their native tongue; ICC staff are

multilingual and multicultural.

The interventions have three goals:1) Personalizing HIV/AIDS among the target populations and breaking down cultural denial;2) Educating the target populations about HIV/AIDS and prevention skills and negotiating behaviors and 3) Developing a social norm of safer behavior. For each of the targeted populations, special focus will be placed on :

-Gay/Bisexual Men: denial about AIDS, eroticizing safer sex, economic and emotional dependence on non-Asian men,abuse.

-Youth: STD's, denial, feelings of invulnerability, the "it can't happen to me" philosophy, abstinence, sexual decision making, skills
-Women:STD's, reproductive health, empowerment, negotiation about sexual issues, denial, abuse, children.

The interventions require enhancement of existing staff skills. Training will be given to all outreach staff.

DESCRIPTION OF RISK REDUCTION INTERVENTIONS

Individual Risk Reduction counselling Intervention: Individual counselling will be utilized as a mechanism to personalize the HIV epidemic for individuals in the target populations to 1) break down Asian cultural denial; 2) enable self-assessment of risk;3) develop skills in sexual negotiation and decision making; and 4) promote adoption of safer sex behaviors.
This intervention will be applied during home visits, bar outreach or any other suitable place where a person feels comfortable (eg. Eden Shopping center).
For this intervention, emphasis will be placed on helping individuals examine how they communicate with others and how that impacts on their relationships, particularly their sexual relationships. Assessment of personal risk for HIV will be discussed , along with HIV antibody testing. Length of counseling will vary depending upon the individual.
Through ICC's outreach work experience, it has been found that some persons are extremely reluctant to discuss sexual issues with outsiders. This is especially true when they themselves engage in high-risk behaviors, eg. prostitutes. Asian prostitutes have been extremely difficult to talk to, primarily because they want to hide their identity. In such circumstances, it is best to drop off a video cassette which they will be asked to view at leisure and will be collected a week later by the outreach worker during the follow-up visit. This video will feature a simple, informal conversation on all the topics that are covered by an outreach worker during a home-visit. The conversation will start with general health conditions, TB, Hepatitis, Breast cancer(for women clients), general reproductive health, STD's HIV/AIDS. It will also talk about proper condom use, condom negotiation with partners and other safer sexual behaviors. The same will be done in

audio tape so that families without VCR's can at least listen to the conversation. It is highly probable that during follow-ups, these persons will have some questions and will much more open to discussions.

Individual counselling over an extended period of time will :

-help individuals feel more comfortable talking about sex
-allow individuals to assess their risk within the context of their own lives.
-give individuals an opportunity to ask personal questions about safer sex practices and HIV/AIDS , including how to talk to their partner about using condoms.
-foster a trusting relationship between the counselor and the client thereby allowing for the clients "trying out" new ways of communicating with their partner(s) , evaluating, and getting feedback on their successes and failures with negotiating and practicing safer sex.
-assist individuals with the decision to get an HIV antibody test and offer support and assistance for those who test positive
-enable individuals to discuss other issues related to HIV prevention e.g. pregnancy, family planning, sexually transmitted diseases, substance use and abuse.
-allow individuals to discuss their sexual orientation and lifestyle e.g. heterosexual, homosexual, bisexual, married, single, monogamous relationships, multipartner(nonmonogamous) relationships.

Individual counseling will be expanded to include sexual partners or family members, when appropriate. When problems are identified with employment, housing , childcare etc. appropriate referrals will be made to solve those problems. If a client expresses serious mental health concerns such as depression or suicide, referrals will be made to long term treatment or, if they are in crisis, to emergency hospitalization.

Small group Education Intervention. Small group interventions will be utilized as a mechanism for building social norms among targeted groups to 1) counter cultural beliefs that Asians are not at risk for HIV/AIDS. 2) Develop skills on negotiating in sexual situations and 3) promote adoption of safer sex behaviors. The group structure is designed to address the difficulties and resistance the target populations have with discussing sexuality and HIV/AIDS. First, role-playing will be utilized so that participants can "identify" their perspectives with fictional roles created within the group intervention. Second, the sessions will utilize video presentations as an additional mechanism for "de-personalizing" the information being provided. Asian language videos are highly popular among target groups and help in attracting participation. To be sensitive to these issues, emphasis will be placed on building mutual trust and respect among participants so that individuals can interact comfortably.

The venue for this group intervention will be decided by the staff with the input from the participants. It could be at someone's home, at ICC's office or any other hall for social gathering where there is privacy. The intervention consists of two 1.5 hour sessions, involving 6 to 9 participants. The first session will focus on basic information on

reproductive health, HIV and safer sex practices. The second session will explore feelings, communication skills, role-playing and negotiation.

Small Group education will:

-increase knowledge about HIV/AIDS and modes of transmission
-Increase knowledge about safer sex practices
-stimulate discussion on issues of sexuality, relationships, and communication
-help to make HIV epidemic more real to the target populations and break down denial
-give individuals an opportunity to develop and practice positive negotiation and problem solving skills

Referrals: The two interventions will support and enhance each other e.g., individuals will be referred to individual risk reduction counselling from the small group education sessions and vice-versa.

PROJECT OBJECTIVES

The following objectives outline the project plan. The major activities are outlined in the plan of operation.

Objective 1. By the end of the project year atleast 500 asians (Vietnamese, Cambodian, Lao , Indians and Pakistanis,asian gay/bisexual) will be reached (through home visits, street outreach, bar outreach) with HIV/AIDS prevention education.

Objective 2. By the end of the project year, conduct 25 small group HIV risk reduction interventions reaching 100 to 200 persons targeting asians in the following sub-groups: gay/bisexual, men, youth, women.

Objective 3. By the end of the project year, take atleast 50 asian gay/bisexual men for HIV antibody testing to local and government health clinics, provide support and appropriate referrals.

Plan of Operation

Month 1 : Recruit personnel and identify training services for the staff. Train the staff.

The months 2 through 12 will be spent on carrying out the project objectives and goals.

Objective 1: By the end of the project year atleast 500 Asians (Vietnamese, Cambodian, Lao, Indians and Pakistanis, asian gay/bisexual) will be reached with HIV/AIDS prevention education.

Outreach staff will start conducting home, street and bar outreach from month 3.

Brochures, pamphlets will be distributed. One-on-one counselling or 2 or 3 family members (example parents will be given one session and their children another session) will be addressed at the same time. This will be a more conducive and comfortable situation for everybody to ask questions and voice their opinions.

Major activities will be -

1. Develop client monitoring system. Develop procedures for the individual counseling; client intake, ongoing session notes(like basic data on age, ethnicity, marital status, sex, name and address, then questions, concerns and opinions of the client) release forms, charting, records storage.

2. Identify clients and recruit clients for small group education interventions.

3. Monitor client progress. Outreach workers will meet once in two weeks to submit reports to the Coordinator. They will discuss programmatic concerns, trends in client interactions, common strategies, professional development needs etc.

Objective 2 : By the end of the project year conduct 25 small group HIV risk reduction interventions reaching 100 to 200 persons targeting asians in the following sub-groups: gay/bisexual men, youth, and women.

Staff will schedule small group educational interventions during the course of their outreach work with individuals in target groups. Assembled groups, typically 4 to 9 individuals, from the following groups : gay/bisexual asian men and their non-asian partners, women identified at disproportionate risk (with recurrent STD's , prostitutes etc), out-of-school youth (with a priority focus on gang youth and youth involved in drinking and other substance abuse behaviors). Groups will be comprised of individuals from the same language-specific subgroups; mixing of demographic categories is not conducive to open interaction among participants.

The standard curriculum for small group interventions will include two sessions, each 1.5 hour long. The first session will focus on facts about HIV/AIDS and risk reduction practices. A video presentation will be used as an introduction to the topic. The facilitator will then talk about specific issues like the etiology, modes of transmission and prevention. There will be a break for an hour for refreshments and networking among participants and staff. The second session will involve role-playing, with a focus on establishing mechanisms for 1) developing skills on sexual decisionmaking and 2) social norms about the risk of HIV/AIDS for Asians and safer behaviors.

Major Activities

1. Develop curriculum for the small group education intervention.
The staff and the coordinator will meet with other community agency staff to get ideas

and then develop a curriculum. Identify and collect educational materials and videos, identify locations for sessions and recruit clients in Month 2.

2. Conduct sessions. Targeted subgroups to meet include:

gay/bisexual men - Conduct at least 5 small group education interventions. Attendance for each should be between 4 to 9 persons.

youth - Conduct at least 8 small group meetings (2 each for gang-members, alcohol or other substance abusers and out-of-school youth).

women - Conduct at least 8 small group interventions targeting different subgroups(Amerasian women, sex industry workers, other women determined to be at high risk). Attendance for each will be 4 to 9 women.

Objective 3. By the end of the project year, take atleast 50 asian gay/bisexual men for HIV antibody testing to local or government health clinics, provide support and appropriate referrals.

Through outreach at gay bars and sex clubs, outreach staff will talk to individuals , recruiting people for small group intervention and convincing them to get tested for HIV antibody. Once a person has been identified for testing, he will be given all information on testing procedures, anonymous testing sites, etc. If required, outreach staff will take the person to these testing sites and provide support. Then, during the waiting time for results (usually 2 to 3 days), the staff will counsel him on the possibilities and how to cope with the result, if positive, and advice him to get re-tested,if negative. Following the test results, appropriate referrals will be made. If positive, he will be given a list of service providers dealing with HIV positive and AIDS patients, provide emotional support and if possible,help him with any other services. If negative, staff will perform follow-up visits after 6 months reminding him about safe sex behaviors and convince him to take another test. If the individual is interested, he will be introduced to AFW and GAPIN members and also recruited for small group education intervention.

In addition the gay/bisexual outreach workers and the Program Coordinator will try to collaborate with Asians and Friends of Washington to form a support group. This support group will help individuals about the test procedures, results, provide emotional support and strength to cope with the result, if required, talk with family members or partners of the persons for support and understanding.

CONFIDENTIALITY GUIDELINES

Strict measures will be utilized to ensure confidentiality for individuals participating in either one or both of the interventions. Client data will be collected by the outreach staff

and unusual cases will be only be discussed in staff meetings to the extent to problem solve and share information that all outreach staff need to be aware of; this information will not be shared with other ICC staff.

REFERRALS

Referrals will be made to a wide variety of available community programs and services, both government and nonprofit agencies. Current ICC experience shows that transportation is a key barrier to clients in accessing services. Resources are requested to enable outreach workers to provide limited transportation for clients when appropriate.

Referral sources are as follows:

-Local health Departments - STD, family planning, pediatric, well baby, general medicine clinics, mental health clinics - Alexandria (VA) Health Dept, Arlington County (VA) Health Department, District of Columbia Agency for HIV/AIDS, Fairfax county Health Dept., Montgomery County (MD) Health Department, Prince George's County (MD) Health Dept;
- Planned Parenthood of Metropolitan Washington Clinics;
- Gay/Bisexual Asian organizations like AFW and GAPIN
- Asian organization- Korean Community Service Center
- Asian Mental Health organization like Multicultural Service Center
- AIDS service organizations- Whitman-Walker clinic, D.C. Council on AIDS, Northern Virginia AIDS coalition
- Local free clinics- Washington Free clinic
-Local social service organizations - substance abuse clinics,unemployment offices, Medicaid, welfare, homeless and battered women's shelters.
ICC programs - English as a Second Language (ESL) classes, Immigration and Naturalization(INS) agency desk, community workshops and presentations;
-D.C. Office of Refugee Resettlement

Staff Training on HIV/AIDS Prevention, STD's, TB, and Referrals

Current outreach staff are already trained in basic HIV/AIDS training, opportunities will be identified for refresher courses, updating, and new intervention strategies. ICC will work with the following agencies to provide staff training; Whitman Walker clinic AIDS educator training, D.C. Women's council on AIDS, American Red Cross, AIDS education outreach training offered by local and state health departments; and training on local referral sources (in-house staff, Ryan White Care consortium, and WACHIVIY).

EVALUATION

Process evaluation will be conducted to assess effectiveness of both interventions(small

group education and risk reduction counseling); measure client satisfaction with the interventions,describe problems that affected planning and implementation of interventions(e.g. recruiting clients, hiring and training staff); and document numbers of clients served.

Quality Assurance and Monitoring Procedures

For small group education interventions:

Facilitator evaluation forms will be designed to collect qualitative information on group education sessions (common themes, major concerns, areas of resistance, attitudes about discussing condom use, communication skills). This information will be compiled on monthly basis by the program coordinator and shared with staff; then it will be analyzed for inclusion in to the report to Grantor.

For risk reduction counseling intervention:

A meeting with the program coordinator will be required by each of the outreach workers. Besides this, there will be one staff meeting at the end of each month to discuss cases, concerns like barriers to establishing counseling relationships, difficult"hard to reach" clients, and tally statistics. Notes will be taken by the staff and compiled to send to the grantor along with reports.
Periodic review of client records to assess quality and completeness will be done by the Coordinator.

PERSONNEL AND STAFFING PLAN

Description of proposed positions

Project Coordinator. The Project Coordinator, under the supervision of the Executive Director of ICC, will administer all activities to ensure that objectives are met in a timely manner; supervise the outreach staff, report on all activities to the Grantor; meet with community AIDS organizations to establish and maintain collaborative efforts. The person will also be responsible for day-to-day management and coordinate all activities. With the help of the outreach staff, he/she will develop evaluation instruments, , develop forms for collecting statistics, develop curricula for small group education intervention, gather relevant material from various agencies, chair all staff meetings and network with the community.

The Project Coordinator will spend 80% of her time on this project, performing the activities described above. The amount requested for the salary is $23,200.00 for the project year(1 year).

Outreach Workers. Nine part-time outreach workers will be used on this project.

O.W.1	-	Bilingual Vietnamese (english and Vietnamese)
O.W.2	-	Bilingual Cambodian (english and Khmer)
O.W.3	-	Bilingual Lao (english and Lao)
O.W.4&5	-	Bilingual Indian/Pakistani (english and Hindi)
O.W.6&7	-	Persons who have good contacts with asian out-of-school youth, asian gang members and other asian youth with alcohol or substance abuse behaviors.
O.W.8&9	-	Gay/Bisexual asian men who have good contacts with the sub-population.

Outreach workers will undergo training in the first month. They will be responsible for carrying out outreach activities to homes, schools, streets, gay bars, asian grocery stores and other shopping centers, and provide HIV/AIDS prevention education. They will conduct small group education interventions, keep client records make referrals, report activities to Project Coordinator and share information with other outreach staff.

The Project requires two outreach staff for the Hindi speaking communities of Indians and Pakistanis. Because this is a new endeavor, more effort and networking will be required for this group. Therefore, two persons (one Indian and one Pakistani) would be necessary for outreach activities.

The outreach workers will work for 10 hours per week at the rate of $14 per hour for 50 weeks.

A few of our current outreach staff will be hired for this project and there will be 4 new recruits. They are all bilingual and have already had extensive training in HIV/AIDS and public health. The resumes of those persons are included in the attachments.

BUDGET JUSTIFICATION

PERSONNEL : $ 89,224.00

Project Coordinator: $29,000.00 ($29,000.00 @ 80% = $23,200)

Outreach workers : $70,000 ($14 per hour for 10 hours per week for 50 wks. = $7,000.00 x 9 workers = $63,000)

1 Part-time Business Manager : $ 3,024.00 . He will work at the rate of $14 per hour for 18 hours per month for 12 months.

Payroll Taxes: $2,000.00 (FICA and Unemployment Insurance)

Fringe Benefits : $3,200.00 (Health benefits, Pension and Work compensation)

Travel : $ 2,476.00

Out-of-state travel: $ 1,200

Travel for program Coordinator for The National Skills Building Conference and another conference on AIDS in minority communities. Costs include transportation and hotel costs of $500 and per diem of $30 / day x 3 days= $ 90. Total of $ 590 per trip.

Local Travel: $1,276.00

Travel for 9 persons by automobile @ $0.24 for 50 miles per month x 12 months = $1,276.00

Supplies : $ 1,820.00

Office Supplies: $ 720.00

Office supplies are charged at a monthly rate of $60/month x 12 months to cover xerox and computer paper, printer ribbons and cartridges, pens, calendars, easel papers, name tags, charts, files and other supplies as needed.

Educational supplies : $ 1,100.00

Condoms are bought at a wholesale rate of $ 50 per month x12 mos = $ 600. Condoms will be distributed during outreach work, as well during small group presentations. They

will also be distributed when ICC participates in different health care fairs etc.

Funds are also requested to purchase relevant educational materials and videos, at $500 maximum estimated cost.

Contractual : $ 2,000.00

Training Consultants : $ 2,000.00

Staff training on individual risk reduction counseling and small group facilitation is requested. Estimated costs for the training will be $ 2,000.00 . Bids will be solicited from different agencies.

Printing : $1,000.00

Reprinting of AIDS educational materials ICC has already developed will cost $1,000.00

Telephone/Fax : $ 600.00

Telephone and fax costs are estimated based on prior program budgets at $50 per month x 12 mos, totaling $ 600.00

Postage : $ 480.00

Postage costs are estimated at $40 per month for 12 months, totaling $480.00. Postage fees are needed for correspondents, dissemination of materials, mailing reports, and project operation

Other :

Outreach and meeting costs : $ 1,500.00

These costs involve refreshments for small group sessions , booth fees for youth and women's health fairs, other health fairs.

TOTAL DIRECT COSTS : $ 104,300.00

INDIRECT COSTS : $ 0.00

TOTAL REQUESTED : $ 104,300.00

THE WHITE HOUSE

WASHINGTON

May 11, 1994

Ms. Samarpita Das
HIV Program Director
Indochinese Community Center
1628 16th Street, N.W., Third Floor
Washington, D.C. 20009

Dear Ms. Das:

Thank you for sharing with me information about the Indochinese Community Center (ICC) and its activities with the Southeast Asian community in the Washington, D.C. Metropolitan Area. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV and provide care for those living with HIV.

I will not be able to answer in the affirmative to your request for funding. The Office of National AIDS Policy, which coordinates the implementation of policies in the areas of prevention, services and research, does not carry out programmatic activities of its own and does not provide grant funding. Although we can assist in directing individuals to sources of Federal funding, we do not make determinations as to whether a particular program should be funded. It is my understanding that you have already talked on the telephone with Carlos Vélez, J.D., of my office, and he gave you some information on sources of funding that you may be able to access. I hope that information was useful to you.

Again, thank you for sharing your information. I wish you continued success in your endeavors.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Indochinese Community Center
ศูนย์กลางชุมชนไทยลาวอินโดจีน
Trung Tâm Cộng Đồng Đông Dương
មជ្ឈមណ្ឌលសហគមន៍ឥណ្ឌូចិន

March 30, 1994

Carlos
Draft reply

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17Th St, NW
Suite 1060
Washington DC 20503

Dear Ms. Gebbie;

I am writing you this letter with a lot of hope that you and your office will be able to help the HIV /AIDS prevention services of Indochinese Community Center.

As you may be aware, the Indochinese community comprises mostly of recent immigrants and refugees. As of November 1991, Indochinese refugees in DC totalled 3,000. Maryland and Virginia refugee population as of 1991 total 11,700 and 25,000 respectively. It is almost evident that recent surveys will show much higher numbers for this community. Due to barriers like language, culture, lack of understanding of the US health care system, this community has a lot of difficulty in accessing mainstream health services. ICC's HIV/AIDS prevention and education program began in 1989, with funds from Meyer Foundation, Centers for Disease Control, and some other grants from County Health Departments. ICC provides STD, HIV/AIDS prevention services in the D.C. metro area to the minority Asian communities of Vietnamese, Amerasians, Laotians and Cambodians. Besides HIV, we also provide information on Tuberculosis, Hepatitis B , contraception, immunization and Sexually Transmitted Diseases. With the support of the community leaders and our strong commitment to this project, we have been very successful in educating more than 5,000 recent immigrants, refugees and settled Asian families about HIV infection in a culturally and linguistically appropriate manner. Currently there are 33 Asian and Pacific Islander men who are HIV positive in this area. Although, this is a gross underestimate of the actual numbers, still we are confident that it documents the success of our prevention education in the three high-risk communities. But recently, with the focus of the grantors shifting to the high incidence populations of African Americans and Hispanics, it is getting very difficult to obtain funds for the continuation of our much needed services to the Asian minority community.

In November, 1993, we had submitted an unsolicited proposal on HIV/AIDS prevention and education to the Public Welfare Foundation. And the Foundation granted $50,000 for the project. The project aims to provide STD/HIV prevention services to Amerasians, Vietnamese, Cambodians, Laotians, Indians and Pakistanis in the D.C. area. Since the grant is a matching grant, ICC needs to raise $25,000 from other sources before April 1, 1994 to meet the requirements. Enclosed please find copies of the letters from Public Welfare Foundation explaining the terms and conditions of the grant. Since then, we have sent our proposal to several National and Regional Foundations, but have received disappointing letters saying that the project does not fall under their priority criteria for the moment. The funds required in this case will provide supplemental support to a program. We know that the Asian minority community of this area need the valuable services of ICC. We not only educate people from these communities about the disease, but have also worked as a liaison between the local and county health clinics and our clients for various other services like HIV antibody testing, STD tests, counselling for substance abuse and other mental health problems.

I sincerely hope that your Office can provide some help to continue our HIV/AIDS prevention program. Enclosed please also find a copy of the proposal. If you have any questions, please call me at (202) 462-4330.

Thank you.

Sincerely,

Samarpita Das

Samarpita Das
HIV Program Director

Enclosures:

Public Welfare Foundation

funding a world of change

November 24, 1993

Mr. Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th Street, NW
Washington, DC 20009

Dear Mr. Chaleunrath:

This letter is to clarify the terms of the $50,000 grant recently awarded to the Indochinese Community Center by the Public Welfare Foundation.

The first half of the grant ($25,000) is an outright award, which will be paid in December, 1993. The second half of the grant ($25,000), is to be matched by funds raised from other sources with a deadline of April 1, 1994. Payment will be issued once the match has been met.

Once again, we express our support for the important work of your organization in providing HIV/AIDS education and prevention services to the Vietnamese, Laotian, Cambodian, Indian, and Pakistani communities in the D.C. metropolitan area.

Sincerely,

Jodi Williams
Grants Manager

2600 Virginia Avenue, NW Suite 505 Washington, DC 20037-1977 202-965-1800

ABSTRACT

This proposal for $ 104,300.00 is being submitted by the Indochinese Community Center (ICC) for funding of HIV/AIDS prevention in the Washington,D.C. area, targeting Asians determined to be at disproportionate risk for HIV. ICC is a current recipient of CDC AIDS prevention funds which finishes in September, 1993.

This proposal seeks to move beyond current outreach education efforts, which are one-time interactions providing basic AIDS information, to more individualized, long-term approaches. The goals are to provide decision-making skills on sexual behavior and establish social norms on safer behavior. This proposal will also broaden its target population to the Hindi-speaking minorities of Indians and Pakistanis of the Washington D.C. and Virginia area. It has been estimated that there are more than 3,000 Indian and Pakistani residents in this area, and there is no language or culture specific education provided to this population. The recent immigrants are generally of low socio-economic status and low-English-proficient. The target population subgroups will include gay and bisexual men, youth, and women from the Cambodian, Laotian, Vietnamese, Hindi-speaking Indian and Pakistani communities.

Two risk reduction interventions are proposed: small group education interventions and individual risk reduction counselling. D.C. area Asian communities are evidencing risky behaviors that put them at disproportionate risk for HIV and sexually transmitted diseases(STD's). Low rates of condom use, sexual exploitation , alcohol and other drug use are the key indicators of risk identified by the ICC HIV outreach workers over the past four years. These risk indicators, along with language and cultural norms that do not encourage open discussion of sexuality, contribute to the challenges of reaching the Asian community with accessible and effective HIV prevention messages.

ICC is the only agency in the Washington area providing AIDS-related services to the Indochinese Asian communities. A wide range of other services are provided by ICC including immigration services and assistance, emergency food and clothing distribution, English as a Second Language (ESL) classes, job counselling and placement. citizenship training, and crisis intervention.

Founded in 1978, ICC's mission is to provide services to the refugees and immigrants in order to promote survival and self-sufficiency., while maintaining dignity and self-respect. ICC now serves all recent immigrants and refugees to this country. Both the majority of the staff members as well as the Board of Directors represent the different racial and ethnic minority populations with which ICC works.

ICC will coordinate activities with area state and local health departments(i.e. D.C., Arlington county, Alexandria, Fairfax County, Montgomery county, and Prince George's County) as follows: health Department training for ICC staff, health department review of ICC's proposed intervention curricula, health department referrals to the ICC program, and referrals of ICC clients to health department services.

TARGET POPULATION

The Washington metropolitan area has the sixth largest Asian community in the nation, an estimated 35,000 individuals. The majority are recent immigrants to the U.S. The Indochinese people represent the largest community of Asians in the D.C. area, including 22,000 Vietnamese, 6,000 Laotians and 5,500 Cambodians. The estimated number of Indians and Pakistanis in the area is more than 3,000.

Culturally distinct from East Asians (Chinese, Japanese,Korean), the Indochinese are among the poorest and most disaffected Asian populations to come to the U.S. In the mid 1970's, the rise of communism in Laos, the Khmer Rouge in Cambodia, and the war in Vietnam led to a mass exodus of people which is still occurring. Since 1988, about 3,000 Amerasians have come to the D.C. area. Indians and Pakistanis, on the other hand have a different pattern of immigration. Twenty years back when Indians and Pakistanis immigrated to this country, they were mostly highly educated and skilled workers. There were doctors, engineers,scientists and other skilled mechanics. But recent migrants are less skilled, from low-socioeconomic backgrounds and with low literacy level. Due to the economic and political upheavals in their own countries, families have migrated in search of better livelihood.

Resettlement in the U.S. has broken down traditional social structures and cultures. Formerly unified communities now live as ethnic minorities dispersed in low income neighborhoods in the D.C. area. The family structure has been affected and the youth are confused and struggling to adapt to the new environment while preserving their own cultural norms.

AIDS cases among Asians. Out of 5,470 reported AIDS cases in the Washington metropolitan area, 32 are among Asians. Data are not available on HIV infection rates among Asians. Nationally, from 1991-1992, Asians and Pacific Islanders experienced the largest percent increase in AIDS cases of any ethnic/racial category- 9.7%. The majority of Asian AIDS cases (73%) are among Gay/Bisexual males. ICC has identified 3 Asians who are HIV positive but refuse to accept any help or referrals for treatment. As of February 1994, there are 33 cases of HIV infection in Asian Pacific Islander community of the District.

Subgroups at Disproportionate Risk. Through ICC's CDC outreach work, gay and Bisexual men, youth, and women in D.C. area Asian communities have been identified as evidencing risky behaviors that put them at disproportionate risk for HIV/AIDS and STDs. These subgroups are primarily Vietnamese(Amerasians) Cambodian, and Laotian, Indian , Pakistani youth and women ,and Asian gay and bisexual men. Low rates of condom use, sexual exploitation,alcohol and other drug use are key indicators of risks identified by ICC HIV outreach workers by observational analysis over the past four years.

AMERASIANS. Amerasians are the children of Vietnamese mothers and American fathers. In Vietnam, they experience much oppression and discrimination. Many are denied education and forced to make living on the streets. They have low literacy levels, high rates of substance abuse, many are victims of sexual exploitation. Upon coming to the U.S., the exploitation and low status doesn't end. Years of rejection in Vietnam have made Amerasians vulnerable; many cope with their social isolation by being sexually active and equating sex with love. Amerasian women are at high risk because Asian men treat them as more sexually available than other Asian women. Significantly, a prostitution ring of Amerasian and other Indochinese women exists in the Virginia suburbs.

Gay/Bisexual Men. the D.C. area's growing population of gay/bisexual asians is becoming more open. Two gay Asian groups Asians and Friends of Washington (AFW) and Gay Asian Pacific Islander Network (GAPIN) have been formed. Between 125 to 150 gay and bisexual Asian men belong to these groups; over half the membership of these groups is Indochinese.
This community, however, is not always receptive to HIV prevention messages.The knowledge level about unsafe behaviors attributing to transmission of HIV infection has gone up, but it is very hard to say that correct and consistent use of condoms has also gone up. ICC's experience in conducting outreach to this community, mostly through the bars, has revealed that this subpopulation is saturated with information and other educational information. It seems to be more important now, to convince and assist them in getting tested, provide emotional support during and after the waiting time for results, then make proper referrals based on the results of the test. This is important because even though they have the right prevention information, HIV outreach workers report that unprotected anal intercourse continues to be widespread and casual sexual encounters are common, along with alcohol and other drug use, particularly in area discos. Asian men are often powerless in situations where they are economically dependent upon their partners (caucasian or other) , are submissive, and rarely practice safer sex.

Youth. Young asians are faced with two very different worlds. They are exposed to the new ways of America, yet isolated within the old traditional cultures. Conflict arises as these young people try to "fit in" to new communities.

The stereotype of Asian teens is that they move on to college. In D.C. however, an increasing number are dropping out of school. For Amerasian girls, sexual activity is high as patterns of exploitation established in Vietnam re-emerge. Young men from poor neighborhoods tend to have behavior problems in school primarily because language creates a significant barrier to communication and education; most schools don't have bilingual staff. The other problem has been the urge to disobey and disregard parents traditional and orthodox approach about sexuality. Youngsters, under the pressure, are at a higher rusk for indulging in sexual activities which might have serious consequences. ICC HIV outreach workers report a growing number of Asian youth who hang out and engage in heavy drinking and marijuana use. Most Asian teens reportedly have sex

without using condoms. Asians gangs are also on the rise in Arlington and Fairfax counties in Virginia and are increasingly associated with drug trade. ICC has been successful in contacting some of the members and ICC will expand its work with them in this proposed project.

Women. Asian women continue to occupy a lo w status in Asian culture. Men typically treat them as property within marriages. Extramarital affairs are common among the Asian men, often with prostitutes and some with Amerasian girls. Unstable and exploitive marriages are especially evident among the latest wave of Vietnamese immigrants because many of the men were political prisoners and away from their wives for extended periods of time. Women generally have very low knowledge on sexual issues and reproductive health. Most of them know about condoms but are afraid to ask their husbands or partners to use them.

NEEDS ASSESSMENT

Current HIV Prevention Efforts targeting Asians. ICC is the only agency in the Washington metropolitan area providing AIDS-related services to the Asian communities. One other agency, the Korean Community Service Center has recently established an AIDS education program in 1992 to serve the area's korean population.
ICC's current educational activities are: door-to-door outreach(to women), bar outreach and networking within gay Asian support groups; networking with key contacts in affected communities(youth); small group educational sessions(mostly one-time interventions); video presentations and educational brochures and pamphlet distribution.

Asian focused HIV/AIDS prevention activities provided by local and state health departments in the region are coordinated through ICC. Currently ICC receives $15,437 from the Arlington County to provide serves in the County and $ 25, from the Fairfax county for similar educational activities in the county.

Barriers to HIV prevention Efforts among Asians. In its work with n its work with the Indochinese populations since 1989, ICC has identified several barriers, including a tendency to be self-contained and not open to the outsiders , multiple languages and culture, and biases toward HIV/AIDS because of its association with sexual promiscuity, with gay/bisexual men and drugs. Homosexuality violates the cultural standard and social obligation of continuation of the family line through marriage and child bearing. Cultural norms also exist on not bringing shame or discredit to the family.

Unmet HIV prevention needs. The focus of ICC's initial HIV/AIDS educational efforts was to increases knowledge about HIV/AIDS and to develop positive attitudes to change behavior and prevent exposure to HIV. Subsequent efforts focussed on raising awareness within specific Indochinese groups, particularly youth.

The Hindi -speaking communities of Indians and Pakistanis in the metropolitan area have never been reached with educational information on STD's or HIV/AIDS. ICC perceives this as a major unmet need especially because the size of this minority population is not small. Also because they have limited resources, therefore they have no other source of information. ICC's current HIV/AIDS Program Director has been talking to the Indian and Pakistani community of the metropolitan area and has found they all see a pressing need for HIV educational services for their communities.
ICC's efforts to reach the community with an HIV prevention message have been limited because of the barriers described above.. ICC has learned that raising community awareness is not likely to result in behavioral changes unless social norms are changed and skills are developed on sexual decisionmaking. The experience of ICC's outreach teams has led to a redirecting of efforts toward more individualized and repeat interventions. This proposal seeks to build upon these efforts with the addition social norms about safer behaviors.

The asian gay/bisexual men feel the need for a support group where they can express their fears and concerns and ask questions about getting the HIV test. This is very important, because ICC frequently receives calls from anonymous asian gay/bisexual men who want to get tested for they fear having contracted AIDS after unprotected anal sex. These individuals are very frantic, extremely scared, and need someone to speak to, preferably in their own language. Several times, our outreach staff had to provide interpretation services during test procedures for Vietnamese and other asian clients.

PROGRAM PLAN

Overview of Proposed Risk Reduction Intervention

ICC proposes to target gay/bisexual men, youth, and women in the Vietnamese, Lao, Cambodian, Indian and Pakistani communities. Two interventions will be offered: individual risk reduction counselling (one-on-one counseling) and small group education. These interventions are selected because of the strong societal taboos and norms related to sexuality and relationships in the Asian cultures. Sexuality is not openly discussed. Intimate, informal and private settings are preferred for such discussions. ICC's past efforts of peer education have not been very successful and effective as hoped, for two reasons. First, the societal norms and taboos regarding sexuality make it difficult to discuss sexuality and HIV because it is hard to establish trust in one-time interactions that are typical of current outreach efforts. Secondly, ICC's peer educators have had limited success because Asian societies regard the opinions of elders and authority figures as more reliable.

ICC outreach workers have good access to Asian clients for several reasons. Community members are well aware of ICC's programs and services. Recent immigrants are particularly receptive to interacting with Asians in their native tongue; ICC staff are

multilingual and multicultural.

The interventions have three goals:1) Personalizing HIV/AIDS among the target populations and breaking down cultural denial;2) Educating the target populations about HIV/AIDS and prevention skills and negotiating behaviors and 3) Developing a social norm of safer behavior. For each of the targeted populations, special focus will be placed on :

-Gay/Bisexual Men: denial about AIDS, eroticizing safer sex, economic and emotional dependence on non-Asian men,abuse.

-Youth: STD's, denial, feelings of invulnerability, the "it can't happen to me" philosophy, abstinence, sexual decision making, skills
-Women:STD's, reproductive health, empowerment, negotiation about sexual issues, denial, abuse, children.

The interventions require enhancement of existing staff skills. Training will be given to all outreach staff.

DESCRIPTION OF RISK REDUCTION INTERVENTIONS

Individual Risk Reduction counselling Intervention: Individual counselling will be utilized as a mechanism to personalize the HIV epidemic for individuals in the target populations to 1) break down Asian cultural denial; 2) enable self-assessment of risk;3) develop skills in sexual negotiation and decision making; and 4) promote adoption of safer sex behaviors.
This intervention will be applied during home visits, bar outreach or any other suitable place where a person feels comfortable (eg. Eden Shopping center).
For this intervention, emphasis will be placed on helping individuals examine how they communicate with others and how that impacts on their relationships, particularly their sexual relationships. Assessment of personal risk for HIV will be discussed , along with HIV antibody testing. Length of counseling will vary depending upon the individual.
Through ICC's outreach work experience, it has been found that some persons are extremely reluctant to discuss sexual issues with outsiders. This is especially true when they themselves engage in high-risk behaviors, eg. prostitutes. Asian prostitutes have been extremely difficult to talk to, primarily because they want to hide their identity. In such circumstances, it is best to drop off a video cassette which they will be asked to view at leisure and will be collected a week later by the outreach worker during the follow-up visit. This video will feature a simple, informal conversation on all the topics that are covered by an outreach worker during a home-visit. The conversation will start with general health conditions, TB, Hepatitis, Breast cancer(for women clients), general reproductive health, STD's HIV/AIDS. It will also talk about proper condom use, condom negotiation with partners and other safer sexual behaviors. The same will be done in

audio tape so that families without VCR's can at least listen to the conversation. It is highly probable that during follow-ups, these persons will have some questions and will much more open to discussions.

Individual counselling over an extended period of time will :

-help individuals feel more comfortable talking about sex
-allow individuals to assess their risk within the context of their own lives.
-give individuals an opportunity to ask personal questions about safer sex practices and HIV/AIDS , including how to talk to their partner about using condoms.
-foster a trusting relationship between the counselor and the client thereby allowing for the clients "trying out" new ways of communicating with their partner(s) , evaluating, and getting feedback on their successes and failures with negotiating and practicing safer sex.
-assist individuals with the decision to get an HIV antibody test and offer support and assistance for those who test positive
-enable individuals to discuss other issues related to HIV prevention e.g. pregnancy, family planning, sexually transmitted diseases, substance use and abuse.
-allow individuals to discuss their sexual orientation and lifestyle e.g. heterosexual, homosexual, bisexual, married, single, monogamous relationships, multipartner(nonmonogamous) relationships.

Individual counseling will be expanded to include sexual partners or family members, when appropriate. When problems are identified with employment, housing , childcare etc. appropriate referrals will be made to solve those problems. If a client expresses serious mental health concerns such as depression or suicide, referrals will be made to long term treatment or, if they are in crisis, to emergency hospitalization.

Small group Education Intervention. Small group interventions will be utilized as a mechanism for building social norms among targeted groups to 1) counter cultural beliefs that Asians are not at risk for HIV/AIDS. 2) Develop skills on negotiating in sexual situations and 3) promote adoption of safer sex behaviors. The group structure is designed to address the difficulties and resistance the target populations have with discussing sexuality and HIV/AIDS. First, role-playing will be utilized so that participants can "identify" their perspectives with fictional roles created within the group intervention. Second, the sessions will utilize video presentations as an additional mechanism for "de-personalizing" the information being provided. Asian language videos are highly popular among target groups and help in attracting participation. To be sensitive to these issues, emphasis will be placed on building mutual trust and respect among participants so that individuals can interact comfortably.

The venue for this group intervention will be decided by the staff with the input from the participants. It could be at someone's home, at ICC's office or any other hall for social gathering where there is privacy. The intervention consists of two 1.5 hour sessions, involving 6 to 9 participants. The first session will focus on basic information on

reproductive health, HIV and safer sex practices. The second session will explore feelings, communication skills, role-playing and negotiation.

Small Group education will:

-increase knowledge about HIV/AIDS and modes of transmission
-Increase knowledge about safer sex practices
-stimulate discussion on issues of sexuality, relationships, and communication
-help to make HIV epidemic more real to the target populations and break down denial
-give individuals an opportunity to develop and practice positive negotiation and problem solving skills

Referrals: The two interventions will support and enhance each other e.g., individuals will be referred to individual risk reduction counselling from the small group education sessions and vice-versa.

PROJECT OBJECTIVES

The following objectives outline the project plan. The major activities are outlined in the plan of operation.

Objective 1. By the end of the project year atleast 500 asians (Vietnamese, Cambodian, Lao , Indians and Pakistanis,asian gay/bisexual) will be reached (through home visits, street outreach, bar outreach) with HIV/AIDS prevention education.

Objective 2. By the end of the project year, conduct 25 small group HIV risk reduction interventions reaching 100 to 200 persons targeting asians in the following sub-groups: gay/bisexual, men, youth, women.

Objective 3. By the end of the project year, take atleast 50 asian gay/bisexual men for HIV antibody testing to local and government health clinics, provide support and appropriate referrals.

Plan of Operation

Month 1 : Recruit personnel and identify training services for the staff. Train the staff.

The months 2 through 12 will be spent on carrying out the project objectives and goals.

Objective 1: By the end of the project year atleast 500 Asians (Vietnamese, Cambodian, Lao, Indians and Pakistanis, asian gay/bisexual) will be reached with HIV/AIDS prevention education.

Outreach staff will start conducting home, street and bar outreach from month 3.

Brochures, pamphlets will be distributed. One-on-one counselling or 2 or 3 family members (example parents will be given one session and their children another session) will be addressed at the same time. This will be a more conducive and comfortable situation for everybody to ask questions and voice their opinions.

Major activities will be -

1. Develop client monitoring system. Develop procedures for the individual counseling; client intake, ongoing session notes(like basic data on age, ethnicity, marital status, sex, name and address, then questions, concerns and opinions of the client) release forms, charting, records storage.

2. Identify clients and recruit clients for small group education interventions.

3. Monitor client progress. Outreach workers will meet once in two weeks to submit reports to the Coordinator. They will discuss programmatic concerns, trends in client interactions, common strategies, professional development needs etc.

Objective 2 : By the end of the project year conduct 25 small group HIV risk reduction interventions reaching 100 to 200 persons targeting asians in the following sub-groups: gay/bisexual men, youth, and women.

Staff will schedule small group educational interventions during the course of their outreach work with individuals in target groups. Assembled groups, typically 4 to 9 individuals, from the following groups : gay/bisexual asian men and their non-asian partners, women identified at disproportionate risk (with recurrent STD's , prostitutes etc), out-of-school youth (with a priority focus on gang youth and youth involved in drinking and other substance abuse behaviors). Groups will be comprised of individuals from the same language-specific subgroups; mixing of demographic categories is not conducive to open interaction among participants.

The standard curriculum for small group interventions will include two sessions, each 1.5 hour long. The first session will focus on facts about HIV/AIDS and risk reduction practices. A video presentation will be used as an introduction to the topic. The facilitator will then talk about specific issues like the etiology, modes of transmission and prevention. There will be a break for an hour for refreshments and networking among participants and staff. The second session will involve role-playing, with a focus on establishing mechanisms for 1) developing skills on sexual decisionmaking and 2) social norms about the risk of HIV/AIDS for Asians and safer behaviors.

Major Activities

1. Develop curriculum for the small group education intervention.
The staff and the coordinator will meet with other community agency staff to get ideas

and then develop a curriculum. Identify and collect educational materials and videos, identify locations for sessions and recruit clients in Month 2.

2. Conduct sessions. Targeted subgroups to meet include:

gay/bisexual men - Conduct at least 5 small group education interventions. Attendance for each should be between 4 to 9 persons.

youth - Conduct at least 8 small group meetings (2 each for gang-members, alcohol or other substance abusers and out-of-school youth).

women - Conduct at least 8 small group interventions targeting different subgroups(Amerasian women, sex industry workers, other women determined to be at high risk). Attendance for each will be 4 to 9 women.

Objective 3. By the end of the project year, take atleast 50 asian gay/bisexual men for HIV antibody testing to local or government health clinics, provide support and appropriate referrals.

Through outreach at gay bars and sex clubs, outreach staff will talk to individuals , recruiting people for small group intervention and convincing them to get tested for HIV antibody. Once a person has been identified for testing, he will be given all information on testing procedures, anonymous testing sites, etc. If required, outreach staff will take the person to these testing sites and provide support. Then, during the waiting time for results (usually 2 to 3 days), the staff will counsel him on the possibilities and how to cope with the result, if positive, and advice him to get re-tested,if negative. Following the test results, appropriate referrals will be made. If positive, he will be given a list of service providers dealing with HIV positive and AIDS patients, provide emotional support and if possible,help him with any other services. If negative, staff will perform follow-up visits after 6 months reminding him about safe sex behaviors and convince him to take another test. If the individual is interested, he will be introduced to AFW and GAPIN members and also recruited for small group education intervention.

In addition the gay/bisexual outreach workers and the Program Coordinator will try to collaborate with Asians and Friends of Washington to form a support group. This support group will help individuals about the test procedures, results, provide emotional support and strength to cope with the result, if required, talk with family members or partners of the persons for support and understanding.

CONFIDENTIALITY GUIDELINES

Strict measures will be utilized to ensure confidentiality for individuals participating in either one or both of the interventions. Client data will be collected by the outreach staff

and unusual cases will be only be discussed in staff meetings to the extent to problem solve and share information that all outreach staff need to be aware of; this information will not be shared with other ICC staff.

REFERRALS

Referrals will be made to a wide variety of available community programs and services, both government and nonprofit agencies. Current ICC experience shows that transportation is a key barrier to clients in accessing services. Resources are requested to enable outreach workers to provide limited transportation for clients when appropriate.

Referral sources are as follows:

-Local health Departments - STD, family planning, pediatric, well baby, general medicine clinics, mental health clinics - Alexandria (VA) Health Dept, Arlington County (VA) Health Department, District of Columbia Agency for HIV/AIDS, Fairfax county Health Dept., Montgomery County (MD) Health Department, Prince George's County (MD) Health Dept;
- Planned Parenthood of Metropolitan Washington Clinics;
- Gay/Bisexual Asian organizations like AFW and GAPIN
- Asian organization- Korean Community Service Center
- Asian Mental Health organization like Multicultural Service Center
- AIDS service organizations- Whitman-Walker clinic, D.C. Council on AIDS, Northern Virginia AIDS coalition
- Local free clinics- Washington Free clinic

-Local social service organizations - substance abuse clinics,unemployment offices, Medicaid, welfare, homeless and battered women's shelters.
ICC programs - English as a Second Language (ESL) classes, Immigration and Naturalization(INS) agency desk, community workshops and presentations;
-D.C. Office of Refugee Resettlement

Staff Training on HIV/AIDS Prevention, STD's, TB, and Referrals

Current outreach staff are already trained in basic HIV/AIDS training, opportunities will be identified for refresher courses, updating, and new intervention strategies. ICC will work with the following agencies to provide staff training; Whitman Walker clinic AIDS educator training, D.C. Women's council on AIDS, American Red Cross, AIDS education outreach training offered by local and state health departments; and training on local referral sources (in-house staff, Ryan White Care consortium, and WACHIVIY).

EVALUATION

Process evaluation will be conducted to assess effectiveness of both interventions(small

group education and risk reduction counseling); measure client satisfaction with the interventions,describe problems that affected planning and implementation of interventions(e.g. recruiting clients, hiring and training staff); and document numbers of clients served.

Quality Assurance and Monitoring Procedures

For small group education interventions:

Facilitator evaluation forms will be designed to collect qualitative information on group education sessions (common themes, major concerns, areas of resistance, attitudes about discussing condom use, communication skills). This information will be compiled on monthly basis by the program coordinator and shared with staff; then it will be analyzed for inclusion in to the report to Grantor.

For risk reduction counseling intervention:

A meeting with the program coordinator will be required by each of the outreach workers. Besides this, there will be one staff meeting at the end of each month to discuss cases, concerns like barriers to establishing counseling relationships, difficult"hard to reach" clients, and tally statistics. Notes will be taken by the staff and compiled to send to the grantor along with reports.
Periodic review of client records to assess quality and completeness will be done by the Coordinator.

PERSONNEL AND STAFFING PLAN

Description of proposed positions

Project Coordinator. The Project Coordinator, under the supervision of the Executive Director of ICC, will administer all activities to ensure that objectives are met in a timely manner; supervise the outreach staff, report on all activities to the Grantor; meet with community AIDS organizations to establish and maintain collaborative efforts. The person will also be responsible for day-to-day management and coordinate all activities. With the help of the outreach staff, he/she will develop evaluation instruments, , develop forms for collecting statistics, develop curricula for small group education intervention, gather relevant material from various agencies, chair all staff meetings and network with the community.

The Project Coordinator will spend 80% of her time on this project, performing the activities described above. The amount requested for the salary is $23,200.00 for the project year(1 year).

Outreach Workers. Nine part-time outreach workers will be used on this project.

O.W.1	-	Bilingual Vietnamese (english and Vietnamese)
O.W.2	-	Bilingual Cambodian (english and Khmer)
O.W.3	-	Bilingual Lao (english and Lao)
O.W.4&5	-	Bilingual Indian/Pakistani (english and Hindi)
O.W.6&7	-	Persons who have good contacts with asian out-of-school youth, asian gang members and other asian youth with alcohol or substance abuse behaviors.
O.W.8&9	-	Gay/Bisexual asian men who have good contacts with the sub-population.

Outreach workers will undergo training in the first month. They will be responsible for carrying out outreach activities to homes, schools, streets, gay bars, asian grocery stores and other shopping centers, and provide HIV/AIDS prevention education. They will conduct small group education interventions, keep client records make referrals, report activities to Project Coordinator and share information with other outreach staff.

The Project requires two outreach staff for the Hindi speaking communities of Indians and Pakistanis. Because this is a new endeavor, more effort and networking will be required for this group. Therefore, two persons (one Indian and one Pakistani) would be necessary for outreach activities.

The outreach workers will work for 10 hours per week at the rate of $14 per hour for 50 weeks.

A few of our current outreach staff will be hired for this project and there will be 4 new recruits. They are all bilingual and have already had extensive training in HIV/AIDS and public health. The resumes of those persons are included in the attachments.

BUDGET JUSTIFICATION

PERSONNEL : $ 89,224.00

Project Coordinator: $29,000.00 ($29,000.00 @ 80% = $23,200)

Outreach workers : $70,000 ($14 per hour for 10 hours per week for 50 wks. = $7,000.00 x 9 workers = $63,000)

1 Part-time Business Manager : $ 3,024.00 . He will work at the rate of $14 per hour for 18 hours per month for 12 months.

Payroll Taxes: $2,000.00 (FICA and Unemployment Insurance)

Fringe Benefits : $3,200.00 (Health benefits, Pension and Work compensation)

Travel : $ 2,476.00

Out-of-state travel: $ 1,200

Travel for program Coordinator for The National Skills Building Conference and another conference on AIDS in minority communities. Costs include transportation and hotel costs of $500 and per diem of $30 / day x 3 days= $ 90. Total of $ 590 per trip.

Local Travel: $1,276.00

Travel for 9 persons by automobile @ $0.24 for 50 miles per month x 12 months = $1,276.00

Supplies : $ 1,820.00

Office Supplies: $ 720.00

Office supplies are charged at a monthly rate of $60/month x 12 months to cover xerox and computer paper, printer ribbons and cartridges, pens, calendars, easel papers, name tags, charts, files and other supplies as needed.

Educational supplies : $ 1,100.00

Condoms are bought at a wholesale rate of $ 50 per month x12 mos = $ 600. Condoms will be distributed during outreach work, as well during small group presentations. They

will also be distributed when ICC participates in different health care fairs etc.

Funds are also requested to purchase relevant educational materials and videos, at $500 maximum estimated cost.

Contractual : $ 2,000.00

Training Consultants : $ 2,000.00

Staff training on individual risk reduction counseling and small group facilitation is requested. Estimated costs for the training will be $ 2,000.00 . Bids will be solicited from different agencies.

Printing : $1,000.00

Reprinting of AIDS educational materials ICC has already developed will cost $1,000.00

Telephone/Fax : $ 600.00

Telephone and fax costs are estimated based on prior program budgets at $50 per month x 12 mos, totaling $ 600.00

Postage : $ 480.00

Postage costs are estimated at $40 per month for 12 months, totaling $480.00. Postage fees are needed for correspondents, dissemination of materials, mailing reports, and project operation

Other :

Outreach and meeting costs : $ 1,500.00

These costs involve refreshments for small group sessions , booth fees for youth and women's health fairs, other health fairs.

TOTAL DIRECT COSTS : $ 104,300.00

INDIRECT COSTS : $ 0.00

TOTAL REQUESTED : $ 104,300.00

These are responses from some of the Foundations/Trusts we had submitted our request to. We still have not heard from several others, namely The Ford Foundation, Agency for HIV/AIDS, Washington DC, Rockefeller Foundation etc.

THE PEW CHARITABLE TRUSTS

One Commerce Square
2005 Market Street, Suite 1700
Philadelphia, Pennsylvania 19103-7017

Telephone: 215.575.9050
Facsimile: 215.575.4939

March 16, 1994

Mr. Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th Street, N.W.
Washington, DC 20009

Reference log no.: 94-00787

Dear Mr. Chaleunrath:

Thank you for sending a request for funding and for providing a description of the activities you plan to undertake.

The Health and Human Services program staff has given careful consideration to your request within the context of our funding priorities. We have valued the opportunity to learn about your endeavors, and appreciate the time and effort you spent in preparing your request. Unfortunately, however, we are not able to respond positively to your funding request. This decision stems not from any concerns about your planned activities, but rather because your request does not fall within our current guidelines or program priorities that direct our grantmaking activities. Specifically, we are not able to consider providing support for AIDS-related efforts other than certain activities in Philadelphia and surrounding Pennsylvania counties.

I regret that we are not able to be of assistance, and hope that you are successful in finding the support you need from other sources.

Sincerely,

Carolyn H. Asbury
Director, Health and Human Services Program

CHA/ram

AT&T FOUNDATION

Milton J. Little, Jr.
Vice President
Health & Human Services

Room 3112
1301 Avenue of the Americas
New York, NY 10019
212 841-4662
FAX 212 841-4683

February 16, 1994

Mr. Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th Street, N.W.
Washington, DC 20009

Dear Mr. Chaleunrath:

Thank you for your letter and materials requesting AT&T Foundation support HIV/AIDS prevention and education programs among Asians.

As you may know, the AT&T Foundation has provided leadership in the corporate community's support of AIDS-related programs. Each year, AT&T supports many AIDS service and education projects across the United States. Additionally, each year the Foundation contributes nearly $7 million to United Ways across the nation, including the United Way of the National Capital Area. Local agencies share in the Foundation's United Way contributions. This level of support to the United Way, and our extensive commitments to AIDS projects prevent us from assisting all the worthwhile organizations that are brought to our attention.

I am sorry my response cannot be more encouraging. Please accept our best wishes for your important work.

Sincerely,

Milt J. Little Jr.

THE AARON STRAUS & LILLIE STRAUS
Foundation INC.
101 W. MT. ROYAL AVENUE
BALTIMORE, MARYLAND 21201

November 23, 1993

Vilay Chaleunrath, Executive Director
Indochinese Community Center
1628 16th Street, N.W.
Washington, D.C. 20009

Dear Ms. Chaleunrath:

The Straus Foundation is unable to consider your grant request as our guidelines restrict us to funding primarily in the Baltimore metropolitan area.

Sorry we are unable to help.

Sincerely,

Jan Rivitz/dp

Jan C. Rivitz
Executive Director

/dp

UNITARIAN UNIVERSALIST
VEATCH PROGRAM AT SHELTER ROCK

48 Shelter Rock Road, Manhasset, NY 11030
516-627-6576

February 1, 1994

Ms Vilay Chaleunrath
Indochinese Community Center
1628 16th Street NW
Washington, DC 20009

Dear Ms. Chaleunrath:

We have completed our review of your proposal dated November 8, 1993, requesting support for the HIV/AIDS prevention project. We regret that we will not be able to provide financial assistance.

As you might imagine, the Veatch Program receives many more proposals than we are able to fund. Limited resources and our own institutional priorities make it necessary for us to turn down many requests which we consider to be worthwhile.

We wish you luck, both in your work and in securing funding from other sources.

Sincerely,

Jan Fellenbaum
Grants Administrator

jnf

THE
ROBERT WOOD
JOHNSON
FOUNDATION

January 21, 1994

Vilay Chaleunrath
Executive Director
Indochinese Community Center
1628 16th St., N.W.
Washington, DC 20009

Reference: I.D. #23753

Dear Mr. Chaleunrath:

Our Program Staff has now had an opportunity to review your inquiry concerning the possibility of Foundation support for an HIV/AIDS prevention program for high-risk Asian subgroups in the Washington, D.C. metropolitan area. Unfortunately, I have to give you a negative response. Despite its obvious importance, the project you described for us does not fall sufficiently within our current program strategies that we could be of help to you, and I am sorry.

I hope through other potential sources you are successful in obtaining the support you are seeking. We appreciate having heard from you and your interest in the Foundation.

Sincerely,

Edward H. Robbins
Proposal Manager

EHR:tss

THE EDUCATIONAL FOUNDATION
OF AMERICA

Thank you for sending us information about your organization. Unfortunately, the Foundation does not have sufficient funds to meet all of the worthy requests we receive. We regret to inform you that your request has not been selected for support at this time.

Although EFA cannot be of assistance, we do wish you every success in securing the necessary funds from other sources.