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Subseries:

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AIDS 101 Training, May 11, 1994

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THE WHITE HOUSE

WASHINGTON

April 14, 1994

MEMORANDUM

TO: Jo Boufford
Marty Davis
Patsy Fleming
Phil Lee

FROM: Kristine Gebbie

SUBJECT: Meeting with gay, lesbian, bi-sexual youth

As we agreed in our February 28, 1994 meeting, I met with gay, lesbian and bi-sexual youth in New York City on HIV/AIDS prevention programs. The summary of that meeting is attached. In addition, I am attaching a document, "Issues of Concern to Bi, Gay, Lesbian, and Transgender Youth," that the students prepared in advance of the meeting.

I am looking forward to getting together to pool our ideas on where to go next.

Attachments

THE WHITE HOUSE

WASHINGTON

April 14, 1994

MEMORANDUM

TO: Jo Boufford
Marty Davis
Patsy Fleming
Phil Lee

FROM: Kristine Gebbie W. Steve Lee for

SUBJECT: Meeting with gay, lesbian, bi-sexual youth

On March 23, 1994, I met in New York City with a group of gay and lesbian youth, and two service providers who work with these young people. The group had been gathered, at my request, by a staff member of NYC Schools who works regularly with HIV prevention programs and HIV+ young people in the city. The stated agenda was for the group to tell me the concerns of gay and lesbian youth with regard to HIV prevention, and for them to make suggestions about what changes, additions, improvements in programs would make a difference for them.

Attached is a listing of issues identified by some of the meeting participants in advance; the overall theme is one of needing recognition and inclusion in programs and program development.

To elaborate on the points raised:

1. Young people need to be included in decision-making roles with regard to the programs designed to serve them. They are increasingly impatient with being handed services and programs designed by adults which don't quite deliver what is needed. This inclusion is an important support for what is in fact the basic concern, that of self-esteem and self-worth. There are too many messages of lack of value coming to gay and lesbian youth; being ignored in service development simply adds to that burden. As a related point, if support services are not freely offered, they may not be used because those most in need lack sufficient self-esteem to seek them out.

2. The issues of cultural and linguistic diversity are at least as important with this age group as they are in general. One example cited of a failure: a spanish/english bi-lingual school in which 90% of HIV information is available in

English only, despite the fact that most of the students are more comfortable communicating in Spanish.

3. Peer education is an extremely valuable outreach effort and should be continued and expanded.

4. Education on diversity (including sexual orientation), and respect for diversity must be more widely available and required for all who will be working with young people. Staff of group homes/foster homes were cited as being in particular need of this type of education.

5. Young people need safe places where information and support are readily available. They need to know laws on non-discrimination, and on the protection of minors, will be respected and enforced.

6. In developing HIV-specific programs, attention should be paid to theories and models for behavior change that focus on individuals AND those which focus on communities and community norms -- both are very important to young people.

Few of the issues raised were actually HIV-specific, though there was discussion that being an HIV+ gay or lesbian young person made an individual extremely vulnerable to discrimination, abuse, and neglect. It was clear that programs that tried to address HIV services or prevention which did not acknowledge this context would not be well-received, and would probably not be successful.

Attachment

NYC
focus group
4/94

"ISSUES OF CONCERN TO BI,GAY,LESBIAN, & TRANSGENDER YOUTH"

A) A COALITION: for youth, by youth, to help youth with issues of Importance to them. The ultimate purpose of this coalition is to channel funding for more housing, H.I.V./A.I.D.S preventive services, jobs, counseling services, and more CBO's.

B)STREET OUTREACH PEER INITIATIVES: a peer model seems much more effective as opposed to other CBO'S outreach workers who are predominately grown adults between the ages of 25-40 and only come out at certain times in which, on the other hand, a youth knows the times and places their peers are out and how to communicate with their peers better than any outreach worker. in all out reality peer educators should get paid for the work that we do. It would create a bridge to the "hard to reach" youth out there and raise a conscienceness among the youth about the A.I.D.S. epidemic.

C)YOUTH PROGRAMS: We ,the youth, should have more accessible community centers for us to hold functions in and benefits as well as social gatherings to cover issues and better ways of dealing with them in order for us not to become broken in spirit. It is said that the ruin of a nation begins in the homes of it's people. In all reality that is true.

D) GAY POSITIVE GROUPHOME SETTINGS: No youth ever asks to be in grouphome settings but whatever brought us there we now have to deal with it; and life would be so much easier if grouphome settings could be more gay positive. By downing us and making us think that we're wrong to live amongst the heterosexual population is so harmful to our growth.

need more of these

E)HEALTH PROMOTION: We could use more accessible knowledge about the following.

1)TUBERCULOSIS
2)S.T.D.'s
3)H.I.V./A.I.D.S.
4)NUTRITION
5)MENTAL HEALTH

F)THE RAINBOW CURRICULUM: PEOPLE SHOULD KNOW ABOUT GAYS,

LESBIANS, BISEXUALS AND TRANSGENDERS WE DO EXIST.

poli Maisha Brooklyn William Harvey Milk School

John —

Diana

Bridget

Pauli – Safe Space Shan-Owns. Brooklyn William – aspirating etc

get rid of the stereotyping of HIV as "just" an "X disease"

HIV = self esteem issue

not closing down programs that exist —
youth outreach workers —

Staff need education on sexuality / how to talk
staff of high schools need this —
careful attention to definitions and
how they govern perceptions

Street outreach – peer initiatives

Services & supports absolutely critical before
any discussion of testing

grouphomes / group settings
separation / segregation in psych hospital –
need to know laws will be enforced —

youth decision-making — on programs
directed to them —
education schools —
parental optout / optin – those in custody / group
home – who consents
parents confused – signing "opt out" thinking
they are giving permission

Blame placing –

CDC behavior change theories –
approach as community issues –
looking at individuals separately

Need "respect" rather than tolerance

have norms changed?
more condoms in "risk groups" –
when area is service-starved –
deliberate risk behavior to get access to services.

Just not doing good job getting info to diverse communities –
ex- bi lingual school – 90% AIDS info in English
yet most kids comfortable in Spanish

Peer educators – major stress on abstinence –

Sensitivity training for Congress –

2/

Job Corps - diversity course required
need that for all staff of schools etc
School info - in guidance counselor —
for all "isms" readily available —
guidance counselor should not have to ask before giving
info/help — what about those who
don't have the esteem to get help —
Deal with sexual abuse —
What works =
Order - try to salvage - offer of hope -
had a project to do —
Hedrick Martin
Peer education — becoming me —
Safe space - literal place of safety —
& similar CBO's.

Aspira of NY / GMHC
government $ needed -
CBO training $
Planning councils - include youth

heterosexual youth so gay / lesbians don't feel different
~~getting~~ research on source of homosexuality =
any reply feeds homophobia

agencies having to adapt to the funding (keep the funders
at bay) rather than attention to services
gender identity issues need to be added —

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

PHS AGENCY HEADS
Wednesday, May 11, 1994
9:30 - 11:30 a.m.

Room 716-G, HHH Bldg

OPENING COMMENTS.....Philip R. Lee

HIV/AIDS IN THE WORKPLACE.....Kristine Gebbie
(Attachment A)

INDIAN HEALTH SERVICE AND TRIBAL
RELATIONSHIPS.....Philip R. Lee
(Attachment B1 and B2)

STATUS OF EMPLOYEE BUYOUTS
AND FY 94 AND 95 BUDGET ACTIONS.....Bill Forbush

OPEN DISCUSSION

Attachments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

PHS AGENCY HEADS LIST OF ATTENDEES

Wednesday, May 11, 1994
9:30 - 11:30 a.m.

ASH - Phil Lee

AHCPR - Linda Demlo (Dr. Clinton on travel)

CDC - David Satcher

FDA - Mary Jo Ververka (Dr. Kessler on travel)

HRSA - John Kelso (Dr. Sumaya on travel)

IHS - Michael Trujillo

NIH - Harold Varmus

SAMSHA - Elaine Johnson

SG - Carol Roddy (Dr. Elders attending a hearing)

PDASH - Jo Boufford

DASH - Bill Corr

DASHCO - Marty Davis

DASHMO - Tony Itteilag

AIDS - Kristine Gebbie

OM/OASH - Bill Forbush

NAPO - Art Lawrence

ES - Bob Rickard

OGC - Dick Riseberg

DASHDPHP - Mike McGinnis or Jim Harrell

HCR - Bob Valdez

ATTACHMENT A

THE WHITE HOUSE

WASHINGTON

April 7, 1994

MEMORANDUM TO ALL AGENCY AND DEPARTMENT HEADS

FROM: Kristine Gebbie, National AIDS Policy Coordinator

RE: Recommended Guidelines for Federal Workplace HIV/AIDS Initiative: "AIDS at Work"

The Federal government employs approximately three million people; thousands more are employed by associated contractors. As the shadow of HIV/AIDS spreads across this nation, Federal employees, supervisors, relatives and friends are being affected, and more tragically, infected. The need for compassion and education is critical.

We can ill-afford the economic and emotional damage that HIV/AIDS has upon our employees. Last fall, members of the National Commission on AIDS expressed grave concern in their report, *HIV/AIDS: A Challenge for the Workplace*:

> ". . .at too many work sites managers and employees are in states of denial, complacency, or ignorance -- all of which can have adverse consequences for individuals and organizations." (June E. Osborn, M.D. and David E. Rogers, M.D.)

In late September, as a response to the findings of the National Commission on AIDS, President Clinton mandated Federal HIV/AIDS education for all employees, and an agency/department review of related policies and procedures. This initiative was designed to meet two primary objectives: provide employees with quality HIV/AIDS educational programs, thereby reducing future infections, and ensure that employees with HIV/AIDS, or any life-threatening illnesses, are treated fairly.

The President delegated the coordination and implementation responsibilities of the initiative to the Office of National AIDS Policy. As a result, the attached guidelines were written (1) to clarify educational components and objectives and, (2) to define reporting requirements.

To be successful, this initiative will need collaboration at all levels. As an example, some agencies and departments have already designed their HIV/AIDS programs and are coordinating implementation with other agencies to eliminate duplication and expedite distribution of materials at headquarters and in the regions. Sound support from top management will ensure that quality education programs are delivered to every employee. In turn, employees will become knowledgeable resources for their co-workers, their families, friends and communities.

To assist your organization in this initiative, the Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse is providing additional resource information that can supplement your related HIV/AIDS educational activities. Additionally, the CDC will soon be sending each Department, Agency or Bureau a *Business Responds to AIDS Manager's Kit* in a separate mailing.

At the beginning of this memorandum, I said the nation could not afford this disease. A reporter recently asked one of my staff members, "How much will this cost?" The staff member replied, "How much is a life worth? How do you financially account for the economic and emotional damages of HIV/AIDS on the workplace, its employees, their co-workers, family and friends? How do you total the national and community impact in dollars and cents? To answer you quite simply, we have never been able to afford this disease, much less the extravagance of ignoring it." I agree.

Kristine Gebbie
National AIDS Policy Coordinator

Attachments:

(1) *Recommended Guidelines for Federal Workplace AIDS Initiative, "AIDS AT WORK,"* Office of National AIDS Policy

(2) *AIDS-in-the-Workplace Resource Guide*, CDC National AIDS Clearinghouse

(3) CDC National AIDS Clearinghouse HIV/AIDS Materials

(4) *Guide to Selected AIDS-Related Electronic Bulletin Boards and Internet Resources*, CDC National AIDS Clearinghouse

(5) *Mailing Receipt and Address Confirmation Form*, CDC National AIDS Clearinghouse

(Attachments will be available at the meeting)

ATTACHMENT B.1

3 May 1994

TO: Agency Heads and OASH Offices

FROM: Assistant Secretary for Health

SUBJECT: PHS Relations with Indian Nations

COPIES TO: J. Boufford, W. Corr

Attached are copies of two memos issued by the President on April 29, 1994. The first memorandum concerns governmental relations between the United States Government and Indian Tribal Governments. The second formalizes an executive policy that directs departments and agencies to work with tribal governments to accommodate Indian religious practices to the fullest extent of the law.

Please familiarize yourself with these documents. The implications of these documents for our policies and activities in the PHS will be discussed at our next Agency Head and OASH staff meetings. We will use these discussions to prepare for the "Summit" meeting between PHS leadership and tribal leaders that will take place later in the month. We currently expect each Agency head will be asked to brief tribal leaders on their agencies' activities as they relate to Indian health and health care.

Philip R. Lee, MD

[3] From: VALDEZ (INTERNET.VALDEZ) at SOFTSWITCH 5/2/94 10:14AM (5803 bytes: 12
ln)
To: Susanne Stoiber at ~HHH7, William Corr at ~HHH7
cc: Robert Valdez at ~HHH7, Richard Riseberg at ~HUB, OASH.MDAVIS at SOFTSWITCH
Subject: Perhaps the most important White House memo on Indians
---------- Message Contents ----------
Received: from RAND.ORG by PCC.SSW.DHHS.GOV
(Soft-Switch Central V4L380P3); 02 May 1994 10:14:30 GMT
Received: from monty.rand.org by rand.org with SMTP id AA27362 (5.67a/IDA-1.5 f
RVALDEZ@oash.ssw.dhhs.gov); Mon, 2 May 1994 07:06:11 -0700 Received: from
swift.rand.org by monty.rand.org; Mon, 2 May 94 07:06:10 PDT Received: from loc
by swift.rand.org (4.1/SMI-4.1)
id AA18563; Mon, 2 May 94 07:06:09 PDT
Message-Id: <9405021406.AA18563@swift.rand.org>
To: WCORR@oash.ssw.dhhs.gov, SSTOIBER@oash.ssw.dhhs.gov
Cc: RRISEBER@oash.ssw.dhhs.gov, MDAVIS@oash.ssw.dhhs.gov,
RVALDEZ@oash.ssw.dhhs.gov
Subject: Perhaps the most important White House memo on Indians
Date: Mon, 02 May 94 07:06:07 PDT
From: Robert Valdez <Robert_Valdez@rand.org>

Date: Fri, 29 Apr 1994 17:56-0400
From: The White House <Publications-Admin@whitehouse.gov>
Reply-To: Clinton-Info@campaign92.org
Subject: 1994-04-29 President's Memo on Relations with Tribal Governments
Keywords: Federalism, Government, Memorandum, Organization, President, Regulat
Message-Id: <19940429215617.8.MAIL-SERVER@WRONSKI.AI.MIT.EDU>

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 29, 1994

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Government-to-Government Relations with
Native American Tribal Governments

The United States Government has a unique legal relationship with Native American tribal governments as set forth in the Constitution of the United States, treaties, statutes, and court decisions. As executive departments and agencies undertake activities affecting Native American tribal rights or trust resources, such activities should be implemented in a knowledgeable, sensitive manner respectful of tribal sovereignty. Today, as part of an historic meeting, I am outlining principles that executive departments and agencies, including every component bureau and office, are to follow in their interactions with Native American tribal governments. The purpose of these principles is to clarify our responsibility to ensure that the Federal Government operates within a government-to-government relationship with federally recognized

Native American tribes. I am strongly committed to building a more effective day-to-day working relationship reflecting respect for the rights of self-government due the sovereign tribal governments.

In order to ensure that the rights of sovereign tribal governments are fully respected, executive branch activities shall be guided by the following:

(a) The head of each executive department and agency shall be responsible for ensuring that the department or agency operates within a government-to-government relationship with federally recognized tribal governments.

(b) Each executive department and agency shall consult, to the greatest extent practicable and to the extent permitted by law, with tribal governments prior to taking actions that affect federally recognized tribal governments. All such consultations are to be open and candid so that all interested parties may evaluate for themselves the potential impact of relevant proposals.

(c) Each executive department and agency shall assess the impact of Federal Government plans, projects, programs, and activities on tribal trust resources and assure that tribal government rights and concerns are considered during the development of such plans, projects, programs, and activities.

(d) Each executive department and agency shall take appropriate steps to remove any procedural impediments to working directly and effectively with tribal governments on activities that effect the trust property and/or governmental rights of the tribes.

(e) Each executive department and agency shall work cooperatively with other Federal departments and agencies to enlist their interest and support in cooperative efforts, where appropriate, to accomplish the goals of this memorandum.

(f) Each executive department and agency shall apply the requirements of Executive Orders Nos. 12875 ("Enhancing the Intergovernmental Partnership") and 12866 ("Regulatory Planning and Review") to design solutions and tailor Federal programs, in appropriate circumstances, to address specific or unique needs of tribal communities.

The head of each executive department and agency shall ensure that the department or agency's bureaus and components are fully aware of this memorandum, through publication or other means, and that they are in compliance with its requirements.

This memorandum is intended only to improve the internal management of the executive branch and is not intended to, and does not, create any right to administrative or judicial review, or any other right or benefit or trust responsibility, substantive or procedural, enforceable by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person.

The Director of the Office of Management and Budget is authorized and directed to publish this memorandum in the Federal Register.

WILLIAM J. CLINTON

# # #

------- End of Forwarded Message

DRAFT: For Discussion Purposes ONLY.

ATTACHMENT B.2

NATIONAL SUMMIT ON INDIAN HEALTH CARE REFORM

Location:
Washington, DC

Dates:
May 23-26, 1994

SCHEDULE

MONDAY, May 23

1:00 p.m. to 5:00 p.m.	Briefing and Organizing Session for Summit Sponsoring Organizations and Regional/Intertribal Health Organizations

TUESDAY, May 24

8:30 a.m. to 5:00 p.m.	Concurrent Work Group Sessions on Selected Indian Health Care Topics/Areas and Intertribal or Regional Caucuses
6:00 p.m. to 8:00 p.m.	Welcoming Reception

WEDNESDAY, May 25

8:30 a.m. to 12:00 noon	Presentation and Dialogue on Major Indian Health Care Issues/Concerns With the Administration
1:00 p.m. to 5:00 p.m.	Roundtable Dialogue with all Health-Related Agencies within the Department of Health and Human Services
6:00 p.m. to 8:00 p.m.	Summit Reception (Members of the Administration and Congress will be invited)

THURSDAY, May 26

8:30 a.m. to 12:00 noon	Meeting addressing Indian Health Care Reform with Senate Leadership
1:30 p.m. to 5:00 p.m.	Meeting addressing Indian Health Care Reform with House Leadership

ANNOUNCING

NATIONAL SUMMIT ON INDIAN HEALTH CARE REFORM

MAY 23 - MAY 26, 1994

WASHINGTON, D.C.

In early February 1994, the first in a series of Regional Forums on Indian Health Care Reform was conducted in Albuquerque, New Mexico. Similar forums were conducted at the annual USET meeting in Washington, D.C. in mid-February 1994; in Portland, Oregon in March 1994; and in Billings, Montana in April 1994. The purpose of the forums was to provide the opportunity for tribal leaders and health care providers to meet with Dr. Philip Lee, Assistant Secretary for Health, and senior staff members of the Public Health and Indian Health Services to discuss critical issues in Indian health care, with particular emphasis being given to Indian health care reform. The forum series will culminate with the National Summit on Indian Health Care Reform scheduled to be held in Washington, D.C., May 23-26, 1994.

The final schedule and agenda for the National Summit, which will include briefing, work group and caucus sessions on May 23 and 24 and formal proceedings on May 25 and 26, are in the final drafting stage and will be distributed as soon as possible.

It is strongly recommended that airline and hotel reservations be made as soon as possible. For further general information on the National Summit on Indian Health Care Reform, please contact:

Deanna Martinez
American Indian Resources Institute
(510) 834-9333

Kathy John
National Indian Health Board
(202) 994-1505

Cliff Wiggins
Indian Health Service
(301) 443-7261