FOIA Number: 2018-0756-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3773

FolderID:

Folder Title:
Briefing on USCM [United States Conference of Mayors] Study on Men of Color 4/12/94

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	4	2

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

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

Deliver To: Steve Lee

RECEIVED
MAR 21 1994

Sent From:

____ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

X Carlos Velez, HIV/AIDS Prevention

Number of Pages: 2 + Cover Fax Number: _____ Date: _____

Message:

Scheduling request.

Do you need an original mailed to you (per your instructions on meetings)?

4/12 @ 2-3:30p

March 18, 1994

Carlos Velez
National AIDS Program Office
200 Independence Avenue, NW
Room 738-G
Washington, DC 20210

Dear Carlos,

Per our telephone discussion of March 17, I am writing to inquire about the possibility of meeting with you and Kristine Gebbie, Director of the National AIDS Policy Office (NAPO), regarding policies pertaining to the HIV-prevention activities targeting gay and bisexual men of color. As you know, the U.S. Conference of Mayors (USCM) and the U.S. Conference of Local Health Officers (USCLHO) recently released its report Assessing the HIV-Prevention Needs of Gay and Bisexual Men of Color. The report has received tremendous support from the gay and bisexual men of color community and from experts in the research field.

The suggested dates for this meeting would be Wednesday, April 6, from 3:00 to 4:30 p.m., or April 7 from 9:00 to 10:30 a.m., the latter date being more ideal.

Tentatively, we would like to accomplish the following objectives: 1) officially present the USCM/USCLHO report to NAPO staff; 2) discuss the report's policy implications for implementing HIV-prevention programs targeting gay and bisexual men of color; 3) discuss how the report can fit into NAPO's policy coordination activities; and 4) discuss how NAPO, USCM/USCLHO and the gay and bisexual men of color community can work together to design and implement policies to increase and/or enhance HIV/AIDS prevention services for gay and bisexual men of color. There may be a total of five individuals participating in this meeting representing the four racial and ethnic groups assessed in the report and the entities that were involved in the needs assessment process.

Please do not hesitate to call me at (202) 293-7330 ext 146, or at (202) 393-7038 after 5:00 p.m. if you have any questions. I look forward from hearing your response about this proposed meeting and thank you for your support and assistance.

Sincerely,

Richard Tagle

3/21/94

TO: Carlos Ulloa

FR: Richard Tajo

# of pages: 2 incl. cover

Carlos,

as you requested...

RT

CHICAGO
LOS ANGELES
NEW YORK
OKLAHOMA CITY
SAN JUAN

Assessing the HIV-Prevention Needs of Gay and Bisexual Men of Color

United States Conference of Mayors

The United S[illegible] Conference of Local Health Officers

[illegible]ng Provided By The Centers For Disease Control and Prevention

EXECUTIVE SUMMARY

The Centers For Disease Control and Prevention (CDC) reports that as of June 30, 1993 there were more than 61,700 diagnosed cases of AIDS among gay and bisexual men of color, including those identified as injecting drug users (IDUs). This total accounts for about 20% of all cumulative cases of AIDS through June 30, 1993.[1] Prevention efforts to stop the spread of HIV and slow the progression of the disease among infected individuals have not had an impact on gay and bisexual men of color to the degree that they have on white gay and bisexual men, and therefore newly diagnosed cases of AIDS among gay and bisexual men of color are increasing as a percentage of all newly diagnosed cases of AIDS among men who have sex with men, regardless of race. Men of color account for over 32% of cumulative diagnosed cases of AIDS (through June 30, 1993) among men who have sex with men. However, among cases reported to the CDC in the twelve months previous to June 1993, men of color account for nearly 35% of all AIDS cases diagnosed among men who have sex with men.

It is essential that we begin to understand the impact of HIV on gay and bisexual men of color, determine the availability and accessibility of services, and how to respond to the epidemic within these populations. A better understanding of these issues will make it possible to design, fund and implement programs which may help prevent HIV infection in these populations.

IMPACT OF HIV/AIDS

AIDS has had a devastating impact on gay and bisexual men of color. Gay and bisexual men of color represent the largest proportion of diagnosed AIDS cases in specific racial/ethnic categories in most of the cities assessed.[2]

Specifically, as of June 1993:

- In Chicago, about 69% of AIDS cases among African American men are among men who have sex with men (including IDUs), and 71% of cases among Latino/Hispanic men are among men who have sex with men (including IDUs);
- In Los Angeles, 76% of AIDS cases among African American men, 80% of cases among Latino men, 86% among Asian and Pacific Islander men and 80% among Native American men involve sexual contact between men;

[1] There were a total of 315,390 cumulative AIDS cases as of June 30, 1993 according to CDC's *HIV/AIDS Surveillance Report* issued July 1993.

[2] Surveillance data gathered from quarterly and/or monthly reports issued by the respective local, or state, health department.

- In New York City, 37% of AIDS cases among African American men, 38% among Latinos, 75% among Asian and Pacific Islander men, and 41% among Native Americans are among men who have sex with men, including those who inject drugs;
- In Oklahoma City, it is estimated that of the 104 officially reported cases among Native American males, 75% occurred among men who have sex with men. Throughout the State of Oklahoma, 67% of cumulative AIDS cases involve men who have sex with men;[3] and
- In the San Juan Metropolitan Statistical Area (MSA), about 25% of cumulative AIDS cases are among men who have sex with men, including those who inject drugs.

In Chicago, Los Angeles and New York, high rates of STDs are also widespread in communities of color. The rates per 100,000 men for syphilis and gonorrhea are particularly high among African American men, including those who have sex with men, and among those in the 13-19 year old bracket.

Of the 285 men interviewed for this study in five cities:

- About 213, or 75%, have been tested for HIV, and of these 43, or 20%, said they had been diagnosed as seropositive. Twenty-four percent of those diagnosed as seropositive said they were living with AIDS;
- More than 80%, or 230, were very knowledgeable about HIV transmission. Despite this high knowledge of risk of HIV, however, more than 20% had engaged in unprotected anal intercourse and 65% had engaged in unprotected oral intercourse during the previous six months; and
- Thirty, or over 10%, had engaged in vaginal intercourse and of these, 21, or almost 70%, did not use a condom.

Program Availability and Funding Patterns

In the five cities surveyed, primary HIV prevention programs do not adequately meet the needs of gay and bisexual men of color. This is particularly true in cities in which gay men of color communities lack infrastructure, such as identifiable gay minority organizations, networks, support groups, and outreach activities. In cities where local health authorities have weak linkages with gay and bisexual men of color, few prevention services specifically for gay and bisexual men of color are available.

[3] The City-County Health Department of Oklahoma County does not collect HIV/AIDS surveillance data. All surveillance data are gathered by the Oklahoma State Health Department.

With approximately one-third of total cumulative AIDS cases among men who have sex with men, including IDUs, occurring among men of color in the five cities, funding for prevention programs specifically targeting this population usually ranged from 1.0% to 13% of total available city or county prevention funds. Specifically:

- In Chicago, the first grant awarded by the local health department to a gay-identified, gay-operated minority organization for HIV prevention activities exclusively targeting gay and bisexual men of color was not made until March 1993 and totaled only $50,000;
- In Los Angeles, only 13% of total county prevention funds expended from 1990-92 was specifically for gay and bisexual men of color;
- In New York City, only 8% of total city prevention funds between 1990 and 1992 was expended for gay and bisexual men of color;
- The local health department in Oklahoma City/County does not provide grants or contracts to community organizations. The Oklahoma State Health Department reported that $45,000, or 3% of the total, was expended in 1992 for HIV prevention services targeting gay and bisexual men of color; and
- In Puerto Rico, of the total island-wide funds distributed in 1992 by the Central Office on AIDS and Communicable Diseases, 11.6% was awarded to three organizations with specific programs targeting gay and bisexual populations and men who have sex with men. Two of these organizations are located within the San Juan metropolitan area.

Specific prevention programs for gay and bisexual men of color are frequently small in terms of staff and funding levels, although there are notable exceptions where there are programs run by and for gay men of color. In larger metropolitan cities such as Los Angeles and New York, these programs are part of a network or consortium sharing resources and information and thereby providing a kind of infrastructure.

The majority of well-funded programs specifically for gay and bisexual men of color are, nevertheless, provided by large, established organizations or agencies which are not located or based within the communities of gay and bisexual men of color. They are mostly based within the white gay or ethnic non-gay communities and, for a variety of reasons, including weak linkages to the target community and a lack of culturally-sensitive staff, are not often well received by gay and bisexual men of color.

While all the gay and bisexual men of color communities receive inadequate prevention services, the Asian and Pacific Islander and Native American communities generally receive the least. Providing services for Asian and Pacific Islander communities is complicated by the wide range of language and cultural diversity, issues of acculturation, assimilation and the general lack of established gay Asian and Pacific Islander groups that provide HIV-related services.

Prevention efforts among "two-spirited"[4] Native Americans are frequently relegated to the Indian Health Service (IHS) with totally inadequate results since IHS has no HIV prevention program for gay and bisexual men.

Primary HIV prevention programs for adolescent males of color who have sex with other adolescent or older males are virtually non-existent in most cities even though almost 20% of cumulative AIDS cases among men are among those between the ages of 13 and 29, and it is likely that the older men in this group (those between 20 and 29 years of age) were infected with the AIDS virus in their adolescence. This is particularly worrisome because recent evidence suggests that for a variety of developmental reasons, adolescents fail to hear or heed warnings about high-risk sexual behavior. Without adequate prevention programs for this population, the rate of HIV infection among young gay and bisexual men of color is bound to rise quickly.

Primary Prevention Program Accessibility

A variety of factors, including foreign language capabilities, staffing patterns and program location, influence accessibility of primary prevention programs to the various communities of gay and bisexual men of color.

- Primary HIV prevention programs for non-English speaking gays are frequently not available, particularly for people who speak Asian and Pacific Islander languages. These men generally do not seek services or, if they do, they seek services from Asian and Pacific Islander agencies which are not identified as gay or whose mission is not HIV-related. In addition, there is a lack of education materials printed in Asian and Pacific Islander languages.
- Programs generally considered to be the most helpful for HIV prevention among gay and bisexual men of color are those programs run by and for gay men of color. However, as previously mentioned, these programs are frequently small and poorly funded. When they are not available, services are generally provided by gay organizations with few men of color on staff or in positions of leadership, or by ethnic agencies which often have no openly-gay or bisexual men on staff. Gay and bisexual men of color see these programs as much less accessible.

[4] Two-spirited is a traditional term used within the Native American community for persons whose sexual orientation is either gay or bisexual. This term is also used by some non-Native American men in this study to self-define their sexual orientation, and each person's definition may vary.

- Cities with gay enclaves frequently have a number of prevention services within those areas. But gay and bisexual men of color in these cities generally live within ethnic communities as opposed to the area where the gay community is centered. Therefore many gay and bisexual men of color fail to receive these services.

Local Capacity

The HIV primary prevention services provided in the cities surveyed are generally inadequate to meet the needs of their diverse communities of gay and bisexual men of color.

- Gay and bisexual men of color are frequently not targeted for such prevention services as health education, outreach, and testing/counseling. When they are targeted it is generally by small, poorly-funded gay minority programs or larger, white gay established organizations with which gay and bisexual men of color do not identify.
- Local health departments, except for New York, still do not have a specific component addressing the needs of gay and bisexual men of color who comprise a large portion of their cumulative AIDS cases. Local health department involvement is very important to any effort that aims to improve current levels of HIV prevention activity specifically targeting gay and bisexual men of color.
- Except in San Juan, in cities where there are strategic plans for HIV prevention, the needs of gay and bisexual men of color, and especially the gaps in and barriers to services, are but barely touched upon.

Recommendations

- Federal, state and local resources for prevention which target gay and bisexual men of color need to be substantially increased. These funds should be provided specifically to programs developed by and for gay and bisexual men of color. In cities where there is no established infrastructure for gay men of color, seed money and technical assistance in grants writing and program development should be provided to organizations of gay men of color to enable them to start primary HIV prevention programs.
- Funding is needed for the design, testing and evaluation of HIV prevention interventions that incorporate the cultural and behavioral realities of gay and bisexual Puerto Rican men (including men who have sex with men but do not identify as gay), as well as for gay and bisexual men of color in other cities.
- Primary HIV prevention programs operated by established organizations or agencies need gay men of color on staff and in positions of leadership to ensure the use of culturally-appropriate mechanisms of support and outreach.

- HIV prevention materials need to be developed for gay and bisexual men who do not speak English, particularly for those who speak only Asian and Pacific Islander languages.
- Programs for adolescent and young adult men (i.e., 13-21 years old) of color who have sex with other young or older men need urgently to be developed, with input from adolescent and young adult men of color.
- Men of color are generally knowledgeable about HIV transmission and prevention, but many, nonetheless, have negative attitudes towards safer sexual practices. Prevention programs should be highly interactive and engaging, confronting negative attitudes and demonstrating that there are pleasurable safer alternatives to high risk sexual behavior. All HIV prevention efforts must also address the role drugs and alcohol play in HIV transmission.
- Services need to be provided in the neighborhoods where gay and bisexual men of color live. In smaller cities, services may have to be based within ethnic agencies, where safe space could be created for gay and bisexual men of color.
- Local health departments should collaborate with organizations representing gay and bisexual men of color in the design and development of strategies for reaching men who have sex with men but who do not identify as gay or bisexual.
- Additional surveillance information on Asian and Pacific Islander communities should be collected by local and state health departments whose jurisdictions have Asian and Pacific Islander populations of over 0.5% of total population.

Wash Post
Sat 3/12/94

AIDS: Apples, Oranges . . .

THE FEDERAL Centers for Disease Control released the latest figures on new AIDS cases this week. At first glance, they appear to be horrendous, with 103,500 new cases reported in 1993, an increase of 111 percent over the previous year. A more careful reading, however, is much more encouraging because the figures are not based on comparable definitions of the disease.

Until last year, people who were HIV-positive were said to have developed AIDS only when certain kinds of blood infections, Kaposi's sarcoma or any of 21 other conditions were present. In order to get people into AIDS treatment and Social Security disability benefits sooner, however, the definition was expanded to include those who had developed any of four new qualifying conditions: pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer or a drop in CD4 immune cells to a fifth of the level present in healthy individuals. Using this new definition of AIDS was expected to result in a one-time doubling of reported cases in 1993. In fact, the figures turned out to be even higher. But the good news in all this is that if the old definition were still in use, and the statisticians had compared apples with apples, instead of oranges, the number of reported cases would actually have been lower than in recent years—just a little over 48,000 new cases instead of about 50,000.

The new figures also reflect a continuing shift in the demographic pattern of AIDS infection. Nine percent of last year's cases are attributable to heterosexual contact. It will surprise no one to learn that those most at risk are individuals with multiple sex partners who have AIDS or HIV or are intravenous drug users. The disease continues to spread among women, blacks and Hispanics and intravenous drug users. But the proportion of new cases attributable to homosexual contacts continues to decline.

This is best illustrated by figures from San Francisco, a city with the highest rate of HIV infection in the country, where the disease is primarily in the gay community. City health officials say the rate of new infections there peaked in 1992 and has begun to decline. This reflects behavior changes made as long as 10 years ago, for the disease can lie dormant for that long. What made the difference in San Francisco? A well-organized gay community that spurred intensive education and prevention programs. Different populations, particularly those like prostitutes and drug addicts who live on the margins of society, may be more difficult to reach. But it is now clear that intensive education campaigns produce results. They can and should be duplicated nationwide.

. . . And Hecklers

DEALING WITH hecklers on the stump is a relatively new addition to the job description of president, though most politicians below that level have had a taste of the problem. President Clinton, who gets hecklers regularly (in proportion to the unusually large percentage of his time he spends before live audiences), has on several recent occasions handled them with instructive deftness. On his recent New York trip, the president had just such an exchange with a heckler who called him to task with the oft-heard accusation that the government isn't doing enough to combat AIDS, an accusation that, despite wide and legitimate differences of opinion, many officials are wary of contradicting firmly in public because they fear it will appear heartless.

The president's reaction to this particular heckle, by contrast, fits the wider pattern he has been attempting to lay down since well before the election: that of being willing to take on supposed pieties by making clear distinctions. At Brooklyn College, an audience member attacked the president for not supporting an "AIDS Cure Act" introduced by local Rep. Jerrold Nadler, saying that "as you've been speaking, thousands of people across this country and around the world are dying of AIDS. . . . During the campaign you promised . . . to cure AIDS."

The president first answered that he would "be glad to talk to Mr. Nadler about" his bill but that "nobody's ever mentioned it to me before." But rather than letting the subject drop he attacked those who "interrupt my meetings" for "how often you ignore what has been done." TV audiences saw him physically and verbally seize the meeting back from further attempts to break in—"Will you listen to me? I've listened to you"—and go on to cite "the first AIDS czar, the first time we have ever had a really national strategy, dramatic increases in funding in research, dramatic increases in funds to care for people with AIDS, dramatic increases in efforts to prevent AIDS from occurring. We are doing far more than has ever been done before."

Not only was this litany accurate—though there can and will always be arguments over the proper funding levels—it effectively won the room back. Solid answers and presidential assertiveness don't just demonstrate the president's by now exhaustively familiar liking for policy specifics. They remind that some well-worn criticisms aren't unanswerable just because they're repeated at every opportunity, and also that yelling challenges at the president of the United States isn't necessarily a freebie.

Wash Blade 3/11/94

Programs for men of color underfunded

by Sidney Brinkley

SAN FRANCISCO — The first federally financed study of HIV prevention programs that target Gay and bisexual men of color found that efforts aimed at that segment of the population are severely underfunded though they account for nearly 20 percent of all AIDS cases in the United States.

The results of the study, titled "Assessing the HIV-Prevention Needs of Gay and Bisexual Men of Color," was presented Feb. 28 at a joint press conference by the U.S. Conference of Mayors (USCM), the National Task Force on AIDS Prevention (NTFAP), and representatives from A Campaign for Fairness. The Campaign is a national advocacy group of Gay men who first petitioned the Centers For Disease Control and Prevention in 1991 about conducting the study.

The CDC provided over $300,000 for the 14-month long study that examined HIV prevention for African Americans, Latinos, Asian/Pacific Islanders, and Native Americans in five cities: Chicago, Los Angeles, New York City, Oklahoma City, and San Juan, Puerto Rico.

by Kristi K. Gasaway

H. Alexander Robinson, president of the Washington D.C. CARE Consortium

"In the five sites assessed, primary HIV prevention programs do not adequately meet the needs of Gay and bisexual men of color," said Richard Tagle of USCM and project director of the study. "This is particularly true in cities in which Gay and bisexual men of color communities lack infrastructure, such as identifiable Gay minority organizations, networks, support groups, and outreach activities."

The study found that while men of color who have sex with other men comprised one-third of the cumulative AIDS cases, funding for prevention programs for them ranged from one percent to 13 percent of the available city or county HIV prevention funds.

"This report underscores what we have seen across the country for years in this pandemic," said Steve Lew, executive director of the Gay Asian Pacific Islander Community HIV Project in San Francisco. "Federal and local governments have ignored or underfunded appropriate HIV prevention programs targeting men of color. This situation must change. We need

Continued on page 18

Virginia legislature

National News

HIV programs for men of color underfunded

Continued from page 1

an increased federal commitment to prevention funds and to community planning which includes Gay men of color."

Specifically, the survey found that, as of June 1993: • In Chicago, where Gay men are 69 percent of the AIDS cases among African American men and 71 percent of the cases among Latino men, it wasn't until March 1993 that a grant of $50,000 was awarded to a Gay-operated minority organization and was to be used exclusively for black Gay or bisexual men.

• In New York City, where Gay men of color comprise 24 percent of the adult male AIDS cases, between 1990 and 1992, only eight percent of total city prevention funds went to programs reaching Gay and bisexual men of color.

• In Los Angeles City/County, within racial/ethnic groups, men who have sex with men comprise approximately 80 percent of the AIDS cases but received only 13 percent of prevention funds.

• In San Juan, Puerto Rico, 79 percent of all persons with AIDS are men. Twenty-three percent were men who had sex with other men. Of the HIV prevention funds distributed in 1993, 11.6 percent was awarded to organizations targeting the Gay/bisexual population.

However, funding was not the only problem the study uncovered.

"We found that a variety of factors affected the accessibility of prevention programs to the various communities of Gay and bisexual men of color," said Gil Gerald, president of Gil Gerald & Associates, the Principal Investigator for the Needs Assessment. "These include language capability, staffing patterns, and location. Such factors were not well addressed or not addressed at all by the few funded programs."

In addition, within the Gay men of color population, the study found that Asian/Pacific Islanders and Native Americans are faring worse than African Americans and Latinos.

"Some cities do not collect specific surveillance information on these communities and most lump them in an 'Other' category," Tagle noted. "Providing services for Asian and Pacific Islander communities is complicated by the wide range of language and cultural diversity and the general lack of established Gay Asian Pacific Islander groups that provide HIV related services. HIV prevention efforts among Gay and bisexual Native Americans are frequently relegated to the Indian Health Service (IHS), with totally inadequate results, since IHS has no HIV prevention program for Gay and bisexual men."

by Doug Hinckle

"We found that a variety of factors affected the accessibility of prevention programs to the various communities of Gay and bisexual men of color," said Gil Gerald.

Among the recommendations made by the study was the request that federal, state, and local funding for HIV prevention programs targeting Gay and bisexual men of color be substantially increased, that agencies with already established prevention programs place Gay men of color on staff and in positions of leadership, and that HIV prevention material be developed for Gay and bisexual men who do not speak English.

It was repeatedly stressed that the information and the recommendations found in the study were not new.

"This is the same information that Gay men of color advocates throughout the country have been giving to national minority organizations, to white Gay AIDS organizations, and to the federal policy makers for the past ten years," commented Mario Solis-Marich of LLEGO, the national Gay Latino organization.

Other than recommending a general increase in HIV prevention funds, the study did not request a specific dollar amount. However, if their requests for more funding have been ignored in the past, the activists were asked why should local and national policy makers listen to them now?

"There's certainly no guarantees," said H. Alexander Robinson, president of the Washington D.C. CARE Consortium. "We were constantly asked where was the study, where was the information, to back up our claims. This report used the same approach that policy makers use all the time to make their decisions. By speaking in their language, we hope to have some influence over how they make those decisions. The report was a direct result of the activism of a small group of Gay men of color who said, 'we've had enough.' This study is the line of demarcation."▼

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

CHICAGO
LOS ANGELES
NEW YORK
OKLAHOMA
SAN JUAN

Assessing the HIV-Prevention Needs of Gay and Bisexual Men of Color

The United States Conference of Mayors
The United States Conference of Local Health Officers

Funding Provided By The Centers For Disease Control and Prevention