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LEADING FOR LIFE

UNIDOS PARA LA VIDA



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May 27, 1998

Greetings everyone!
We wanted to provide an informal update as to where we are in our campaign, *Leading for Life/Unidos Para la Vida.* It's been over three weeks since the meeting at Harvard University and suffice to say that the work has just begun.

The final version of the Call for Action and Proposed Specific Action Steps, which were discussed at the meeting, are completed. You will find both enclosed in this mailing. In addition we have included four press clippings from media coverage on the meeting and an updated Participant's list.

Press Coverage

1. Front page of the May 5 edition of the Miami Herald--coverage of meeting.
2. Living Section of the May 6 edition of the Miami Herald--featuring Rosie Perez.
3. May 8 edition of the Washington Blade--coverage of the meeting.
4. May 7 edition of the Harvard Gazette--coverage of the meeting.

Also:
- HoMo VISIONES in New York is planning to air a 30 minute program featuring the meeting.
- We will keep you updated on continuing press coverage of the meeting and issues.

Network Lists

Who else do we need to involve in our campaign? If you know someone who may want more information about *Leading for Life/Unidos Para la Vida*, you can use the last page in the meeting binder to enter the information. The Network List Form can be mailed or faxed to us.

Continuing updates

We are committed to keeping you updated on what is happening in this campaign, including all of your efforts. These updates may be in the form of mailings or faxes. If you have any specific news that directly relates to *Leading for Life/Unidos Para la Vida* and our Call for Action and Specific Action Steps. please contact us.

Here's how to contact us:

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Again, our sincerest gratitude for your concern, efforts and commitment to taking action against this epidemic that has a grip on our community.

Sincerely,

Dennis deLeon, Esq.
Latino Commission on AIDS

Rafael Campo, MD
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# A CALL FOR MOBILIZING THE LATINO COMMUNITY: LEADING FOR LIFE/UNIDOS PARA LA VIDA

WHEREAS, Latinos constitute 11 percent of the U.S. population but 20 percent of U.S. AIDS cases in 1997 were among Latinos;

WHEREAS, in many states the rate of HIV/AIDS among Latinos is several times higher than for other groups and epidemiologists predict that with current trends Latino AIDS cases will surpass the number for non-Hispanic White cases shortly after the year 2000;

WHEREAS, while other racial/ethnic groups report declines in the number of new HIV infections, the numbers continue to climb in the Latino community;

WHEREAS, every Latino family has been touched by this disease and in some Latino communities in the United States, a whole generation of family members and future leaders have been lost to AIDS; and

WHEREAS, HIV/AIDS has a direct and devastating economic, social, and emotional impact on our communities and families and is inextricably linked to other socioeconomic maladies.

The leaders of *Unidos Para la Vida* declare we will not abandon our family members with HIV/AIDS. Hundreds of thousands of Latinos live with a legacy that cannot be healed. Our shame will kill them. Mobilize!

We call upon all sectors of our Latino community to rise to the challenge and address the health crisis created by AIDS.

We call upon all Latinos to educate themselves on AIDS and to support, develop, and enhance community-based AIDS programs developed by Latinos for their communities at the local level;

We call for renewed initiatives that address the HIV prevention and health care needs of all individuals in the Latino community regardless of sexual orientation, gender and drug use history;

We call upon Latino community leaders to develop strategies to address the health and social needs of the hundreds of thousands of Latinos already infected with HIV and to advocate for increased clinical and behavioral research on prevention programs within Latino communities; and

We call upon the Congressional Hispanic Caucus, in addition to the President and his cabinet, to meet the health, housing, and social service needs of all Latinos with HIV/AIDS, regardless of their immigration status;

We call upon Secretary of Health and Human Services Donna Shalala to declare a national health emergency in the Latino community regarding HIV/AIDS; and

Furthermore, we affirm the need for federal, state, and local governments, and all branches thereof, to address HIV/AIDS in a fair and equitable manner, and to allocate HIV funding to serve the needs of Latinos proportional to their need and level of risk.

We acknowledge the challenge of these difficult issues and we urge all to join us in prayer, education, advocacy, and political action.

Finally, we call upon all Latinos to reach out, hand-in-hand, to others locally and globally, to advocate for, care for, and affirm our commitment to the health of our communities.

Adopted by Latino leaders at the *Unidos Para la Vida* meeting on May 4, 1998, in Cambridge, Massachusetts.

# PROPOSED SPECIFIC ACTION STEPS

## ARTS / ENTERTAINMENT / ATHLETIC LEADERS

Volunteer your name and time to host philanthropic events for organizations targeting HIV/AIDS prevention, education, treatment, and social services for Latinos. Join together in a national philanthropic effort (perhaps simultaneously in Houston, Los Angeles, Miami, and New York) to raise money for specified Latino community-based AIDS organizations.

Use your unique, broad, and powerful influence in the Latino community, particularly with Latino youth, by adopting the AIDS crisis as your battle. Join with local organizations and campaigns to make HIV/AIDS awareness and education a visible and high profile issue. Encourage organizations such as the Screen Actors Guild or Major League Baseball to support AIDS prevention messages and AIDS philanthropies.

Work with the Centers for Disease Control, the National Minority AIDS Council, the Latino Commission on AIDS, and/or other such organizations/agencies to develop (bilingual) PSAs for print, TV, and radio to reach Latino youths in the United States. Ensure that the information being delivered is consistent between English and Spanish language versions.

## BUSINESS LEADERS

Develop comprehensive HIV/AIDS workplace programs and sponsor HIV/AIDS prevention/ education sessions at your business. Programs should be bilingual and bicultural if the composition of your workforce is largely Latino.

Invest in the well-being of your employees and insure that they have adequate health care and prevention/education opportunities for themselves and their families. Develop comprehensive and equitable "return to work" policies and offer insurance programs that provide for treatment and do not discriminate against HIV disability.

Encourage your business to make HIV/AIDS one of the focuses of your corporate giving/ community relations philosophy. Post local organizations that can receive tax-deductible contributions in your company rooms, and offer matching gifts for your employees' donations to AIDS service organizations.

Encourage community volunteerism among your employees. Work in partnership with local AIDS service organizations to set up volunteer teams of employees from your business.

## EDUCATION LEADERS

School education: Review your school's HIV education curriculum with local school officials. Where appropriate, provide bilingual resources or teaching materials for children to take back to their homes. Offer HIV education that takes a broad approach to looking at sexual health. Emphasize skill-building, decision-making, self-esteem, and negotiating safer sex. Incorporate needle exchange, substance use, violence, and condom use issues in a relevant way into the curriculum. Enlist Latino professors and students to hold discussion groups on their university campuses (especially for incoming students) about AIDS in the Latino community. Hold career forums to inform students about career options in medicine, public health, and social services.

Health professions education: Provide continuing education to all health care providers. Enlist the help of Latino health providers in speaking to their communities about HIV/AIDS prevention.

Community education: Develop and support prevention education programs, particularly those programs which are peer-to-peer and are culturally relevant to the target population. Develop resources for parents on how to effectively communicate with their adolescents and with each other.

## FOUNDATION LEADERS

Hold workshops to assist community-based organizations in developing and submitting successful fundraising proposals.

Join the Council on Foundations, Funders Concerned About AIDS, and other philanthropic interests in creating a special committee to address prevention, care, AIDS research, and treatment within communities of color. Hispanic oriented foundations should network with other foundations—such as the Kaiser Family Foundation, the Ford Foundation, and the MacArthur Foundation—to earmark funds for Latino HIV/AIDS prevention and direct care efforts.

Provide financial resources to Latino community based organizations so as to create coalitions and collaborations that would provide the support to develop a national agenda for HIV/AIDS advocacy and public policy development to assure access to care.

## GOVERNMENT LEADERS

Join together with advocates and persons with HIV/AIDS to create specific strategies for protecting the health of those impacted by HIV/AIDS, and other chronic diseases, as they implement Medicaid, social security, and welfare reform.

Become actively engaged in HIV/AIDS prevention and public policy issues. Hold town hall and regional meetings to inform the Latino community about your policies and actions in support of HIV/AIDS prevention, care, and research that directly supports or affects Latinos. Take a leadership role on the impact of HIV/AIDS on Latino communities.

Ensure that Latino communities benefit from government funding initiatives. Latinos must exert their influence upon the public health policy development process. The involvement of Latinos becomes critical in Medicaid and welfare reform since many Latinos—and many people living with HIV—receive basic health care through these programs.

Elected and appointed officials should require information from existing government agencies on: 1) the extent to which public health resources and specifically HIV treatment dollars are directed to Latino communities; 2) the extent to which Latino community based organizations receive funding support in order to provide treatment; and 3) the extent to which AIDS Drug Assistance Programs (ADAP) provides availability of the pharmacology that is needed for treatment.

## HEALTH SERVICE / CARE / SOCIAL SERVICE LEADERS

Develop culturally relevant programs to educate the community about prevention. Ensure that managed care systems make care affordable and accessible for people with HIV and educate Latinos on their health rights and how to access health and social services. Ensure that the necessary medications and clinical trials are available to those with HIV.

Advocate for partnerships between AIDS Service Organizations and more traditional community organizations.

Advocate for further clinical and behavioral research on HIV/AIDS issues related to Latinos. Increase the number of studies conducted by and for Latinos.

Develop and maintain networks of health providers (especially those who work with HIV and/or who work with Latino communities).

## MEDIA LEADERS

Utilize multiple communication strategies. Media attention that is both national and local, English and Spanish, should address the epidemic among Latinos.

Encourage responsible, accurate, and empathetic reporting on HIV/AIDS issues. Ensure that more articles include personal accounts of people living with HIV. The media must help to remove the stigma of AIDS. Too often, people living with HIV/AIDS and those who care for them bear burdens of isolation, misunderstanding, and intolerance.

Write articles for local media outlets. Highlight the successes of local organizations responding to the HIV/AIDS epidemic.

Encourage all television networks to broadcast responsible condom advertising, especially during prime time programming targeted to young people. Encourage both radio and television to broadcast PSAs with HIV prevention messages (in both English and Spanish).

## NATIONAL ORGANIZATION LEADERS

Place HIV/AIDS at the top of your public health policy agendas, and become actively engaged in public policy and community efforts to ensure fair access to all treatment and care services for Latinos affected by HIV/AIDS.

Provide opportunities for organizations that work with Washington lobbyists—such as COSSMHO and the National Council of La Raza—to learn more about AIDS public health policy.

Provide organizations with a direct link to COSSMHO, CDC, etc. to get updated and accurate HIV/AIDS information.

Demand that other Latino organizations are responding to the epidemic in their communities with appropriate HIV/AIDS related programs and policies.

## RELIGIOUS LEADERS

Respond to HIV/AIDS with messages of compassion, solidarity, love, unity and hope.

Encourage efforts to reach church congregations about acceptance of those infected or affected by HIV/AIDS. Motivate church communities to help families affected by the epidemic.

Encourage church leaders to engage their congregation in discourse on HIV prevention, particularly during the National Week of Prayer for the Healing of AIDS (the first week of March), National AIDS Awareness Month (October), and World AIDS Day (December 1).

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The Miami Herald

TUESDAY, MAY 5, 1998

# Hispanic leaders call for war on AIDS

By STEPHEN SMITH
Herald Health Writer

BOSTON — An unprecedented summit of Hispanic leaders from across the country produced a call Monday for the formation of a national coalition dedicated to stopping AIDS and a promise to convene the 20 Hispanic members of Congress to help draft a war plan.

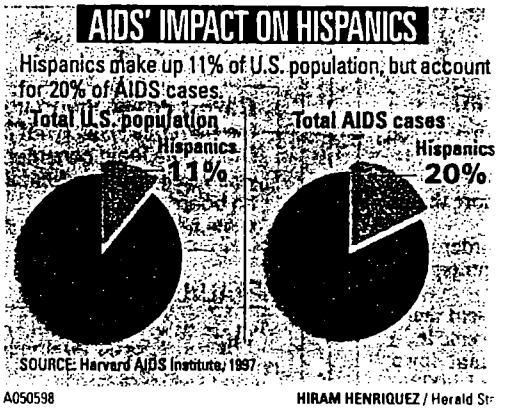
Their labors were framed by a new forecast showing that, within five years, the number of new AIDS cases among Hispanics will eclipse the figure for non-Hispanic whites.

*Congress members will be asked for help.*

"It's 1998, and we're still acting as though we're a tail on the dog that's the response to AIDS," said Dennis deLeon, a prominent AIDS warrior and one of the forces behind Monday's summit at Harvard University. "Enough is enough. We cannot lose more people to this epidemic. It is quickly becoming a disease of color now."

That's why, two years ago, black leaders from across America journeyed to Harvard for a historic gathering to search for ways to halt the virus in their communities. At a pace even more devastat-

PLEASE SEE AIDS, 19A




A050598 HIRAM HENRIQUEZ / Herald Sta

# Hispanic leaders call for AIDS war

AIDS, FROM 1A

ing than among Hispanics, AIDS has disproportionately infected and killed blacks.

The success of that summit — it has led, for instance, to the nation's premier organization of black doctors committing to a $3 million trial of AIDS drugs — persuaded the Harvard AIDS Institute to call together 70 Hispanic leaders from the worlds of business, religion, medicine and entertainment.

Statistics released Monday show that Hispanics in the United States are 3.3 times more likely to develop AIDS than non-Hispanic whites. Unless dramatic measures are embraced, Harvard researchers estimate that risk will double by 2005. Already, Hispanics, who make up 11 percent of the nation's population overall, account for 20 percent of all AIDS cases. A study by the Kaiser Family Foundation reports that Hispanic Americans rank AIDS as the nation's most pressing health issue.

"These numbers are terrifying," said Dr. Rafael Campo, a Harvard medical school professor and Boston doctor whose practice specializes in treating people with AIDS. "It's an emergency, and we need to absolutely recognize what a crisis this is."

That urgency is worn on the face of Marina Alvarez, a strong face that melts into tears when she recounts the lives stolen by AIDS in her family. A brother and sister-in-law. Cousins. Most recently: news that her 70-year-old uncle is infected. Nine lives, in all, mourned from one family in the South Bronx. And, yes, Marina Alvarez is saying, she, too, is infected with the virus.

*Hispanics account for 20 percent of the nation's AIDS cases.*

"That's just my family — we have this silent weapon killing our community," Alvarez told the gathering. "Please, please do something so that later on, when my granddaughter is growing up, there can be a freedom from this devastation for all of our children."

### Daunting proposition

That, the 70 people gathered at Harvard agreed is a daunting proposition. It's a task made more complex by the diversity of America's Hispanic communities. Hispanics on the West Coast, for instance, use a different Spanish word for condom than Hispanics on the East Coast. Those are the easy issues to deal with.

More challenging is this: The epidemic has strikingly different profiles in different Hispanic communities. For Cubans living in America, injecting-drug use accounts for just 7 percent of AIDS cases. For Puerto Ricans, drug use is culpable in 47 percent of infections.

Among the demands the Hispanic members of Congress will hear: a cry for the ouster of federal drug czar Barry McCaffrey, who prevailed upon the Clinton administration to keep intact a ban on allowing injecting-drug users to swap dirty, AIDS-tainted needles for needles free of the virus.

"We want him out, we want him away. He has done more than anybody to say drug users are not worthwhile," said deLeon, a New York AIDS activist.

### Charged discussion

Sensitivities to the varying needs of Hispanic communities inspired some of the most-charged discussion at Monday's summit. Veterans of the AIDS battle urged strong pronouncements against homophobia and the federal government's ban on needle exchanges, while representatives of broad-based Hispanic groups counseled a more tempered approach to garner the widest support.

"We have a lot of similarities, but there are a lot of differences, too," said Dominick Maldonado, an AIDS educator from New Haven, Conn. "So a message for Puerto Ricans might be a lot different than a message for a Mexican, than a message for a Cuban, than a message for a Dominican."

Ultimately, an action plan was embraced that called for the drug czar's ouster while crafting messages aimed at Hispanics to have the broadest appeal.

"We're trying to get a lot of pieces of clothing in this luggage," said Moises Perez, executive director of the New York community group Alianza Dominicana. "But above and beyond all else, we're very concerned about what's going in our communities."

### Absent voices

There was concern Monday, too, that some important voices were absent from the summit. No representatives of South Florida's Hispanic community were present, although invitations had been extended, an executive with the Harvard AIDS Institute said. And most troubling to the people present: Not a single elected official responded to pleas to join Monday's summit.

"If we are to call a meeting in D.C. and bring some of these people here to them and you're on their territory, then I think they will listen," said Ingrid M. Duran, director of the Washington office of the National Association of Latino Elected and Appointed Officials.

Her office, in conjunction with the Centers for Disease Control and Prevention, has pledged to rally Hispanic lawmakers. The 70 leaders hope their war plan reaches the halls of academe and drug development, too. They want more Hispanic researchers and patients included in campaigns to develop new drugs and a vaccine. By doing that, they hope to gain wider access to the powerful class of drugs called protease inhibitors that are given much of the credit for slowing AIDS' death march.

But, like all things in this epidemic, success is not evenly shared. The decline in deaths has been substantially lower among Hispanics and blacks than among non-Hispanic whites.

"I wish people realized that history is going to make accountable those who are avoiding us," said Moises Agosto of the National Minority AIDS Council. "Where are the leaders? We must be the leaders."

# Rosie Perez battling AIDS among young Hispanics

The Miami Herald
May 6, 1998

By STEPHEN SMITH
Herald Health Writer

Maybe you noticed something missing at this year's Oscars shindig.

Sure, the duds of the stars still shimmered with the handiwork of Giorgio (as in Armani) and the house of Gianni (Versace, that is). But where was the sea of red ribbons, once affixed so devotedly to every lapel in Hollywood?

"Well," Rosie Perez is saying in that staccato, boom-boom, you-better-listen-or-else patter that's helped make her a star, "Hollywood is a superficial town, oriented to trends. You do one big monster film, and everybody wants to do monster films. Then, they're over that, and everybody is doing disaster films.

"There's still some people out there on a small scale working on AIDS. Like Elizabeth Taylor."

And, of course, Rosie Perez.

Been there, done that for a decade.

Rosie Perez

Going to keep being there. Too many people dead, too many people dying.

Which explains why she sat near the head of the table this week during an unprecedented summit of Hispanic leaders, summoned to Harvard University to craft a plan to combat an epidemic that has stalked their communities with particular fury.

Ask Perez why she continues to commit herself to battling AIDS, and

PLEASE SEE PEREZ, 2D

# Rosie Perez keeps up AIDS fight

PEREZ, FROM 1D

she gives you that classic what-are-you-kidding New Yorker look.

"Because they haven't found a cure yet, that's why I'm involved," Perez says. "Why stop?"

Now, she wants to get other celebrities — especially other Hispanic celebrities — involved in the fight. Perez and other people from the arts who took part in the summit want to raise the money to produce a three-part TV film that would explore sexual attitudes and behavior in Hispanic communities. And they want to enlist celebrities in a one-day blitz that would provide messages of prevention and hope in the four states with the largest Hispanic populations — Florida, New York, Texas and California.

*Rosie Perez and other people from the arts who took part in the summit want to raise money to produce a three-part TV film that would explore sexual attitudes and behavior in Hispanic communities.*

It helps, Perez says, if you try to understand how the star business works.

"Dealing with celebrities, they don't feel it's their fight," she says. "But we still need them. We can't use Gestapo tactics with them. You've got to say: 'Come on down there. MTV is going to be there, CNN is going to be there. This is going to be good for your career. Gloria Estefan is going to be there. *Wooooo.*' "

Dennis deLeon, a New York those organizing the Harvard gathering and who isn't given to casual platitudes, describes Perez as "one of the most ardent fighters on behalf of AIDS."

Perez will tell you that kids today know about AIDS and know how you catch it. But they don't know the more subtle stuff, she says. They don't know how to say no when they're being pressured into having sex. They don't know how to negotiate with their partners to wear a condom.

"Young people, they're not stupid," Perez says. "They want the information."

At a press conference at the conclusion of the AIDS summit, Perez is invited to speak to the cameras. She starts out reluctantly, more reticent than anyone who has seen her screen persona could ever imagine Rosie Perez

"I'm *so* nervous," she says.

The case of nerves proves fleeting. Before long, the cameras are under her spell.

"It is time for us to take control," Perez says. "We need a lot more attention, and we need a lot more dollars because our numbers are rising.

"There still isn't a cure. Hel-*lo.*"

HARVARD UNIVERSITY Gazette

May 7, 1998 Vol. XCIII No. 29



# Hispanic Leaders Call For AIDS Action

By William J. Cromie
GAZETTE STAFF

Leaders of the U.S. Hispanic community met at Harvard on Monday to address the growing incidence of AIDS among Hispanics.

Although Hispanics represent 11 percent of the U.S. population, they account for 19 percent, or almost one in five, of AIDS cases reported in 1997. While cases of AIDS among whites have declined dramatically since 1986, cases among blacks and Hispanics have climbed steadily.

"Enough is enough," said Dennis deLeon, president of the Latino Commission on AIDS. "We cannot lose more people to AIDS." He called the meeting "a historic turning point, the first time so many Latino leaders have met to form a plan of action to deal with the crisis."

The Harvard AIDS Institute cosponsored the meeting, along with the Henry J. Kaiser Family Foundation and several Hispanic organizations that deal with AIDS and health issues.

At the conclusion of the meeting, called "Leading for Life," or "Unidos Para la Vida," deLeon announced the formation of the National Coalition of Latinos Responding to HIV/AIDS.

Actress Rosie Perez was on hand to call upon Hispanics to "mobilize" to support those with the disease and to promote education and other preventive efforts. She described a plan of action to bring the situation to the attention of the public at large.

A primary goal, Perez said, "is to produce a movie to explain the Latino culture and how it deals with sex and drugs. We want to reach out through the cable networks to tell people they must discuss such things as sex and drugs openly and honestly."

A major cause of AIDS among Hispanics involves men having sex with men. But "homophobia has forced this behavior underground, where it is harder for prevention programs to take hold," according to a Harvard AIDS Institute report. The report also notes more reluctance in the Hispanic community to use condoms and widespread misconceptions among women about how the infection is transmitted.

Perez noted that the action plan also calls for a national fundraising effort. She envisions an event held simultaneously in large cities of the four states with the largest Hispanic populations: California, Florida, New York, and Texas.

"It would include a concert and dance, with celebrity hosts," Perez said. "It's going to be great.

"We're looking for big, big bucks from industry to get enough money for us to take control of our situation," she added. Except for representatives from the media and entertainment industries, no Hispanic business leaders were listed among the meeting attendees.

The group also discussed convening a conference for elected officials to examine the "emergency." In 1996, for example, the annual rate of AIDS cases diagnosed among Hispanics was three times higher than that for whites. During the same year, whites experienced a 21 percent drop in AIDS deaths while the decrease among Hispanics was only 10 percent.

Hispanic children have been hit particularly hard. As of 1997, nearly one quarter of all children diagnosed with AIDS were Hispanic, according to the Centers for Disease Control and Prevention (CDC). Hispanic children are now almost six times as likely to be diagnosed with AIDS as white children.

Meeting participants also denounced the federal government's decision not to fund the needle exchange program for drug users. As among whites and blacks, infected needles constitute a major source of the AIDS virus among Hispanics. Participants also called for the resignation of Barry McCaffrey, who leads the nation's drug control effort, for "choking off the lives of thousands of Latinos in waging his war on drugs."

Helene Gayle, CDC's national director for HIV prevention, urged the group to concentrate on prevention. "Better drug therapies are reducing deaths from AIDS," she said. "That's good, but successful efforts at prevention are better."

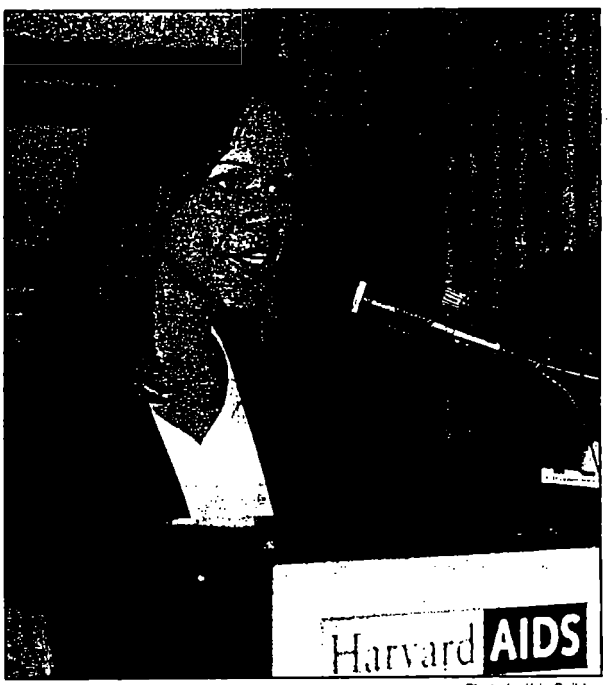



Photo by Kris Snibbe

**Actress Rosie Perez joined leaders in a call for action to deal with the disproportionate number of AIDS cases among Hispanics.**

## AIDS Among Latinos

*AIDS case rate per 100,000 population*

**LATINO = 1.7**

**WHITE** (non-Hispanic) = **0.3**

Source: Centers for Disease Control and Prevention, 1997

**CHILDREN WITH AIDS. According to statistics from the Centers for Disease Control and Prevention, Latino children are nearly six times as likely to be diagnosed with AIDS as white children.**

The Washington Blade
SERVING THE NATION'S CAPITAL SINCE 1969
May 8, 1998• Vol. 29, No. 19

# Latino leaders start work on national plan to fight AIDS

by Rhonda Smith

CAMBRIDGE, Mass.–A broad coalition of Latino leaders met at Harvard University on Monday, May 4, to hammer out a national strategy to stem the spread of AIDS. They prayed, listened to personal plights told by people living with AIDS, and then drafted a plan to help eradicate the public health problem.

The only real conflict in the process came in a brief debate over the group's mission statement and the role of Gay Latinos, some of whom feared that their involvement in this effort would be downplayed in order to recruit others to the effort.

"This was a chance to bring together Latino leaders who have not normally been involved with AIDS work," said co-facilitator Dennis de Leon, the president of the Latino Commission on AIDS, a New York-based organization. "The majority who came don't do AIDS work, but they know their communities."

There were many well-known national Latino organizations with representatives at the meeting as well. They included the National Council of La Raza, the National Association of Latino Elected and Appointed Officials (NALEO), the National Minority AIDS Council, the National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGÓ), the Hetrick Martin Institute,

*Continued on page 26*

# Latinos start work on national plan to fight AIDS

## Some attending national conference clash over whether it needs to be 'Gay' explicit

*Continued from page 1*

and the International Association of Physicians in AIDS Care.

Ingrid Duran, director of NALEO's Washington, D.C., office, said the gathering was long overdue.

"AIDS really isn't an issue that NALEO has given much attention to," explained Duran, who also is a board member of Gente Latina de Ambiente, a community group for Gay Hispanics in Washington, D.C. "We did give it attention five or six years ago, but I think what has happened is that it's been seen as a Gay and Lesbian issue — not a Latino issue."

At the meeting, Duran said NALEO, a 5,400-member organization based in Los Angeles, would lead efforts to sponsor an AIDS education meeting for the 20-member Congressional Hispanic Caucus. The meeting would include representatives from the U.S. Centers for Disease Control and Prevention and the Latino Commission on AIDS, among others. In addition, she said NALEO plans to hold a workshop on HIV, AIDS, and the Latino community at its annual conference in 1999.

Dr. Helene Gayle, director of the CDC's National Center for HIV, STD, and TB Prevention, presented 1997 statistics at the meeting that indicated Hispanics make up 11 percent of the nation's population and 20 percent of the reported AIDS cases.

The CDC's figures indicate that 44 percent of the U.S. AIDS cases involving Hispanic men resulted from men who have sex with men, while 37 percent resulted from injection drug use. Among Hispanic women, 46 percent of the reported AIDS cases are a result of heterosexual transmission, and 43 percent resulted from injection drug use.

"Death rates as a result of AIDS are declining overall in the U.S., but at slower rates for black and Hispanic residents," Gayle said. "This reflects disproportionate access to treatment and therapies."

In response to a question about why the AIDS rates for white residents across the country are declining quicker than for the other two groups, Gayle said that when white Gay men began to get sick during the early 1980s, individuals in that segment of the population responded quickly.

"Gay white men mobilized and got their communities and resources on board," she said. "But also, this was a community that, relatively speaking, was already empowered. These were men who had educations and linkages to resources."

Gayle mentioned how U.S. Rep. Nancy Pelosi (D-Calif.) responded to the epidemic's impact on her constituents.

"She said that she had no choice but to view AIDS as important" because her constituents were dying, Gayle said. "That kind of clout really, really helps."

CDC officials say that the higher proportion of AIDS cases among Latinos is likely the result of underlying social and economic conditions, such as language or cultural barriers, higher rates of poverty and substance abuse, and limited access to health care.

Latinos at the Harvard AIDS Institute's "Leading for Life" conference — as well as African Americans who attended a similar event there in March — said that not enough funds have been forthcoming from private foundations and the federal government to fight AIDS in their communities.

"A lot of resources have been focused in the white community," said Victor Marquez, executive director of La Raza Centro Legal Inc., a nonprofit community law center in San Francisco.

Martín Ornelas-Quintero, executive director of LLEGO, agreed.

"Foundations say they've already given to a Gay, white agency, but those funds do not reach us," he said. "The challenge is for them to give to Latino-run and sexual orientation-appropriate agencies."

Gary West, deputy director of the CDC's Division of HIV/AIDS Prevention, Intervention, Research and Support, said the CDC is researching such complaints from agencies operated by Latinos and African Americans across the country.

"We are looking at our programs and the allocation of our funds and comparing them to trends in the epidemic," West said, from the CDC's headquarters in Atlanta, on Wednesday, May 6.

Another plan developed and presented during the conference resulted from an initiative spearheaded by actor and entertainer Rosie Perez and 19 other participants from the media and entertainment industry who attended the meeting.

Perez outlined a plan to create a movie trilogy that could highlight how various members of the Latino community are dealing with concerns about AIDS. The national coalition that met at Harvard plans to approach various cable networks to get assistance with this initiative.

"We also will establish a fundraising campaign to make sure the Latino community has its own money," Perez added, explaining that this would involve holding events simultaneously in California, Texas, Florida, and New York. The goal is to raise $150,000 to help produce the proposed events, she said.

"If [individuals and organizations] can give to the American Foundation for AIDS Research and the Gay Men's Health Crisis, they also have to give to us," Perez concluded. "What these other organizations do is great, but we need a lot more attention and dollars because the AIDS and HIV numbers in our community are rising."

Various other challenges make addressing AIDS issues in the Latino community difficult, participants at the meeting said. One obstacle is that the U.S. Latino community represents more than 30 regions of origin — about 62 percent Mexican, 13 percent Puerto Rican, 12 percent Central and South Americans, 5 percent Cuban, and 8 percent other Hispanic populations, according to the CDC.

CDC statistics highlighting the incidence of AIDS among Hispanics based on ancestry and exposure mode indicate that the dominant mode of transmission among Hispanic males whose ancestry is Central American, Cuban, Mexican, South American, and from the Spain/Portugal regions, is men who have sex with men. Among Hispanics with

by Clint Stelb

**Martín Ornelas-Quintero: "There are two key cultural values that have literally killed Latinos – shame about Gays and the way we define families."**

Puerto Rican ancestry, however, CDC figures indicate that the dominant mode of HIV transmission is injection drug use. Participants at the meeting said that such demographic information is imprecise if it does not include similar data about U.S. Hispanics from the Dominican Republic.

Suggestions at the meeting about how to combat AIDS among Latinos nationwide varied.

Miguelina Maldonado, director of government relations and policy at the National Minority AIDS Council, suggested that AIDS data about Latinos depict information related to the influence of crack cocaine, inhalants, and alcohol, in addition to injection drug use.

The coalition called for the resignation of Barry R. McCaffrey, the retired general who oversees the Office of National Drug Contol Policy, because of his opposition to needle-exchange programs. Others mentioned the need for funds geared toward HIV prevention and treatment and for residential substance abuse programs for women.

More than one participant said homophobia remains a problem among many Latinos.

"There are two key cultural values that have literally killed Latinos — the issue of shame about Gays and the way we define families," said Martín Ornelas-Quintero, executive director of LLEGÓ, which is based in Washington. "Instead of being ashamed of us for being Lesbian, Gay, bisexual, and transgendered Latinos, they should be ashamed of themselves for neglecting us in the AIDS crisis for being who we are."

Ornelas-Quintero also said Latinos should use a more inclusive concept of "family" so that Gays are included as well.

The Kaiser Family Foundation presented a National Survey of Latinos on HIV/AIDS at the meeting that included interviews with 802 Latinos nationwide in 1997 about their level of knowledge and comfort in discussing issues related to AIDS. One question addressed whether Hispanics were comfortable being around Gays.

The results indicated that 24 percent said they were very comfortable with Gays, 19 percent said they were somewhat comfortable, 19 percent said they were somewhat uncomfortable, 33 percent said they were very uncomfortable, 2 percent said they had never been around Gays, and 3 percent said they didn't know or refused to answer the question.

"We do not have the skills to deal with issues related to sexual orientation," Ornelas-Quintero said later. "Even though *Ellen* has changed the cultural context, our community members overall still see her as a white Lesbian and homosexuality as a white phenomenon."

The issue at the meeting that triggered a brief debate among coalition members and some Gay Latinos involved drafting a mission statement that essentially said Hispanics should "rise to the challenge and address the health crisis created by AIDS."

The other option was a more specific statement that said communities and leaders should "speak out against homophobia, sexism, racism."

The Rev. A. Luis Cortés Jr., president of the National Hispanic Religious Partnership for Community Health, said the mission statement should not be too specific. The religious partnership is made up of a coalition of 5,000 Latino churches nationwide.

"We need to decide whether our agenda is AIDS or whether it is the affirmation or buy-in about sexual orientation," Cortés said, during a smaller meeting that day that focused on diversity issues. "The more we get into specifics, the more you risk losing certain groups."

Gonzalo Aburto Iniesta, editor-in-chief of the Spanish-language version of *Poz* magazine, took issue with this strategy.

"If we are trying to deal with AIDS, we can't just be politically correct," he said. "The crisis is getting worse because of stigmas associated with AIDS and Gays."

Pablo Colon, director of treatment, education, and advocacy at GMHC, agreed.

"Gay and Lesbian people were at the forefront of this, and that work needs to be recognized," he said later. "We owe that not only to Latino Gays but to white Gays and Lesbians who started the work. No longer can we negate our presence."

The meeting ended with Cortés and other coalition members clarifying that in addition to the broad mission statement various concerns would — and should — be addressed in separate statements.▼

Harvard AIDS Institute

25 March, 1998

Sandra Thurman
Director
Office of National AIDS Policy
808 17th Avenue NW, 8th Floor
Washington, D.C. 20006

Dear Sandy,

Enclosed I am sending you some information about an upcoming initiative the Harvard AIDS Institute is developing for May 4, 1998. As you may already know, in October of 1996 the Harvard AIDS Institute kicked off an African American AIDS leadership campaign, known as *Leading for Life*, with a summit meeting at Harvard. Over 100 African American leaders from all walks of life attended the meeting.

We are presently planning a similar campaign for the Latino community, *Unidos Para la Vida*, with a kick-off meeting to be held on Monday, May 4th. We expect to convene 60–75 key Latino leaders from business, government, education, religion, entertainment, athletics, etc.

Daniel Montoya, executive director of the Presidential Advisory Council on HIV/AIDS, who will be observing the meeting, mentioned that the Office of National AIDS Policy was planning a panel on AIDS in communities of color for the spring of 1998 as well.

While our *Unidos Para la Vida* campaign focuses on the Latino community I would be interested in learning about your spring panel. May I give you a call some time to discuss our Latino campaign and to learn about your panel on communities of color? You can also reach me at (617) 432-4400.

Meanwhile, I hope you are well and I look forward to speaking with you soon.

Sincerely,

Richard Marlink, M.D.

cc: Todd Summers
Deputy Director
Office of National AIDS Policy

enclosure



**651 Huntington Avenue • Boston, Massachusetts 02115 USA • phone: 617-432-4400 • fax: 617-432-4545**


*Unidos Para La Vida*

# AN URGENT CALL TO ADDRESS THE AIDS CRISIS IN LATINO FAMILIES AND COMMUNITIES

## EXECUTIVE SUMMARY

## BACKGROUND

AIDS is devastating the Latino* community. The most recent statistics from the Centers for Disease Control and Prevention (CDC) reveal that:

- Latinos account for nearly one-fifth of *all* AIDS cases reported in 1996 to the CDC;
- As early as 1991, AIDS was the leading cause of death for Latino men age 25 to 44;
- In areas such as Ft. Lauderdale and Miami, the death rate from AIDS among Latina women age 25 to 44 was four times higher than the national average in 1995; in New York City, through 1996, Latinos comprised nearly a third of all AIDS cases but accounted for just a fourth of the city's population; and
- As of 1996, nearly a quarter of all children diagnosed with AIDS were Latino.

In the past ten years, the AIDS epidemic in this country has progressed from one with an overwhelming impact on whites, to one in which most of those infected are people of color. Today—and every day—it is estimated that nearly 100 people of color in the United States are diagnosed with AIDS.

Latinos in the United States are a diverse group and come from all walks of life. Certain issues unite communities and one such issue would be the disproportionate impact the AIDS epidemic is having on Latino families, friends, and loved ones.

## THE CAMPAIGN

In response to the continued dramatic rise in AIDS within the Latino community, the Kaiser Family Foundation has provided seed funding for an emergency one-day summit meeting to inform, equip, and galvanize Latino leaders to begin addressing the epidemic in a coordinated campaign. This emergency meeting, called *Leading for Life (Unidos Para la Vida),* will engage business, educational, religious, cultural, political, and academic leaders in a process to raise awareness nationally and to develop and implement follow-up programs. The summit's primary objectives are to:

- Seek advice and guidance on the complexities of this epidemic from the summit participants;
- Provide participants with information, sample speeches, articles, teaching kits, action alerts, and other tools that will enable them to promote communication in their communities;

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* Our use of the term "Latino" is not meant to be exclusive. We have chosen to use this umbrella term with the understanding that no single term can fully and fairly represent the range of cultures within this "demographic group." We use the term "Latino" with the recognition that the particular ethnicities and points of origin of "Latinos" are richly diverse.

- Review and release a national report that revisits the National AIDS Commission's past recommendations about addressing the impact of HIV on communities of color and showcases what actions the public and private sectors can take;

- Determine potential projects that would encourage organizations to join together to educate Latino youth about AIDS;

- Foster public policy expertise on HIV/AIDS and family health issues; and

- Seek a commitment from participants or their organizations to take part in new or expanded programs specifically designed to combat AIDS in the Latino community.

A broad representation of Latino leaders from the private and public sectors will be invited to attend the summit and to participate in the follow-up campaign. A key strategy of this campaign will be to build programs whose impact can be sustained. To help ensure speed and efficacy, we will build on efforts already in place and work with organizations with proven track records, especially among Latino communities. The follow-up campaign will focus on educational opportunities for Latino youth, on AIDS-related public policy issues, and on targeted public health and communications efforts.

## PROGRAM SPONSORS

The Harvard AIDS Institute, the Latino Commission on AIDS, the American Red Cross Hispanic HIV/AIDS Education Program, the U.S.–Mexico Border Health Association, and the Mauricio Gastón Institute have joined together to convene the one-day emergency meeting. The Kaiser Family Foundation is providing support and guidance; the CDC is providing research and epidemiologic assistance; and a number of leading Latino faculty members at Harvard University are serving as advisors.

## CONCLUSION

The *Leading for Life (Unidos Para la Vida)* summit will be an important step in combating the AIDS crisis among Latinos. The initiatives that follow from the meeting will provide a critical, ongoing defense against this terrible epidemic.

## HECHOS

El SIDA esta devastando a la comunidad Latina*. Las cifras más recientes de los Centros de Control y Prevención de Enfermedades (CDC, siglas en inglés) demuestran que:

- El numero de personas Latinas con SIDA reportado al CDC en el 1996 representa casi un quinto de todos los casos reportados ese año;
- En el 1991, el SIDA ya era la causa principal de muerte entre hombres Latinos de 25 a 44 años de edad;
- En 1995 en lugares como Fort Lauderdale y Miami, el indice de muertes debidas al SIDA entre mujeres Latinas de 25 a 44 años de edad fue cuatro veces mas alto que el promedio nacional; en 1996 los Latinos en la Ciudad de Nueva York representaban casi un tercio de todos los casos de SIDA pero solo un cuarto de la población de la ciudad; y
- Hasta el año 1996, casi un cuarto de todos los niños diagnosticados con SIDA eran de decendencia Latina.

En los últimos 10 años, la epidemia del SIDA se ha dejado de tener un impacto predominante en la comunidad blanca y se ha convertido en una en la cual la mayoria de las personas afectadas son personas de color. Se estima que casi 100 personas de color en los Estados Unidos son diagnosticados con SIDA cada día.

La comunidad Latina en los Estados Unidos es una comunidad diversa. Sin embargo, hay temas que pueden unir a comunidades enteras y uno de ellos deberia ser el impacto desproporcionado que la epidemia del SIDA ejerce sobre nuestras familias, nuestros círculos de amistades y nuestros seres mas queridos.

## LA CAMPAÑA

En respuesta al contínuo acenso dramático del SIDA en la comunidad Latina, la Fundación de la Familia Kaiser ha donado fundos para realizar una cumbre de emergencia que durará un día. Esta cumbre servirá para informar, equipar, y galvanizar a líderes Latinos hacia la creación de una campaña en contra a esta epidemia. Esta reunión de emergencia, titulada *Unidos Para la Vida (Leading for Life),* involucrará a líderes nacionales destacados en asuntos de negocios, educación, religión, cultura, y política a crear un proceso de concientización nacional y desarrollar e implementar programas de seguimiento a la campana. Las metas principales de la cumbre son:

- Buscar consejería y orientación sobre los aspectos complejos de esta epidemia por la parte de los participantes en esta cumbre;
- Proveerle a los participantes información, ejemplos de discursos, artículos, guías de enseñanza, ejemplos de llamados a la acción, y otras herramientas que les enseñará a distribuir información sobre la campaña en sus propias comunidades;

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* Nuestro uso del termino "Latino" no tiene el propósito a excluir a ninguna persona o comunidad. Hemos escogido éste termino general comprendiendo que ninguna palabra puede describir de manera total e imparcial la gran variadad de las culturas dentro de éste "grupo étnico." Utilizamos la palabra "Latino" reconociendo que las etnicidades particulares y los puntos de origen de los "Latinos" son inmensamente variados.

- Revisar y publicar un reporte que redefinirá las recomendaciones dadas por la Comisión Nacional Sobre el SIDA de cómo responder al impacto del VIH/SIDA en comunidades de color. Este reporte ayudará a definir la accion que deben tomar por los sectores públicos y privados como respuesta a la epidemia;

- Determinar proyectos que puedan estimular a otras organizaciones a unirse en una campaña conjunta para educar a la juventud Latina sobre el VIH/SIDA;

- Fomentar un mejor conocimento sobre política pública en torno al VIH/SIDA y a la salud familiar;

- Buscar a lograr un compromiso de parte de los participantes y/o de sus respectivas organizaciones de crear programas nuevos o de expander programas ya existentes especificamente diseñados para combatir el SIDA en la comunidad Latina.

Una representación amplia de líderes Latinos que pertenecen a sectores públicos y privados serán invitados a la cumbre y a participar en la campaña de seguimiento. Una estrategia clave de esta campaña será impulsar programas cuyo impacto sea sostenible. Para asegurar la rapidez y la eficacia de esta campaña, nos uniremos a laborar con proyectos y con organizaciones que hayan tenido un buén historial—especialmente en su desempeño con la comunidad Latina. La campaña de seguimiento se concentrará en posibilidades de educar a la juventud Latina, en temas políticos relacionados con el SIDA, y en esfuerzos dirigidos hacia la comunidad Latina de parte de agencias de salud pública y medios de comunicación.

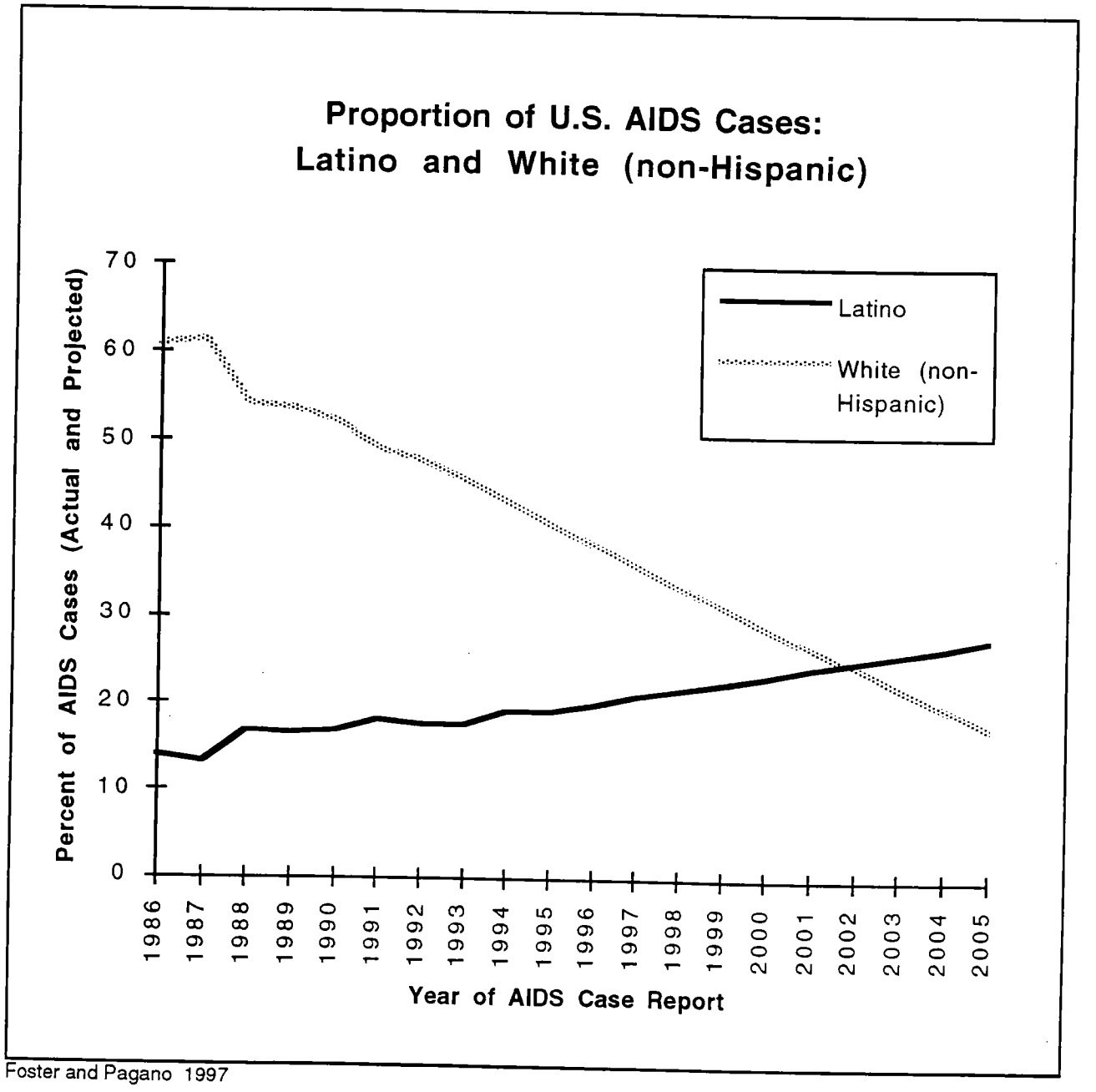
## LOS ORGANIZADORES

El Instituto del SIDA de Harvard, la Comisión Latina Sobre el SIDA, el Programa Hispano de Educación Sobre el Sida de la Cruz Roja Americana, la Asociación Fronteriza Mexico-Estados Unidos Sobre la Salud, y el Instituto de Mauricio Gastón han unido sus esfuerzos para convocar una reunión de emergencia de un día de duración. La Fundación de la Familia Kaiser aporta su apoyo y orientación, el CDC aporta sus estudios médicos e información sobre la epidemia del SIDA; y varias personas representantes de la falcultad de la Universidad de Harvard están actuando como consejeros.

## CONCLUSIÓN

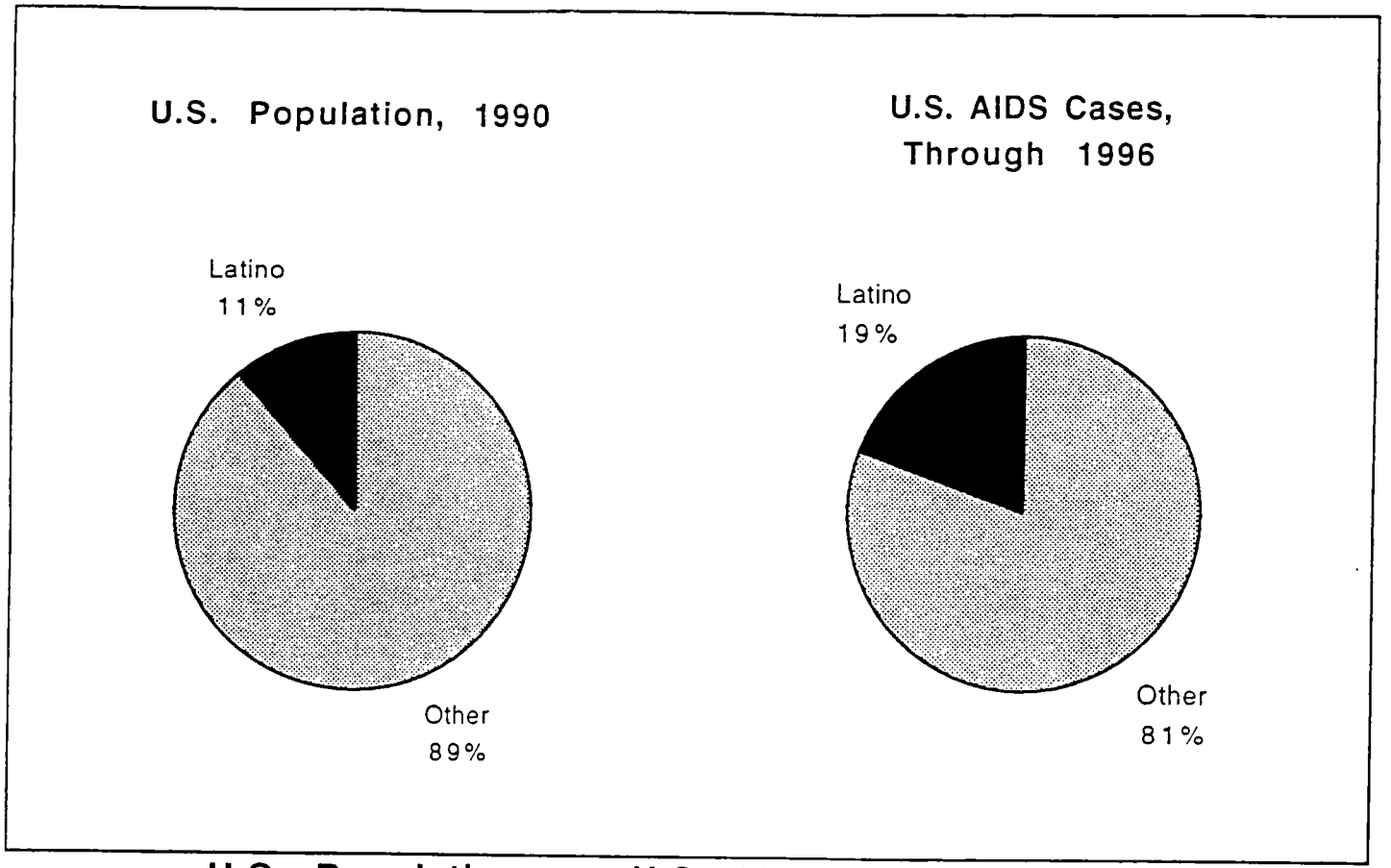
La cumbre *Unidos Para la Vida (Leading for Life)* será un paso importante en la lucha contra SIDA en la comunidad Latina. Las iniciativas que se desarrollarán a consecuencia de la reunión proveerán una defenza crítica y duradera en contra a esta terrible epiemia.

TRADUCIÓN ANDRES DUQUE, COMISIÓN LATINA SOBRE EL SIDA

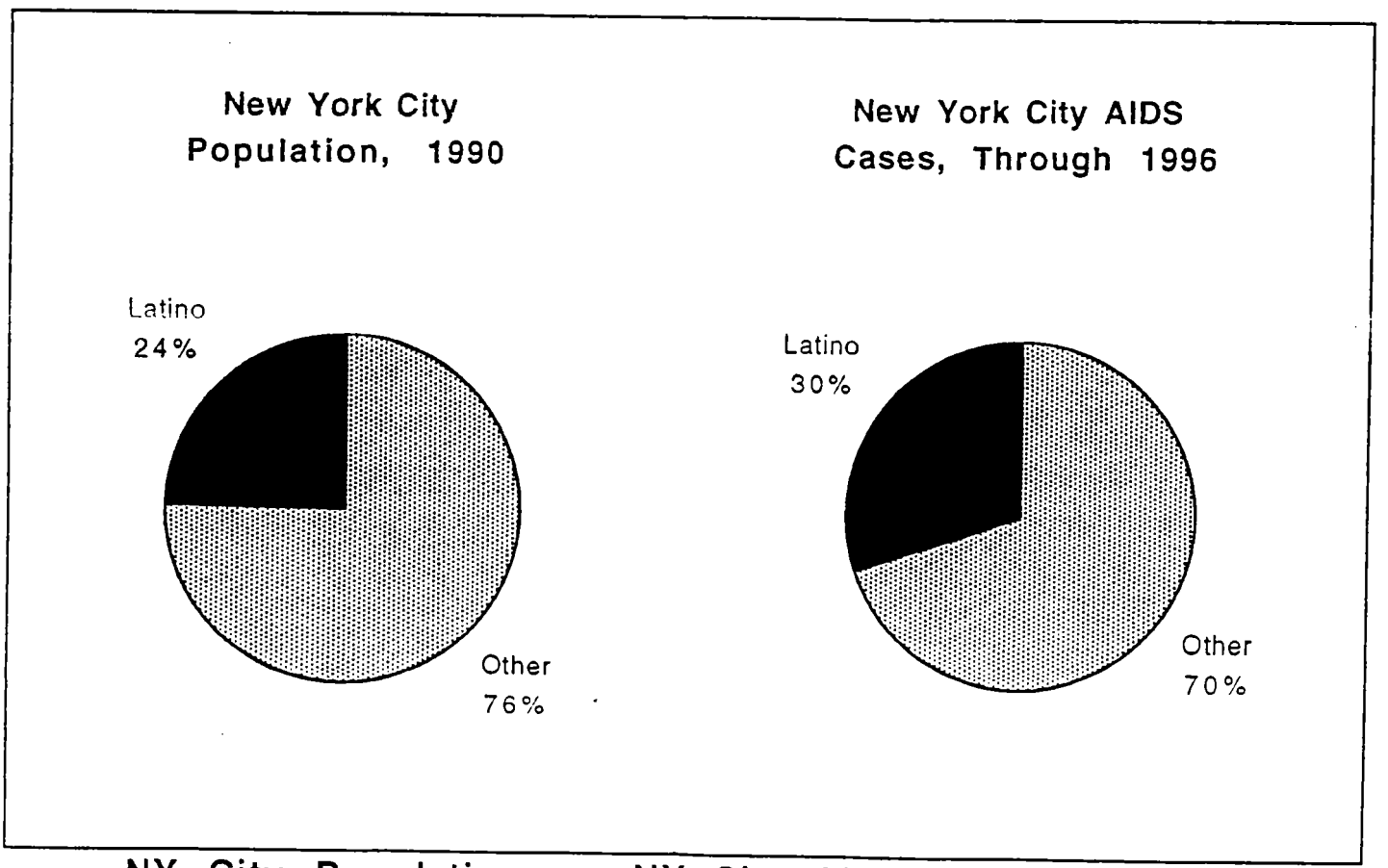



Foster and Pagano 1997

**Year 2005 Projections:** **Latino** **28 percent of AIDS cases**
**White (non-Hispanic)** **17 percent of AIDS cases**




U.S. Population vs. U.S. AIDS Cases by Ethnicity



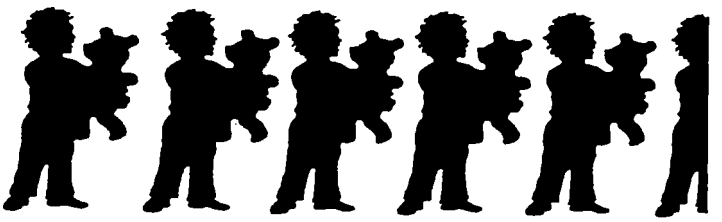

NY City Population vs. NY City AIDS Cases by Ethnicity

# AIDS Among Latinos

## Children With AIDS

In 1996 Latino children were nearly six times as likely to be diagnosed with AIDS as white children

AIDS case rate per 100,000 population



Latino = 1.7

White (non-Hispanic) = 0.3

Source: Centers for Disease Control and Prevention, December 1996

LEADING FOR LIFE

UNIDOS PARA LA VIDA

## STEERING COMMITTEE

*Julia Alvarez*
novelist
Professor of English
Middlebury College

*Jose Diaz-Balart**
CBS This Morning
CBS

*Gigi Fernandez*
U.S. Olympic gold medalist
tennis doubles

*Fernando Ferrer*
Borough President
Bronx, New York

*Nely Galán*
Galan Entertainment

*Ernesto González*
Massachusetts General Hospital
Harvard Medical School

*Luis Gutierrez*
Congressional Hispanic Caucus (D-IL)

*Christy Haubegger*
President
Latina Magazine

*Gonzalo Aburto Iniesta*
Editor in Chief
POZ en Español

*Eddie Lopez, Jr.*
Director
Latino/a Church Program
National Council of the Churches of Christ

*Eduardo R. Macagno*
Dean of the Graduate School of Arts and Sciences
Columbia University

*Manny Mirabal*
President
National Puerto Rican Coalition

*Luis A. Miranda, Jr.*
President
Hispanic Federation

*Albert Moreno*
Senior Vice President and General Counsel
Levi Strauss & Co.

*The Honorable Federico Peña*

*Rosie Perez*
actress, producer, choreographer
Oscar and Emmy nominee

*Elena Rios*
President
National Hispanic Medical Association

*Loretta Sanchez**
Congressional Hispanic Caucus (D-CA)

*José Serrano*
Congressional Hispanic Caucus (D-NY)

*Trish Moylan Torruella*
Executive Director
Mothers' Voices

*Fidel A. Vargas*
former mayor
Baldwin Park, California

*Nydia Velázquez*
First Vice Chair
Congressional Hispanic Caucus (D-NY)

*Raul Yzaguirre*
President and CEO
National Council of La Raza

* new Steering Committee members who do not currently appear on letterhead

LEADING FOR LIFE

UNIDOS PARA LA VIDA

## CONVENERS

*Rafael Campo*
Beth Israel Deaconess Medical Center
Harvard Medical School

*Mario Cooper*
Founder, *Leading for Life*

*Dennis deLeon*
Latino Commission on AIDS

*Richard Marlink*
Harvard AIDS Institute

*Ledia Martinez*
Hispanic HIV/AIDS Education Program
American Red Cross

*Maga Nevares de Rosselló*
First Lady of Puerto Rico

*Rebeca Ramos*
U.S.–Mexico Border Health Association

METRO REGION

New England 37

Deaths 40

THE BOSTON SUNDAY GLOBE • APRIL 7, 1996

# Hispanics struggle with high AIDS rate

## Language, lifestyle and conservative culture are blamed for frightening statistics

By Richard Chacón
GLOBE STAFF

When he was told seven years ago that he was HIV-positive, Jose Díaz knew it must've been from the many times he shot cocaine and heroin into his veins using dirty needles. He shared some of those needles with his younger sister, who eventually died of AIDS.

For Soralya Díaz, Jose's wife for the past two years, her biggest regret was that she kept her infection a secret for years because her first husband – who passed the disease to her after having had an affair with another woman – demanded that no one know the truth. Instead, they lied and said he died of stomach cancer.

"To this day, his family refuses to believe that he infected me," she says of her former in-laws, who live in Venezuela. "And they blame me for his death."

Jose and Soralya are typical examples of how AIDS has taken a deadly grip on the state's Hispanic community. A report released last week by the state's Department of Public Health showed that 157 Hispanics died of AIDS or HIV-related diseases in 1994, the latest year for which data is available.

To be sure, more whites and blacks die from AIDS than Hispanics. In 1994, the disease killed 738 white and 193 black residents in the Bay State. But with AIDS and HIV-related cases accounting for 26 percent of Hispanic deaths, the disease has become the No.1 killer among the state's largest minority group.

But the reasons Hispanics appear to be dying of AIDS at a faster rate than whites, blacks or Asians are varied and unclear, several experts said. The explanations run from the broad – such as the government's inability to make AIDS-prevention programs available in Spanish and Portuguese – to the culturally specific and self-critical.

Many Hispanics say theirs is a largely conservative and paternalistic culture in which

AIDS, Page 34

# Hispanics struggle with soaring AIDS rate

■ AIDS

Continued from Page 29

large numbers of men still refuse to practice safe sex, whether their partners are women or men. What's more, some say, Hispanic community leaders have been slow to confront an illness whose cure remains a mystery while other problems, such as poverty and infant mortality, seem more manageable to address.

"I am grieved, but I'm not surprised," said Nicolas Carballeira, executive director of the Boston-based Latino Health Institute, which was founded eight years ago to tackle the disease's growing presence in the community. "I fear the number of cases will increase in the future."

A more recent state survey of AIDS cases showed that as of this month, 63 percent of AIDS-infected Hispanic men such as Jose Díaz contracted the illness through intravenous drug use. Another 19 percent of Hispanic men contracted the disease from unprotected sex with other men.

Meanwhile, like Soralya, most Hispanic women, 46 percent, became infected through unprotected sexual intercourse with an infected man, while another 41 percent were intravenous drug users, according to the state's survey.

"Many Hispanic men, including myself at one time, walk around with a mentality that we can use intravenous drugs and have unprotected sex," Jose Díaz said. "Many people in our own communities and even within our own families won't open up to why we get AIDS. Most families would prefer to keep it to themselves."

### "Somebody else's problem"

Others, like Carballeira, agree that cultural attitudes imported from Latin American countries play a significant role. But he also points out that as recently as a decade ago, when other communities had already launched their battles against AIDS, many Hispanic leaders in this country and in the state refused to tackle the issue.

"No Latino community organization wanted to touch AIDS with a 10-foot pole," Carballeira said. "I'm not blaming anyone in particular, but most Latinos thought this was somebody else's problem, so no significant effort was done in the early years. Some of this responsibility has to be carried by Latinos ourselves."

Language and culture continue to be the biggest barriers for most Hispanics infected with AIDS. Even if they can speak English, many report that often medical, psychological or social services lack an adequate understanding of Hispanic culture and beliefs, leaving many prospective clients fearful, mistrusting or ambivalent about AIDS education or prevention.

Today, however, there are a variety of AIDS treatment, education and prevention programs tailored for Spanish-speaking and bilingual residents. From Boston to Lawrence to Springfield – a geographic triangle that envelops most of the state's Hispanic population – there is outreach aimed at younger Hispanics, who make up the bulk of the population.

"In a way, what's happened over the last 10 years has forced this community to talk about sexuality and to form alliances with gay activists who had already succeeded in drawing attention to the AIDS problem in their community," said Hortensia Amaro, a professor at the Boston University School of Public Health and a leading AIDS activist in the local Hispanic community. "I've seen movement and progress but we need to continue to confront this."

### Demand exceeds resources

There is also a smattering of drug-treatment and counseling programs. And atop a public housing development in Egleston Square in Roxbury there is an AIDS residence exclusively for Hispanics, known as La Comunidad de Walnut Park, which filled to capacity only two months after it opened last fall. It is where Jose Díaz has lived since he recently separated from Soralya.

"Two of our residents, who we knew as 'El Charlatán y El Don,' recently died and it hurt us all," said James J. Martinez, the residence's coordinator, as he stood in the vacant, furnished apartment left behind by one of the men. "But here we try to focus on living, not on dying."

Still, demand from the Hispanic community far exceeds the supply of and money available for AIDS programs. Specialists say there is a growing need, for example, to better understand the impact that prison life is having on a growing number of Hispanic men and women. Although Hispanics are 5 percent of the state's population, they make up 20 percent of the state's inmate population. Most of them were incarcerated for drug-related offenses.

"Many of those inmates circulate in and out of the community," said Jose Durán, executive director of the Hispanic Office of Planning and Evaluation, a community advocacy organization. "They come back to the community and maybe have sex and maybe to do drugs again. Never mind whether there was any same-sex activity within the institution, which no one, including the Department of Correction, ever talks about."

While they remain hopeful for a future with fewer AIDS cases, several who live and work in Spanish-speaking neighborhoods worry that the impact wrought by AIDS will further burden a Hispanic community – which remains the youngest, poorest, least educated but fastest-growing of any ethnic group on a per-capita basis.

"We have problems keeping our newborns alive; feeding and educating our children; and finding jobs," Carballeira said. "I can understand how this community could feel so overwhelmed to the point where it can't consider new problems."

**Latino America's stealth virus.**

# THE WHITE CLOUD

*By Ann Louise Bardach*

Freddie Rodriguez is discouraged. He has just come from his afternoon's activity of trying to stop men from having unprotected sex in Miami's Alice Wainwright Park, a popular gay cruising spot. Rodriguez, 29, is a slim, handsome Cuban-American with a pale, worried face who works for Health Crisis Network. "I take a bag of condoms to the park with me and I try talking to people before they duck in the bushes and have sex," he explains. "I tell them how dangerous it is. Sometimes I beg them to use a condom. Sometimes they listen to me. Today, no one was interested." Most of the men, he says, are Latinos and range in age from 16 to 60. Many are married and would never describe themselves as gay. "Discrimination is not really the issue here. Most Latinos do not identify themselves as gay, so they're not discriminated against," he says, his voice drifting off. "Ours is a culture of denial."

To understand why the second wave of AIDS is hitting Latinos particularly hard, one would do well to start in Miami. Once a mecca for retirees, South Beach today is a frenzy of dance and sex clubs, for hetero- and homosexual alike. "We have the highest rate of heterosexual transmission in the country, the second-highest number of babies born with AIDS and we are number one nationwide for teen HIV cases," says Randi Jenson, reeling off a litany that clearly exhausts him. Jenson supervises the Miami Beach HIV/AIDS Project and sits on the board of the Gay, Lesbian and Bisexual Community Center. "And we have the highest rate of bisexuality in the country." When I ask how he knows this, he says, "Trust me on this one, *we know*.... The numbers to watch for in the future will be Hispanic women—the wives and girlfriends."

Already, AIDS is the leading cause of death in Miami and Fort Lauderdale for women ages 25 to 44, four times greater than the national average. According to the Centers for Disease Control and Prevention (CDC), AIDS cases among Hispanics have been steadily rising. But any foray into the Latino subculture shows that the numbers do not tell the whole story, and may not even tell half. CDC literature notes that "it is believed that AIDS-related cases and deaths for Latinos are understated by at least 30 percent. Many Hispanics do not and cannot access HIV testing and health care." Abetted by widespread shame about homosexuality, a fear of governmental and medical institutions (particularly among undocumented immigrants) and cultural denial as deep as Havana Harbor, AIDS is moving silently and insistently through Hispanic America. It is the stealth virus.

"No one knows how many Latino HIV cases are out there," Damian Pardo, an affable Cuban-American, who is president of the board of Health Crisis Network, tells me over lunch in Coral Gables. "All we know is that the numbers are not accurate—that the actual cases are far higher. Everyone in the community lies about HIV." Everyone, according to Pardo, means the families, the lovers, the priests, the doctors and the patients. "The Hispanic community in South Florida is far more affluent than blacks. More often than not, people see their own family doctor who simply signs a falsified death certificate. It's a conspiracy of silence and everyone is complicitous."

Freddie Rodriguez—smart, affluent, urbane—didn't learn that Luis, his Nicaraguan lover, was HIV-positive until it was too late to do anything about it. "He was my first boyfriend. He would get sick at times but he refused to take a blood test. He said that it was impossible for him to be HIV-positive. I believed him. One day, he disappeared. Didn't come home, didn't go to work—just disappeared." Frantic, Rodriguez called the police and started phoning hospitals. Finally, Luis turned up at Jackson Memorial Hospital. He had been discovered unconscious and rushed to intensive care. When Rodriguez arrived at the hospital, he learned that his lover was in the AIDS wing. Even then, Luis insisted it was a mistake. Two weeks later, he was dead. "I had to tell Luis's family that he was gay," Rodriguez says, "that I was his boyfriend and that he had died of AIDS. They knew nothing. He lived a completely secret life."

Although Rodriguez was enraged by his lover's cowardice, he understood his dilemma all too well. He remembered how hard it was to tell his own family. "When I was 22, I finally told my parents that I was gay. My mother screamed and ran out of the room. My father raised his hands in front of his eyes and told me,

ANN LOUISE BARDACH is a contributing editor of *Vanity Fair*.

'Freddie do you see what's in front of me? It's a big, white cloud. I do not hear anything, see anything and I cannot remember anything because it is all in this big white cloud.' And then he left the room." One of Rodriguez's later boyfriends, this one Peruvian, was also HIV-positive, but far more duplicitous. "He flat out lied to me when I asked him. He knew, but he only told me after we broke up, *after* we had unsafe sex," says Rodriguez, who remains HIV-negative. "Part of the *machismo* ethic," Rodriguez explains, "is not wearing a condom."

Miami's Body Positive, which provides psychological and non-clinical services to AIDS patients, is housed in a pink concrete bubble off Miami's Biscayne Boulevard. The building and much of its funding are provided by founder Doris Feinberg, who lost both her sons to AIDS during the late 1980s. The gay Cuban-American star of MTV's "The Real World," Pedro Zamora, worked here for the last five years of his life and started its P.O.P. program—Peer Outreach for Persons Who Are Positive. Ernie Lopez, a 26-year-old Nicaraguan who has been Body Positive's director for the last five years, estimates that 40 percent of the center's clients are Latino, in a Miami population that is 70 percent Hispanic. On the day I visit, I see mostly black men at the facility. Lopez warns me not to be fooled. "The Latino numbers are as high as the blacks, but they are not registered," he says. "Latinos want anonymity. They come in very late—when they are desperate and their disease is very progressed. Often it's too late to help them."

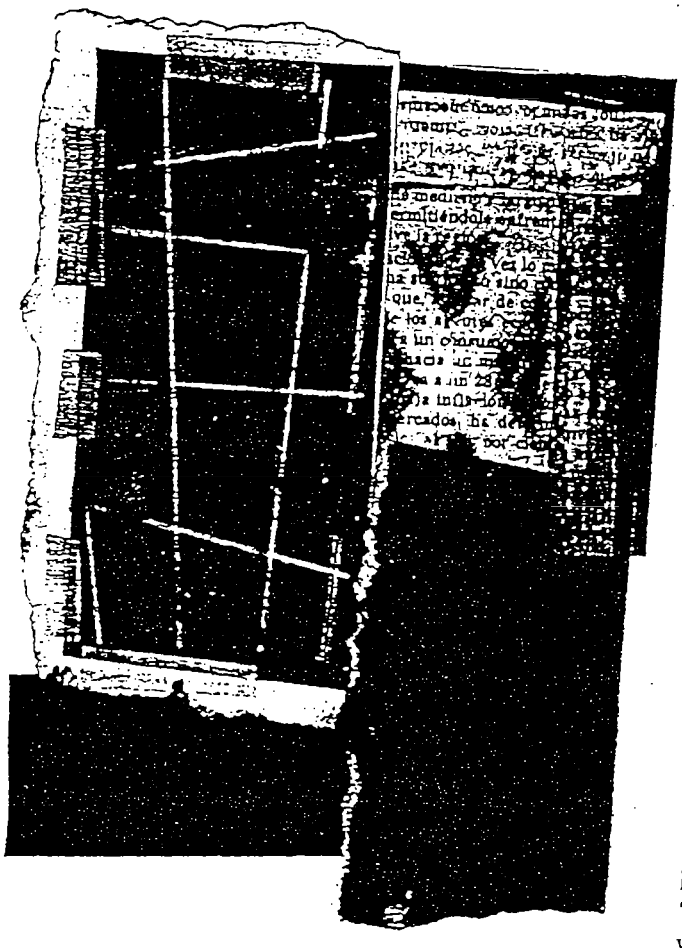


ILLUSTRATION BY TOM PRESTON FOR THE NEW REPUBLIC

"*Soy completo*," is what they often say in Cuba, meaning, "I'm a total human being." It is the preferred euphemism for bisexuality and in the *machista* politics of Latino culture, bisexuality is a huge step up from being gay. It is this cultural construct that prevents many Latin men from acknowledging that they could be vulnerable to HIV, because it is this cultural construct that tells them they are not gay. Why worry about AIDS if only gay men get AIDS? "To be bisexual is a code," says Ernesto Pujol, a pioneer in Latino AIDS education. "It means, 'I sleep with men but I still have power.' I think there is a legitimate group of bisexuals, but for many bisexuality is a codified and covered homosexuality." Self-definitions can get even more complex. "I'm not gay," a well-known intellectual told me in Havana last year. "How could I be gay? My boyfriend is married and has a family."

Without putting too fine a point on it, what defines a gay man in some segments of the Latino world is whether he's on the top or the bottom during intercourse. "The salient property of the *maricon*," my Cuban friend adds, "is his passivity. If you're a 'top,'—*el bugaron*—you're not a faggot." Moreover, there are also many heterosexual Latino men who do not regard sex with another man as a homosexual act. "A lot of heterosexual Latinos—say, after a few drinks—will fuck a transvestite as a surrogate woman," says Pujol, "and that is culturally acceptable—absolutely acceptable." Hence the potential for HIV transmission is far greater than in the mainstream Anglo world.

According to Pujol, "only Latinos in the States are interested in other gay men. They have borrowed the American liberated gay model. In Latin America, the hunt is for 'straight' men. Look at the transvestites on Cristina's (the Spanish-language equivalent of "Oprah") talk show. Their boyfriends are always some macho hunk from the *bodega*." Chino, a Cuban gay now living in Montreal, typifies the cultural divide. "I don't understand it here," he says scornfully. "It's like girls going out with girls."

"If you come out," says Jorge B., a Cuban artist in Miami Beach, "you lose your sex appeal to 'straight' men" (straight in this context meaning married men who have sex with other men). The Hispanic preference for "straight men" is so popular that bathhouses such as Club Bodycenter in Coral Gables are said to cater to a clientele of older married men who often pick up young lovers after work before joining their families for dinner. Some men will not risk going to a gay bar, says Freddie Rodriguez. "They go to public restrooms where they can't be identified." While many gay Hispanics do eventually "come out," they do so at a huge price—a shattering loss of esteem within their family and community. "The priest who did Mass at my grandfather's funeral denied communion to me and

my brother," recalls Pardo. "He knew from my mother's confession that we were gay."

Latino attitudes here are, of course, largely imported, their cultural fingerprints lifted straight out of Havana, Lima or Guatemala City. Consider Chiapas, Mexico, where gay men were routinely arrested throughout the 1980s; many of their bodies were later found dumped in a mass grave. Or Ecuador, where it is against the law to be a homosexual, and effeminate behavior or dress can be grounds for arrest. Or Peru, where the Shining Path has targeted gays for assassination. Or Colombia, where death squads do the same, characteristically mutilating their victims' genitals.

While Latino hostility to homosexuals in the United States tends to be less dramatic, it can also be virulent, particularly when cradled in reactionary politics. In Miami, right-wing Spanish-language stations daily blast their enemies as "communists, traitors and Castro puppets." But the epithet reserved for the most despised is "homosexual" or "*maricon.*" When Nelson Mandela visited Miami in 1990, he was denounced daily as a "*marijuanero maricon*"—a pot-smoking faggot—for having supported Fidel Castro.

On the other side of the country, AIDS Project Los Angeles is the second-largest health provider for AIDS patients in the United States (after Gay Men's Health Crisis in New York). It's a sparkling facility with a food bank, a dental program and all manner of support services. Housed in the David Geffen Building at the corner of Fountain and Vine, it is well-provided for by a generous Hollywood community. Currently, AIDS Project Los Angeles attends to the needs of more than 4,500 clients, 60 percent of whom are gay men. Roughly one-fourth of the total are Latinos, and the majority of those are Mexican. Thirty-two-year-old Troy Fernandez is one of the project's senior aides on public policy. Born in Yonkers and of Puerto Rican descent, Fernandez is a caramel-colored black man with long dreadlocks streaming down his back. Dressed in crisp white jeans, he's as slim and elegant as a fountain pen. He's also HIV-positive—part of the second wave.

Although Fernandez "did the downtown dance scene and Fire Island," in his 20s, he didn't go to the bathhouses, and he was never on the front line of the party scene. Even when the political equation of the gay revolution—"the more promiscuous, the more liberated"—still had currency, Fernandez was warier than his peers. By 1981, friends of his had started to die of the mysterious illness then known as the gay plague. Fernandez got himself checked out as soon as HIV testing became available, and came up negative year after year while he continued to practice safe sex. Then he moved to Los Angeles and met Rodrigo.

Rodrigo was a well-educated Mexican-American, a high-level insurance executive, a Republican conservative and "completely closeted." Among Rodrigo's tightly knit family, only one of his brothers—also gay—knew his secret. When Fernandez asked his partner if he was HIV-positive, he said no. He'd never been tested, but he knew he wasn't. He also insisted he was monogamous. "It's all about what risks you are willing to take," says Fernandez slowly. "I understand why people stop practicing safe sex. One is always renegotiating the risk factors at some level. You see, you want to believe that your lover is telling you the truth."

In 1990, Rodrigo got sick. By then Fernandez had become suspicious, and pressed his partner to be tested. "I told him he had to do it for my sake," he says, "if nothing else." When Rodrigo learned he was positive "it was a double whammy," says Fernandez. "He had to admit that he was sick and dying and worse—he had to admit that he was gay." Within the year, Fernandez learned that he, too, had the virus. Remembering, he lets loose a long sigh. "I don't have an answer for why I took a chance. I knew better, but it only takes one time." Fernandez surmises on the basis of personal anecdotal experience that as many as "90 percent [of gay] Latinos are closeted. Many may have self-identified but tell no one else." He bases his estimate on the number of married men who come into AIDS Project Los Angeles. "They always say they need the information for their brother or brother-in-law."

Rarely visible in the statistics are the wives and girlfriends of these men—the group that experts predict will soar to the top of the AIDS charts by the end of the decade. Currently, blacks and Latinas make up 77 percent of all AIDS cases among women; the number of Latina cases is seven times higher than that of Anglo women. Researchers have long known that the "receptive partner," is at greater risk of contracting not only HIV but all sexually transmitted diseases. For reasons generally unknown, women tend to get sicker sooner and die faster. Moreover, for many Latinas striving to be good Catholic wives in a culture where church and family are the co-pillars of the community, contracting HIV is an unfathomable betrayal and an irredeemable disgrace.

Ernesto Pujol remembers a Salvadoran housewife in her mid-50s, then living in Brooklyn. "She had just tested positive. She was crying. She was so bitter—so angry at her husband and the waste of her life. She had bought the whole Latina martyrdom of being the faithful wife." The husband was a drunk who had battered her, belittled her, and who would finally kill her. Still, she maintained that her husband had been infected by female prostitutes—and never looked at the evidence that he had had sex with men. "None of the women I worked with ever admitted that their spouses were gay or bisexual," says Pujol. "They would say, 'He drinks, you know.' They would rather blame prostitutes than consider the culturally unacceptable possibility of other men."

Wanda Santiago, 36, has lived much of her life as a pariah. A Puerto Rican lesbian, born and raised in Brooklyn, Santiago learned in 1989 that she was HIV-positive. At 13, she started doing drugs when her family

moved to a rough neighborhood in Williamsburg. At 16, she was pregnant and married and drinking. After three years, her husband left. "I knew I was gay since I was 8," she says, "but I thought getting married would cure me." In 1978, Santiago came out and turned the care of her young son over to her mother.

Santiago suspects she contracted HIV during her romance with an Ecuadoran woman who was stationed with the Navy in Virginia. "I was crazy about her," says Santiago, who lived with the woman for three years. "Every now and then, she would bring a man to our bed," says Santiago. "It could have been one of them, or maybe I got it from a needle." A few years after her relationship hit the skids, Santiago sobered up for good, but by then she was feeling tired all the time. "For a week after I tested positive, I refused to believe it," she says. "Total denial."

Until 1991, Santiago worked for the Health & Rehabilitation Service screening Latinas with sexually transmitted diseases for HIV. "A lot of them refused to be tested," she says. "If they did test positive, they wouldn't believe it. The fear overwhelmed them. They would say, 'Don't talk about it,' 'I don't have it' and 'Don't tell my husband.' Many were in denial about their husbands screwing around. They thought they would get blamed for getting the disease. It's much worse in Hispanic culture than it is for whites or blacks because Hispanics won't even talk about it. A lot of the women were afraid to use condoms because they would get beat up by their husbands. See, if you're infected by a man, you're a whore. If you're infected by drugs, then you deserve it. But it's OK for a man to have HIV because it's OK for a man to whore around."

Mary Lou Duran has been working with the community in East Los Angeles for twenty-one years, the last three and a half of them as a case manager for the HIV patients at Altamed Services. Her clients are women: primarily Mexican-American or Central American refugees, both legal and undocumented, ranging in age from 17 to 56, and including "several grandmothers." A few of the older women may have gotten the virus from blood transfusions during surgery in Mexico, before the availability of HIV testing. But the overwhelming majority were infected by spouses or lovers. "One woman, from Guatemala, died in October," Duran says. "She had a very aggressive virus and died in less than three and a half years. She got it from a boyfriend and left a child behind. I feel the majority of the women I see are innocent victims—wives and girlfriends who have no idea what is going on." Duran then relates a more personal experience: "In my own family, there have been three deaths—three nephews who were gay. But my family says, 'No one has died of AIDS.' They call it cancer. We can't comfort each other because we can't discuss it. 'They weren't gay,' they say, and 'They didn't have AIDS.'"

By coincidence, one of Duran's ailing nephews ran into her at a clinic where she was working. "He was shocked to see me," she remembers. "He was sick—very progressed by the time he came in for help." They chatted briefly, awkwardly. It was her only personal contact with the tragedy in her family. "I have always been a community worker and my family has come to me when they have a need of sorts, but never while I do this work. They have never asked for my help. They have no interest or curiosity in my work. They never ask any questions. Nothing is ever said. The entire community is in denial. They just don't believe it is happening. They think that AIDS is about gay white males."

When not manning the AIDS project, Troy Fernandez makes the rounds of Hollywood bathhouses, doing what amounts to "interventions"—foisting condoms on men before they have sex. "The culture of the bathhouses has changed," he says, his voice brightening. "Some people sit around and talk. Sure, it's still mainly sex but there's some talk." Fernandez doesn't believe closing the bathhouses serves any purpose. "If you close the Hollywood Spa or the Compound, people will simply go to Plummer Park or the restroom at the Beverly Center. My friends in New York say the bathrooms at Juilliard are very busy these days. Face it, we are not going to stop people from having sex."

What then are the prospects of halting the second wave? Fernandez is initially speechless, and it takes a few minutes for him to get pumped up again. "We should get real that what we're doing is not working." He sings the praises of another program he's involved in—*Saber es Poder* (Knowledge is Power), which enables him and others to go into heavily Hispanic schools and talk to kids in grades seven through twelve. "But I can't say 'dick' to a kid in a school program without losing funding," he complains. "The truth is, Joycelyn Elders was right. We have to start talking to kids when they're young, not when it's too late or the second wave will keep rolling along and then the third wave and then the fourth wave."

As for Ernesto Pujol, he says he will never forget Carla, a soft-spoken, graceful Puerto Rican he met during his days running the Brooklyn AIDS unit of New York's Crisis Intervention Services. Happily married to a Brazilian man, Carla was at work on her doctorate. "The entire family got sick about the same time," says Pujol. "Her husband, she and their 2-year-old daughter. He died first, then the baby. I remember the day in the hospital that she told her family that she had AIDS and of course they became hysterical. It was very sad. She was a devout Catholic and AIDS caused her a great crisis of faith—like a slap in the face. As a couple, they had everything going for them—white upper-middle-class Latinos who could pass, educated and charming. Her husband had told her that he got it from an old girlfriend who was an addict but I suspected that he had had prior bisexual behavior. She chose to believe what her husband told her and I wasn't about to take that away from her. He was a very terrific, wonderful guy who was also working on his doctorate. But he was haunted by his past—and HIV is a past that won't ever let go of you." •

# *A second wave*

Physicians in AIDS clinics and epidemiologists who go out on the streets all testify that a second wave of infections is underway—not as massive as during the early 1980s, but far greater than anything since. The trouble is, the hard data don't reveal much about it. Part of this is intrinsic to the disease; HIV-positive people don't develop symptoms until ten years, on average, after seroconversion, and until then infection is essentially invisible. Because of the stigma attached to having the virus, those who test positive may lie to survey-takers about when and how they got it. Most don't get tested. Some poor people who don't receive medical treatment for characteristic infections aren't ever diagnosed. With all the cultural and practical obstacles arrayed against it, attempts to measure the HIV epidemic with accuracy barely stand a chance.

What *do* we know? For starters, we have a rough idea of how many people have been diagnosed with AIDS. The federal government's Centers for Disease Control and Prevention (CDC) publishes an official clinical definition of AIDS and, in theory, keeps count of all AIDS cases diagnosed each year. That number peaked in 1993 at 106,618 and fell in 1994 to 80,691. But this doesn't mean *infection* rates are falling—only that use of anti-viral drugs may have prolonged life in some cases and thus created a temporary drop in the numbers, and that a sharp drop in infections occurred around a decade ago. This makes sense; the mid-1980s saw the purification of the blood supply—and the closing of the bathhouses and the stigmatization of unsafe sex. Clearly, people can change their behavior drastically.

We know this much because, since 1982, CDC has required health care providers nationwide to report new AIDS diagnoses to state health departments. The reporting, however, is often slow and shoddy. Of all the reports that states ever receive from physicians, only half come in within three months after diagnosis and only three-quarters arrive within a year. Other reports never arrive—even for cases that have been clinically diagnosed. The good news that the numbers are down should be balanced, then, by the underreporting of the overall numbers. Right now, the chief AIDS statistician at CDC estimates that between 50,000 and 100,000 people with AIDS die each year—far more than the 32,330 CDC counted in 1994.

Yet even if the data on AIDS cases and deaths were completely accurate, they say nothing about new infections. Only twenty-five states require health care providers to report all new HIV diagnoses and California, New York and Florida, where the highest number of new infections are probably occurring, aren't among them. What indicators we do have suggest that the biggest growth in infection rates is occurring among ethnic minorities. In states that require reporting of HIV cases, the number of new diagnoses between 1993 and 1994 rose 11 percent among white men, 20 percent among black men and 60 percent among Hispanic men. Cases diagnosed last year accounted for 22 percent of all white men ever reported, 30 percent of all blacks and 41 percent of Hispanics. In other words, a disproportionate number of black and Hispanic HIV diagnoses occurred recently.

To an optimist, these data might confirm that AIDS educators have just started to overcome taboos against HIV testing. Yet they could mean that blacks and Hispanics are now seroconverting at a much higher rate than whites are. Other data support the latter conclusion. Forty-four states use blood tests performed routinely on all newborn babies to measure seroprevalence among childbearing women. Among new mothers in New York state in 1992, HIV-positivity was eight times as common among Hispanics and seventeen times as common among blacks as among whites. By 1994 it was ten times as common among Hispanics and twenty-one times as common among blacks. The disparity had grown.

The rate of infection among white gay men is also rising again. In the first two months of 1995, twelve gay male patients—the same number as in all of 1992—were treated for rectal gonorrhea at Washington, D.C.'s Whitman-Walker Clinic. Most of these cases occurred in men under 30—a sign that condom use among younger gay men has decreased. Of course, it's possible to measure the incidence of new infections more systematically. In 1993 researchers at the University of California at San Francisco concluded a household-by-household study of gay men aged 18 to 29. They found a seroconversion rate of 2.6 percent of the HIV-negative men in the sample per year of sexual activity. That means that of 100 HIV-negative gay men who were 17 years old in 1993, twenty-three will be infected by age 28, and fifty-one will be infected by age 44. "That's as bad as in 1981," says Andrew Moss, a UCSF epidemiologist. By all anecdotal accounts, the rate has increased since then. Only from 1982 to 1984 was it higher.

Unfortunately, the best publicized estimates of HIV incidence don't rely upon such exhaustive studies, which are expensive and hard to conduct outside minority or gay neighborhoods. The Public Health Service, which estimates that 40,000 Americans become infected each year, derives that number from surveys of the seroprevalence of HIV in various populations. The principle goes like this: if seroprevalence stays the same, and a certain number of people died of AIDS last year, then the same number of people must have become infected last year. Likewise, if seroprevalence fell, fewer people were infected than were killed by the virus.

But even if deaths could be counted accurately, a slight mismeasurement of seroprevalence can inflate or reduce the new infection estimate by tens of thousands. The potential for error is vast. The numbers show, for example, that while seroprevalence remained roughly constant among men who have sex with men in Washington, D.C., between CDC's 1989 and 1992 reports it fell from 45.8 percent to 29.7 percent in Miami. Either the data are unreliable, or seroprevalence is volatile across cities and short periods of time.

The obstacles to filling in the gaps aren't just methodological. In city and state budgets, and under the federal Ryan White Comprehensive AIDS Resource Emergency Act (1990), funding for some human services depends upon AIDS case counts. Political pressures encourage researchers to count AIDS cases rather than to gather better information about infection rates. "The numbers aren't perfect," says Derek Hodel, chief lobbyist for Gay Men's Health Crisis. "They're still all we have.... That's how we offer a rationalization for any government program."

The bottom line is that some people are sick, others will get sick and many have died. And you knew all that already. But important fragments of evidence suggest that infection is gathering pace. A second wave of infections now will produce another wave of AIDS in the next decade, and this wave won't affect just gay white men. We'll have no excuse for not seeing it coming, if we simply couldn't be bothered to find out for sure.

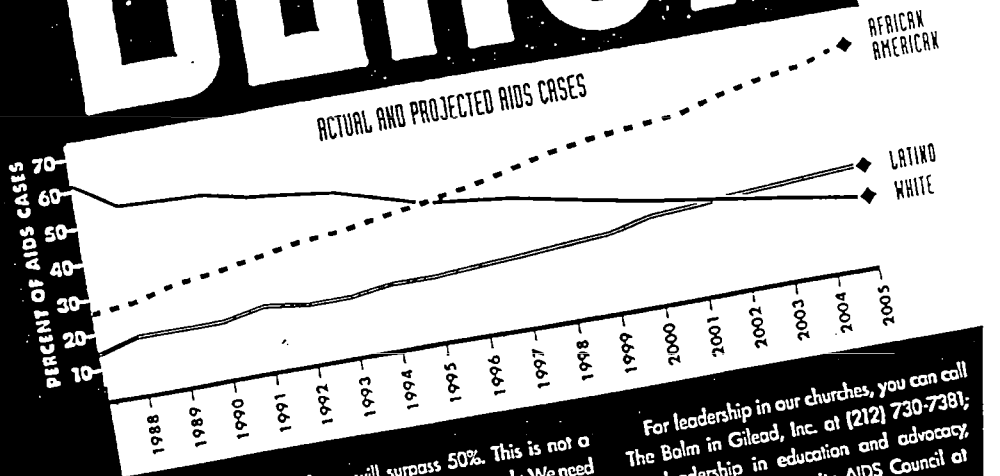
DANTE RAMOS

The Washington Post

THURSDAY, DECEMBER 4, 1997

LEADING FOR LIFE

# DISEASE KNOWS NO PREJUDICE. UNLESS OF COURSE YOU'RE BLACK.




If you are African American, you are almost 7 times more likely than a white person to be diagnosed with AIDS. AIDS is now the leading cause of death for African American men and women between the ages of 25 and 44. In the United States, African American children with AIDS outnumber all other children with AIDS combined. And the chart shows that 40% of all AIDS cases today are among African Americans.

In four years, that figure will surpass 50%. This is not a random affliction. We are just not taking AIDS seriously. We need our leaders to take a stand, and most importantly, take action.

We are Leading for Life, a group of African American national and community activists who, in working with the Harvard AIDS Institute, have organized a campaign to empower our communities to keep AIDS from decimating the African American race. And now, we need you to get involved.

For leadership in our churches, you can call The Balm in Gilead, Inc. at (212) 730-7381; for leadership in education and advocacy, call the National Minority AIDS Council at (202) 483-6622; for information concerning the Leading for Life campaign itself, contact the Harvard AIDS Institute at (617) 432-4400. Please, we can't do it without you.

# The Changing Face of AIDS

AIDS is now the leading cause of death among blacks aged 25 to 44, greater than homicide, heart disease and accidents combined. The disease long associated with white gay males is slowly devastating black communities, claiming more men, women and children every day. Yet among blacks, AIDS has been a silent killer. That is why a group of black religious, political and community leaders met at Harvard last month — to sound a warning loud enough to shake the black community, and the nation as a whole, out of its lethargy.

According to the Harvard AIDS Institute, the face of AIDS has changed dramatically in the past decade. In 1986, 60 percent of those diagnosed with the disease were white, 24 percent black and 15 percent Latino. Last year the figures were 40 percent, 39 percent and 19 percent respectively. By the year 2000, blacks are expected to account for more than half of all newly diagnosed AIDS cases, while whites will account for about 30 percent.

The fact that the AIDS trend lines for whites and blacks are going in opposite directions is due to a number of factors. Activists in the gay white community seized the issue early on and fought, successfully, for everything from research funds to housing and other assistance for victims. Older gay men were also quicker to adopt preventive measures, including condoms and avoidance of bathhouses and multiple sex partners.

At the same time, the black community was in denial. Public health experts attribute most of the spread of AIDS among blacks to drug use. But concern in the black community about drugs tended not to focus on AIDS. Conference participants suggested that blacks had failed to come to grips with the disease because of fear and lack of knowledge about homosexuals, because they are preoccupied with more familiar threats like guns and violence and because many black leaders are out of touch with their communities. One minister acknowledged that he ignored the disease for years — until he had to preach at a lot of funerals.

It will be impossible, however, to keep ignoring the disease. The Centers for Disease Control and Prevention calculate that in 1994, one of every three deaths among black men between the ages of 25 and 44, and one of every five deaths among women in the same age group, resulted from H.I.V.-related illness. Black men are already 5.5 times more at risk of contracting AIDS than white men, and their relative risk will more than double in the next decade. Black women are now 16 times more likely to contract AIDS than white women. In addition, the overwhelming majority of children with AIDS are black.

Participants in the recent conference called for a national emergency effort to stop this devastating tide, suggesting that more AIDS resources be targeted to black and other minority communities. They also urged an end to the culture of silence that surrounds this issue in the black community. The scourge will not end until people who looked the other way — the Administration, the Congressional Black Caucus and ordinary citizens — begin to recognize and speak about the truths that lie behind the depressing numbers.

National Report

The New York Times

WEDNESDAY, OCTOBER 23, 1996

# Blacks Urged to Act to Increase Awareness of the AIDS Epidemic

By SARA RIMER

CAMBRIDGE, Mass., Oct. 22 — Warning of a worsening AIDS epidemic among minorities, black leaders from the worlds of government, academia, religion and medicine gathered today at Harvard University to urge blacks, who they said had been in denial about the crisis, to mount a campaign against the disease.

Henry Louis Gates, chairman of Afro-American studies department at Harvard, told the group: "In part because of a traditional homophobic tendency in our culture, in part because of ignorant stereotypes about H.I.V. and AIDS, our people, our leaders, our culture, have long been in denial about AIDS in the black community."

"This is a human tragedy of monstrous proportions, which could have been, and could be avoided — and that's what this is all about," Professor Gates said after the conference.

The Harvard AIDS Institute, which co-sponsored the conference, released figures today projecting that by 2000, more than half of all AIDS cases in the United States will be among blacks. By the same year, a black person will be nine times as likely to be diagnosed with AIDS as someone who is not black, according to the institute's figures. The institute estimated that nearly 100 blacks and Hispanic Americans are diagnosed with AIDS every day in the United States.

After the conference, Dr. Alvin Pouissant, a clinical professor of psychiatry at the Harvard Medical School, said: "Prevention programs have not been as strong in the black community as the white community. There is a taboo about talking about it. And there is still a lot of despair. This is one more problem: We've got crime, violence, teen-age pregnancy, homelessness, now we've got AIDS."

Other speakers emphasized some alarming figures that the Centers for Disease Control and Prevention released more than a year ago: AIDS kills twice as many black men aged 25 to 44 as homicide; black women constitute two thirds of all women infected with H.I.V., the virus that causes AIDS, who are reported to the centers, and more children with AIDS are black than all other races and ethnic groups combined.

Dr. David Satcher, director of the centers, attended the conference, as well as Marian Wright Edelman, president of the Children's Defense Fund; Patsy Fleming, director of the Office of National AIDS Policy, and the Rev. Canon Frederick P. Williams, chairman of the National Clergy Advisory Committee.

*By 2000, half of those with AIDS are expected to be black.*

Mario Cooper, a former chairman of the board of the AIDS Action Council, a policy development group in Washington, and a member of the board of the Harvard AIDS Institute, said government on all levels, as well as charitable organizations, must do more to deliver resources to fight AIDS among blacks.

Mr. Cooper added that the conference was the beginning of an effort to bridge the gap between "the lack of engagement on behalf of traditional African-American leaders and organizations and the sense of ownership around the issues and the funding that gay white males generally demonstrate."

The Boston Globe

WEDNESDAY, OCTOBER 23, 1996

# A black silence on AIDS cited

By John Yemma
GLOBE STAFF

Alarmed by a dramatic rise in AIDS cases among black Americans, a group of black educators and public-health officials yesterday criticized prominent members of the African-American community for remaining silent about the epidemic.

AIDS is the No. 1 cause of death among African-Americans between the ages of 25 and 44, according to public health officials. By the end of the decade, blacks will account for half of all AIDS cases.

AIDS prevention efforts among whites and Hispanics have been relatively successful in recent years, health officials say. But social taboos and poverty have hampered efforts to slow the spread of the disease in the black community.

Organizers of a one-day Harvard summit on the issue yesterday were especially critical of complacence among black leaders.

Henry Louis Gates Jr., director of the W.E.B. Du Bois Institute for Afro-American Research at Harvard, described many black religious,

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# Black leaders' role on AIDS is criticized

■ AIDS
Continued from Page A1

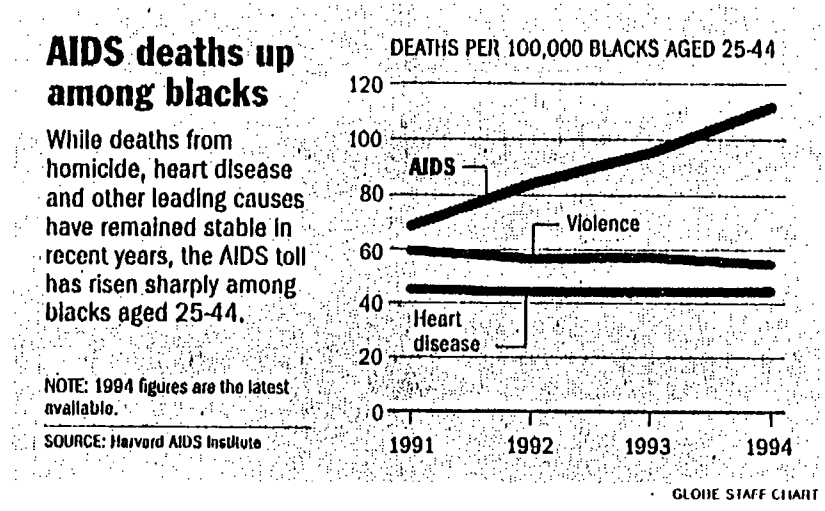
business, entertainment, sports and civic leaders as being "in a state of denial" about the AIDS epidemic.

A big reason for the silence, Gates said, is the "long, pernicious tradition of, let's face it, homophobia within the American community in general and the African-American community in particular."

Mario Cooper, a member of the Harvard AIDS Institute International Advisory Council, cited drug use and unprotected sex as leading factors in the spread of AIDS among blacks and condemned prominent black leaders who he said have shown little interest in the problem.

Cooper said he and others who are concerned about the problem intend to "raise hell" and "say to the black churches, the CDC, Magic Johnson and others, 'Where are you?' "

The CDC, the Centers for Disease Control, is the leading federal agency in the fight against infectious diseases. Earvin Johnson, former basketball star with the Los Angeles Lakers, has been diagnosed with HIV, the virus that can lead to AIDS. Though Johnson has spoken out on AIDS issues, Cooper said he could do much more.




Research by the Harvard AIDS Institute shows that the proportion of AIDS cases involving blacks in America will grow sharply into the next century. Among Hispanics, meanwhile, there will be a steady decline. The proportion of AIDS cases among whites will remain moderate.

AIDS is "already devastating and decimating the black community," said Dr. Alvin Poussaint, professor of psychiatry at Harvard Medical School.

Public health officials estimate that 300,000 to 600,000 African-Americans are infected with HIV. Blacks account for half of all AIDS cases among children, half of all women with AIDS and one-third of all men with AIDS.

"AIDS has become the No. 1 cause of death among all African-Americans between the ages of 25 and 44," said Marian Wright Edelman, president of the Children's Defense Fund. "We cannot sit idly by and watch our people pass away."

Although nearly 100 African-Americans are diagnosed with the disease daily, "African-American leaders have not responded to AIDS to the degree necessary to stem the horrific impact of the epidemic on their families and their communities," conference participants said in a statement.

Participants in what was called the "Leading for Life" summit issued a resolution that calls on journalists to make HIV and AIDS a "critical issue in reporting news items that affect our communities" and seeks more community-based AIDS education programs. The resolution also urged black leaders to "address and speak out against homophobia, sexism, racism, addiction and 'addiction-phobia.' "

Cooper and others said they plan to send AIDS awareness messages through TV, music and other entertainment channels that reach the black community.

THE VILLAGE VOICE, 11-5-96

# Blackt Up!

## African Americans Confront Their Worst Health Crisis: AIDS

## By Mark Schoofs

Except possibly for slavery, nothing in our history will have killed so many black people in such a short time as AIDS," says Mario Cooper. About 100 African American leaders gathered at Harvard last week and heard the facts that led him to this staggering conclusion:

- HIV kills more black Americans in the prime of their life, age 25 to 44, than any other cause.
- One out of five deaths among black women in this age group is caused by AIDS; one out of *three* among black men.
- Blacks comprise just 12 per cent of America's population but 40 per cent of all AIDS cases, more than half the female cases, and more than 60 per cent of children with AIDS.
- Blacks are six times more likely than whites to be infected with HIV, and twice as likely as Hispanics.
- Already, 300,000 to 500,000 African Americans are estimated to be infected with HIV.

Cooper, who is black and HIV-positive, knows these statistics by heart. But to his mind, there is something even worse: "Almost all our leaders—business, political, church—have been appallingly silent." Cooper toiled for two years to organize last week's conference. Like an AIDS Cassandra, he would say, "Hundreds of thousands of our people will be dying in the next 10 years." But usually, he was offered no support, or only token gestures. "At times," Cooper says, "it brought me to tears."

ANDREW LICHTENSTEIN

Mario Cooper of the Harvard AIDS Institute, which organized last week's black leadership conference: "Almost all our leaders have been silent."

**At the conference,** prominent black health officials—such as David Satcher, director of the Centers for Disease Control, and Children's Defense Fund president Marian Wright Edelman—joined veteran black AIDS activists to call for a major African American effort to combat HIV. But the right people still were not listening. "This conference was supposed to be for opinion makers who have *not* been involved in AIDS," New York's Reverend Canon Frederick Williams reminded the assembly. "Where are they today?"

Not one member of the Congressional Black Caucus attended, though conference organizers said all had been invited. Kweisi Mfume, executive director of the NAACP, and Hugh Price, president of the National Urban League, lent their names to the conference, but neither showed. "It's outrageous," fumed Alvin Poussaint, the normally circumspect psychiatrist and black health advocate who cochaired the meeting. "They have done nothing."

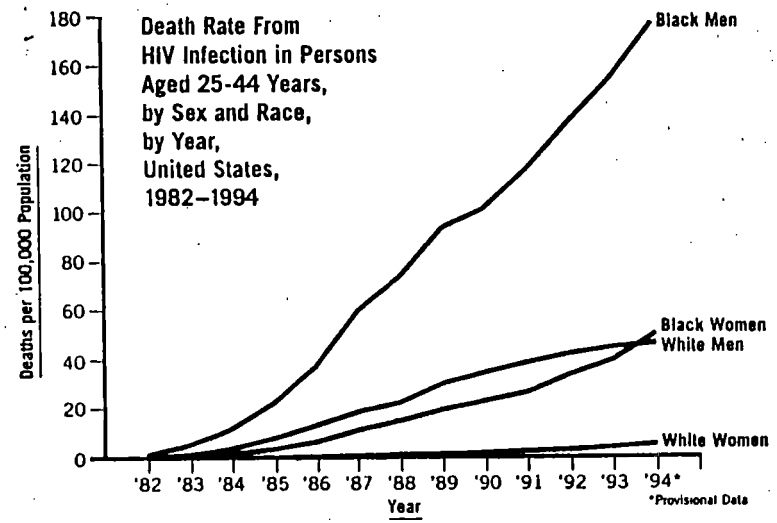
Indeed, National Urban League spokesman Lee Daniels told the *Voice* the group is "not involved in any way in AIDS." NAACP youth director Jamal Bryant admitted, "We have 500 youth councils and 250 college chapters, but we haven't made any real effort to educate young people." Finally, scores of black newspapers were informed of the conference, but a *Voice* survey of 13 of the largest papers revealed that only one plans to cover it.

Meanwhile, 65 African Americans get diagnosed with HIV every day. If it continues to spread unchecked, by the year 2001 more than half of all Americans with AIDS will be black.

**"We've been talking about** the blacking and browning of this epidemic since 1986," noted Beny Primm, a leading AIDS doctor. But many African Americans are still not addressing it, partly because their hands are already full. "In a project, they hear shots every night," explains Norm Nickens, who chairs the National Minority AIDS Council. "That's real and immediate. When you say there's a disease out there that may kill you in 10 years, well, that goes right by."

Even before AIDS exploded, black men in Harlem had a lower life expectancy than men in Bangladesh. But AIDS is no longer just another problem. It currently kills twice as many young black men as homicide, the next leading killer. And the present AIDS toll is merely a prelude; the ballyhooed new drugs almost certainly do not cure the disease, and even if they did, says Cooper, "most of our people are not going to have access to these drugs, so we know what their life expectancy is going to be."

"We need to make AIDS the moral equivalent of civil rights," Poussaint told the *Voice*. "But that's hard to do, given the stigma of the disease." In the black community, the ravages of drugs have produced a particular revulsion toward addicts. One AIDS professional, who requested anonymity, said she recieved funding to open a case-management office in a "neighborhood that has a high crime rate and a lot of drug use." But the mostly black residents have thwarted the project: "They're saying, 'We don't want more addicts.' " The result? The money has been sitting in a bank, unused, for almost a year.



**Blacks far outnumber whites in per capita AIDS cases, according to the CDC.**

IV-drug use is the primary conduit of HIV among African Americans, but sex between men runs a close second. "I want to come down hard on our leaders about their homophobia," says author Henry Louis Gates Jr., head of Harvard's influential black studies department and cochair of last week's conference. "It's an embarrassment to be a black person when the leadership is not countering homophobia."

Gates draws a parallel with prejudice among whites, and despising homosexuals and addicts is, indeed, as American as apple pie. But Keith Cylar, a founder of the AIDS organization Housing Works, says racism can make it even harder for blacks to embrace outcasts. To counter white bigotry, he explains, African Americans often try to present a flawless image. Anyone who deviates from that ideal—such as those who are at highest risk for HIV—face extra ostracism for "betraying the race." Then there is the widespread fear that if the truth about who is getting AIDS is known, whites will use it as another club to pummel blacks.

Black churches, probably the most powerful force in African American culture, have been particularly reluctant to launch AIDS prevention programs. But many ministers are changing their ways. Pernessa Seele, who found- ➤➤



# Schoofs

CONTINUED FROM PAGE 45

ed The Balm In Gilead, an organization devoted to mobilizing black churches, recalls the end of a retreat she organized last February. "There were some real hard ministers, but at the end, when we stood up and held hands, some of them began to cry. One dropped to his knees and began to repent for how he had treated people with AIDS, gay people and addicts. He had kicked them out of his church, and now he asked God to forgive him for condemning instead of healing. Other ministers began to drop to their knees, too, saying, 'I've been wrong. Oh God, forgive me.' "

**Seele is organizing** a December 4 fundraiser with Jessye Norman. Even though the opera diva will be joined by a cast of high-voltage stars—including Maya Angelou, Toni Morrison; and Elton John—Seele has had trouble raising money. "Many corporations have turned us down, saying, 'I only support the Gay Men's Health Crisis,' " she says. Nor has support from black-owned companies yet been what she was hoping for.

Seele is savvy and well-connected. For most black organizations, the struggle is much harder. At the conference, experts from across the country described a common profile of black AIDS agencies: Most have been founded only within the last few years. They operate in poor neighborhoods, so they lack access to a donor base and depend almost exclusively on ever shrinking government contracts. Funders do not understand minority communities, and gay white organizations bid for the same money.

Finally, black AIDS agencies are often not mentored or supported by the mainstream African American community. Ronald Johnson, Mayor Giuliani's AIDS policy chief, says the consequences can be severe. "We've encountered agencies that didn't keep a general ledger, because no one on their board knew how to keep books. Now, GMHC had financial wizards on the board—they had bankers, for God's sake. For too long, a black banker wouldn't come within 10 feet of an AIDS organization."

The epidemic will continue to devastate African Americans unless more black physicians commit to specializing in AIDS, lawyers to providing pro bono services, and business people to serving on agency boards. Some activists are already building such a support network. "I got so tired of receiving rejection notices for grants, and fighting with gay men and others, that we just started doing it ourselves," says the Reverend Edwin Sanders, pastor of a church in Nashville, Tennessee. "We carry on our programs without any major funding from anyone else."

Sanders belongs to a council of 32 local churches, and he has convinced most of them to launch their own AIDS-prevention programs. Recently, he took a particularly bold step: He started a needle exchange program. Among blacks, who have watched drugs decimate their communities, this is especially controversial. For a church to operate the program is unheard of. What does Sanders say to critics? "I can still work with folks who are alive. I can still minister to folks who are alive." ❖

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*Research assistance:* TRACY SYERS

# Activists cite AIDS threat to minorities

**Luix Virgil Overbea**

Experts from across the country converged on the campus of Harvard University Oct. 22 to attend a Leading for Life Summit on campus.

Called by the Harvard AIDS Institute, the summit stressed the need for communities of color to take action to stem the growing incidence of AIDS, particularly among African Americans. It also called attention to an increasing incidence of AIDS cases among Latino people in the U.S.A.

Current statistics indicate that 40 percent of the total incidence of AIDS in this nation hits African Americans; 40 percent affects whites, and 20 percent affects Hispanic persons.

Henry Louis Gates, Jr., director of the W.E.B. DuBois Institute and chair of the Afro-American Studies Department at Harvard University, delivered a scathing report on the growth of AIDS among African Americans compared to other Americans since 1986.

"In less than four years, more than half of all AIDS cases in the United States will be among African Americans," Gates said.

"AIDS kills twice as many African American men, 25-44, as homicide. African American women constitute two-thirds of all HIV-infected women who are reported to the Centers for Disease Control. More children with AIDS are African American than all other races and ethnic groups combined. It is estimated that nearly 100 people of color in the United States are diagnosed with AIDS each day."

Among summit participants were such persons as Marian Wright Edelman, president of the Children's Defense Fund; Patsy Fleming, director of the Office of National AIDS Policy; Dr. David Satcher, director of the Centers for Disease Control; Billy Porter, actor and recording artist; and Dr. Alvin F. Poussaint, clinical professor of psychiatry, Harvard Medical School.

The Harvard AIDS Institute is a university-wide organization that promotes research to "end the worldwide AIDS epidemic." The Harvard AIDS Institute operates in four areas — research, education, people and solutions — and promotes three key programs:

• International and national conferences covering research activity and "Leading for Life" summits.

• Multidisciplinary training programs to help strengthen international research and prepare future generations to deal with AIDS and to train biomedical researchers and health care workers from developing countries in basic laboratory and epidemiologic research techniques.

• Communications providing access to accurate and timely information on developing intelligent responses to AIDS.

The current issue of the Harvard AIDS Review includes a special report on HIV among communities of color, including African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. It also includes funding opportunities against AIDS.

Eight national organizations have summarized the African American populations at risk and what puts African Americans at risk. More specific studies are needed relating to bisexual and gay African American men and to what causes HIV among African Americans in general. Currently drug injection and multiple sex partners are considered the top

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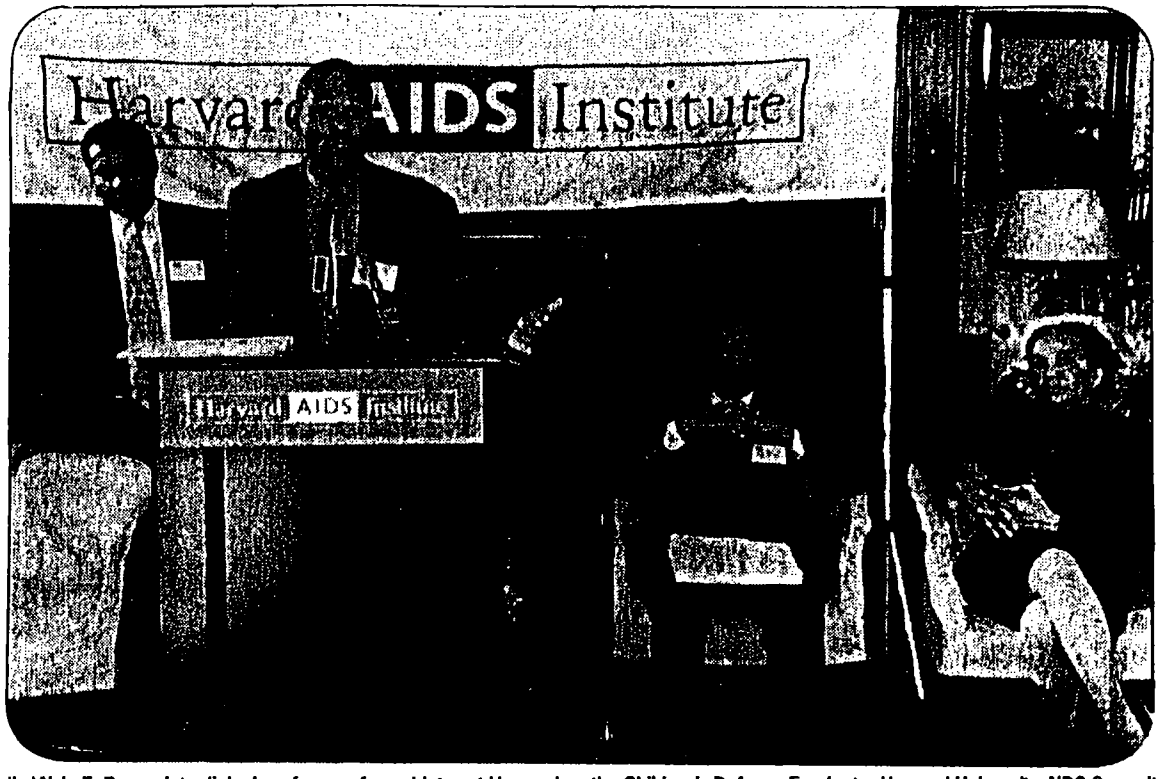
*"In less than four years, more than half of all AIDS cases in the United States will be among African Americans."*

**— Henry Louis Gates, Jr.**




**(l-r)Alvin F. Poussaint, clinical professor of psychiatry at Harvard Medical School, joins Phil Wilson, Afro-American studies scholar Henry Louis Gates, Jr., and Marian Wright Edelman, president of the Children's Defense Fund, at a Harvard University AIDS Summit for African Americans last Tuesday. The meeting stressed the need for more AIDS prevention among blacks.** ***(Don West photo)***

# • AIDS

*continued from page 7*

causes. Having sex without the use of condoms is another cause.

To highlight the AIDS crisis among African American families and communities, the Centers for Disease Control (CDC) is conducting a campaign within the African American community, "Leading for Life", funded by the Kaiser Family Foundation. This campaign offers advice and guidance on the complexities of the epidemic, reports on the spread of AIDS, projects for AIDS education among African American youth and seeks commitments from participants and their organizations to take part in new or expanded programs designed to combat AIDS among African Americans.

Conveners of the summit were the Harvard AIDS Institute, the National Minority AIDS Council, the Balm in Gilead and the W.E.B. DuBois Institute for Afro-American Research at Harvard.

Steering committee for the summit included Julian Bond, Kweisi Mfume of the NAACP, Gates, Charles Ogletree and Poussaint of Harvard, Hugh Price of the National Urban League, Edelman, Alex English of the National Basketball Players Association, Debra Fraser-Howze of the Black Leadership Commission on AIDS, Mr. and Mrs. Earvin (Magic) Johnson of the Magic Johnson Foundation, Walter W. Shervington of the National Medical Association, George Strait of ABC News, Frederick B. Williams of the National Clergy Advisory Committee and Phil Wilson of the Black Gay and Lesbian Leadership Forum.

A special Harvard Advisory Committee of 22 faculty members, most of them African Americans, also participated in the planning of the summit.

In a separate development, Barbara Gomes-Beach, executive director of the Multicultural AIDS Coalition, Inc. announced Saturday that her organization is willing to support the Harvard AIDS Institute in its activities to reduce the effect of HIV/AIDS on the African American community.

*"It is estimated that nearly 100 people of color in the United States are diagnosed with AIDS each day."*

**— Henry Louis Gates, Jr.**

Beach attended and participated in the recent Harvard summit. "At the meeting there was a great deal of fulminating about the absence of leadership from the African American community," she said. "I certainly do not disagree that indifference, fear and denial about HIV/AIDS exists in the African American community.

"These are issues those of us within community-based organizations deal with everyday. This is not a new phenomenon. All communities have experienced this denial and fear.

"However, the Multicultural AIDS Coalition has always received a great deal of support from the African American civic and church leadership, many of whom have been at the forefront of this fight since the beginning. These efforts have gone largely unrecognized, underappreciated and undervalued.

"Multicultural AIDS Coalition, Inc. stands ready to work with anyone who is committed to helping us stop the spread of HIV/AIDS in the African American community."

Beach lauded the goals of the Harvard AIDS Institute summit, stating that the summit goals are in concert with those of the Coalition.

The Coalition held its own forum on the Harvard campus after the Harvard-hosted summit.

HARVARD UNIVERSITY Gazette

October 24, 1996 Vol. XCII No. 7

# Black Leaders Convene AIDS Summit

By William J. Cromie
GAZETTE STAFF

While cases of AIDS in the U.S. are declining among whites, they are rising sharply among blacks. The disease is now the leading cause of death among black men and women aged 24 to 44 years.

To deal with this situation, blacks leaders held what they called an "emergency one-day summit" at Harvard on Tuesday. Given the name "Leading for Life," the announced purpose of the meeting was "to catalyze a national response to the AIDS crisis among African Americans."

Almost 100 people from public and private organizations were listed as participants in the summit, organized by the Harvard AIDS Institute (HAI) and funded by the Henry J. Kaiser Family Foundation.

*(Continued from page 4)*

**Other health stories inside:**




Photo by Jane Reed

**Discussing the sharp rise in AIDS cases among blacks are (left to right) Phill Wilson, Black Gay and Lesbian Leadership Forum; Alvin Poussaint, Harvard Medical School; Henry Louis Gates Jr., chair of the Afro-American Studies Department; and Marian Wright Edelman, Children's Defense Fund.**

# Black Leaders Convene AIDS Summit at Harvard

*(Continued from page 1)*

"AIDS now accounts for one in three deaths among African-American men aged 25 to 44," noted Alvin Poussaint, a member of the HAI policy board and clinical professor of psychiatry at the Medical School. "It kills twice as many black men as homicide. And more children with AIDS are African-American than all other race and ethnic groups combined. Every day in the U.S. about 100 people of color become infected with HIV [the virus that causes AIDS]. We call on black leaders in academia, business, government, religion, athletics, and entertainment to unite in an effort to raise national awareness and speed a response to this devastating epidemic."

### Call for Action

Participants produced a Call for Action, which was read at a press conference by Henry Louis Gates Jr., director of the W.E.B. Du Bois Institute for Afro-American Research at Harvard. It calls on all black professionals and federal, state, and local government officials to "support, develop, and enhance community-based programs for education, care, and prevention of HIV/AIDS."

The action plan appeals "to the President of the United States to convene an emergency meeting of the appropriate cabinet-level officials and community leadership to address AIDS within African-American communities."

It also calls upon "the congressional black caucus to hold meetings and take a leadership role on the impact of HIV/AIDS on our community."

The statement "acknowledges the challenge of these difficult issues," but points out the consequences of doing nothing. "If we fail," Gates read, "our children will face the upcoming millennium with sorrow in their hearts, rather than the hope of a new generation. And we will have to ask, 'Did we do all we could to stop the deaths and the devastation?' "

Marian Wright Edelman, president of the Children's Defense Fund, called the conference "a long overdue and historic meeting." She urged the participants to "go back home and reach out to your communities with passion, persistence, and commitment. We cannot sit back and watch our people pass away."

"More than two-thirds of all women in the U.S. who are infected with the AIDS virus are black," Edelman noted. More than 3,000 HIV infections have been reported among U.S. black children under age 13, and 95 percent of them acquired their infections from their mothers during pregnancy or at birth. She called for the expansion of government programs to cover prenatal and neonatal care for all poor women and their children, black or white.

> *'Go back home and reach out to your communities with passion, persistence and commitment. We cannot sit back and watch our people pass away.'*
>
> ❖
>
> — Marian Wright Edelman, PRESIDENT OF THE CHILDREN'S DEFENSE FUND

Asked about the possible impact of drug combinations that appear to dramatically enhance survival among AIDS patients, Mario Cooper of HAI's international advisory council noted the high cost of such treatment — $12,000 to $20,000 a year. "These treatments can't do blacks and Latinos much good unless they are accessible to them," he said.

Cooper noted that the issues discussed at the summit transcend AIDS. "It is important for black communities to bolster the self-value of individuals," he said.


Photo by Jon Chase

**Henry Louis Gates Jr., chair of the Afro-American Studies Department, and Marian Wright Edelman, president of the Children's Defense Fund**

"Society may be blamed for poverty and lack of affordable health care, but individuals must take responsibility for drugs, violence, unprotected sex, and illegitimate births. We must be held accountable for our own actions."

According to the latest statistics from the Centers for Disease Control and Prevention, the virus has caused 78,700 cases of AIDS among women in this country, 43,300 of whom are black. Comparable numbers among men are 462,100 and 141,500. Total AIDS cases as of June 1996 were 540,800, 34 percent of which occurred among blacks of all ages.

FOCUS

News from Harvard Medical, Dental, & Public Health Schools

November 1, 1996

PUBLIC HEALTH

# Summit Calls for Black Mobilization Against AIDS

True or false: America is winning the battle against AIDS? According to Richard Marlink, executive director of the Harvard AIDS Institute, many Americans incorrectly believe that the AIDS epidemic is waning in the U.S. True, the incidence of AIDS among white males is leveling off, but Marlink points out that the rate of newly documented AIDS cases among African Americans is rising rapidly.

Reports from the Centers for Disease Control (CDC) indicate that AIDS is the leading killer of African American men and women aged 25 to 44 years—more lethal than homicide, heart disease, and cancer. AIDS also disproportionately affects African Americans: In 1995, African Americans made up 13 percent of the U.S. population yet accounted for nearly 40 percent of the documented AIDS cases in the country. The reported incidence of new AIDS cases was six times higher in African Americans than whites in 1995. And trend projections made by the Harvard AIDS Institute suggest that African Americans will account for more than half of the Americans infected with AIDS by the year 2000.

In light of these statistics, the School of Public Health's Harvard AIDS Institute sponsored "Leading for Life," a one-day summit held October 22 to educate African American leaders on the toll AIDS is taking on African Americans and to develop a community-specific response to the AIDS epidemic. More than 100 African American social and civic leaders, including David Satcher, director of the CDC, and Marian Wright Edelman, president of the Children's Defense Fund, attended the summit.

Photo by Jon Chase

**Among the summit steering committee members are Alvin Poussaint (left), HMS clinical professor of psychiatry, and Henry Louis Gates Jr., director of the W.E.B. Du Bois Institute of Afro-American Research.**

Mario Cooper, a Harvard AIDS Institute International Advisory Council member, says there is a pressing need to promote awareness among African American leaders of the effect of AIDS on the African American community. Cooper says that few African American leaders are championing the AIDS issue.

"If you look at the past 24 months, significant efforts were made by African American leaders around the affirmative action issue—and millions of dollars were raised—but affirmative action really only helps a very narrow group of African Americans," Cooper says. He hopes that by educating the leaders about the AIDS epidemic, more will take a stance on AIDS issues, thereby helping a larger number of African Americans.

At the summit, there was consensus that more information was needed on AIDS and its impact on the African American community. There also was agreement that the information must be more widely disseminated to the public.

To this end, Marlink says the Harvard AIDS Institute is developing a media campaign to reach all public sectors. The campaign initially will involve sending articles about the summit to news outlets. In the second phase, efforts will focus on placing editorials, opinion pieces, and public-service ads in the larger media outlets.

The summit participants also concurred that government agencies and philanthropic organizations need to redevelop their AIDS policies and programs to place a greater focus on the needs of the African American communities. The participants argued that as the AIDS epidemic shifts from the gay, white male population to the African American population, so should the funding.

"We're saying this is still an emergency, and like triaging an emergency, we need to treat the sickest people first," Marlink explains. "We need to put our resources into the areas where people need it most. We haven't done that as a country."

*—William J. Schaller*

Harvard AIDS Institute

TEL: (617) 432-4400
FAX: (617) 432-4545

**FACSIMILE TRANSMISSION**

**DATE:** 24 April, 1998

**TO:** Mr. Todd Summers

**FAX #:** (202) 456-2438

**FROM:** Helen Kao, (617) 432-4119 phone HK

**PAGES:** 15 (including cover sheet)

**MESSAGE:**

Please find attached the invitation and information that is long overdue (I apologize!). Can you give me a call to confirm your attendance and I will pass on to you the information on hotel accomodations, etc.? Thank you.



651 Huntington Avenue • Boston, Massachusetts 02115 USA • phone: 617-432-4400 • fax: 617-432-4545

LEADING FOR LIFE

UNIDOS PARA LA VIDA



Secretariat
Harvard AIDS Institute
651 Huntington Avenue
Boston, MA 02115
phone: 617-432-4400
fax: 617-432-4545

24 April, 1998

Mr. Todd Summers
Presidential Advisory Council on HIV/AIDS
BY FAX: (202) 456-2438
PAGES: 14 total

Dear Mr. Summers:

At the suggestion of Daniel Montoya, we are writing to you about a plague that is affecting our children, our families, our communities. As a national leader in AIDS issues, you are well aware of the stark statistics:

- During the first decade of the epidemic, Latino Americans had the fastest growing rate of AIDS cases compared to other racial/ethnic groups.
- In 1996, the rate of AIDS case diagnoses for Latino Americans was more than three times higher than that for non-Latino whites.
- The upward climb in the epidemic among Latinos continues, such that predictions show that in 6 years, Latinos diagnosed with AIDS each year will surpass the number of non-Latino whites diagnosed with AIDS annually. At present, Latinos comprise only 11 percent of the population.
- As of 1996, nearly a quarter of all children diagnosed with AIDS were Latino.

With the Kaiser Family Foundation's support, the Harvard AIDS Institute, the American Red Cross Hispanic HIV/AIDS Education Program, the Centers for Disease Control and Prevention, the Latino Commission on AIDS, the Mauricio Gastón Institute, and the U.S.–Mexico Border Health Association will bring together national Latino leaders for a one-day summit to launch a campaign entitled *Leading for Life/Unidos Para la Vida.* These nationally known participants will be leaders drawn from business, entertainment, sports, government, and religion. A brief summary of the *Leading for Life/Unidos Para la Vida* campaign is attached.

In October of 1996 we convened almost one hundred national leaders in the African American community to raise awareness concerning the dramatic impact HIV/AIDS is having among minorities. The Call for Action generated at that summit has given the African American *Leading for Life* campaign its first marching orders, and over 75 news venues have covered the story nationally to date (please see the attached selected press clippings from the African American summit).

We would like to invite you to attend this critical meeting to launch the Latino *Leading for Life/Unidos Para la Vida* campaign. Your influence and your unique position as a role model for Latinos is important to an AIDS initiative such as this. As you can see by the Steering Committee members listed on the letterhead before you (and in the attached pages), this emergency summit meeting aims to involve leaders from all walks of life—from government to business and athletics to entertainment.

The *Leading for Life/Unidos Para la Vida* summit is scheduled for Monday, May 4 at Harvard University. As one of the distinguished participants, you will be invited to the opening reception on May 3rd, the evening before the summit. Your presence, as a national leader, will inspire others to focus upon the challenges we face as this epidemic disproportionately affects communities of color in our country. No preparation on your part is necessary and we know your participation in this one-day meeting will be a moving experience for you. More importantly, you would also be making a significant difference in helping raise awareness nationally in both English and Spanish language media outlets.

AIDS is silently killing our friends, our families, and our communities. Research has demonstrated that prevention programs have an immediate impact on slowing the spread of HIV. In addition, federal, state, and local governments are now making public health policy decisions that will directly affect access to new treatments. Thus, it is crucial for us to speed and heighten our response to the epidemic now.

We hope to count you as one of the critical summit participants who, by your attendance, will take a public stand against the further spread of this epidemic among Latino Americans. We would appreciate your reply by as soon as possible. (Please note that due to the leadership nature of this campaign, and to space restrictions, this invitation is not transferable.) In the meantime, should you have any questions, please do not hesitate to contact Helen Kao, Special Projects Coordinator, at (617) 432-4119.

Thank you for your consideration.

Sincerely,

Rafael Campo, M.D.
Beth Israel Deaconess Medical Center
Harvard Medical School

Mario Cooper, Esq.
Founder, *Leading for Life*

Dennis deLeon, Esq.
Executive Director
Latino Commission on AIDS

Enclosure

LEADING FOR LIFE

UNIDOS PARA LA VIDA



Secretariat
Harvard AIDS Institute
651 Huntington Avenue
Boston, MA 02115
phone: 617-432-4400
fax: 617-432-4545

20 April 1998

Dear Sir or Madam,

The Harvard AIDS Institute respectfully requests your presence for a reception on the eve of the launch of our campaign

***Leading for Life/Unidos Para la Vida.***

Featuring entertainment by Boston's award-winning musical group *Jorge Arce and Humano*. This popular Latin act combines traditional sound with modern and Jazz music influence, for a unique musical experience.

Food, drink, and entertainment will be provided by the DoubleTree Guest Suites Hotel and the Harvard AIDS Institute.

**May 3, 6:30-9:00 PM**
Winthrop Ballroom
DoubleTree Guest Suites Hotel
400 Soldiers Field Road
Boston, Massachusetts

Dress: business attire or business casual.
Please bring a guest if you desire.

Please RSVP by April 29
fax: (617) 432-4545
phone: (617) 432-4137

*Leading for Life/Unidos Para la Vida* is a campaign that involves a broad range of Latino leaders from across the United States, joining together to address the crisis of AIDS in Latino communities.

AIDS is silently killing our friends, our families, and our communities. The statistics show that the epidemic disproportionately affects communities of color in our country. *Leading for Life/Unidos Para la Vida* addresses this silent killer, by bringing Latino leaders together to help turn the tide of the AIDS epidemic.

HARVARD SCHOOL OF PUBLIC HEALTH
Chairman, Department of Immunology and Infectious Diseases

HARVARD AIDS INSTITUTE
Chairman

**M. Essex, D.V.M., Ph.D.**
**Mary Woodard Lasker Professor of Health Sciences**

Ms. Sandra L. Thurman
Director, Office of National AIDS Policy

March 10, 1998

Dear ~~Ms. Thurman~~ Todd Summers,

It is with great pleasure that we invite you to speak at the *2nd Annual VISIONS International HIV/AIDS Conference* on Friday and Saturday, May 1-2, 1998, at Harvard's Kennedy School of Government. Your expertise on HIV/AIDS issues, as well as your dedication to stopping this epidemic, as seen through your unprecedented success as the Executive Director of AID Atlanta, are extraordinary. We would be honored if you, as the well known Director of the Office of National AIDS Policy, would share your insights with us. The title of the conference is "**AIDS, Inequity, and Empowerment: Defining New Strategies Toward Eradicating AIDS.**" We invite you to give the keynote address at the conference opening on Friday or, if preferable to you, to commence the Saturday proceedings.

The *1st Annual VISIONS International AIDS Conference* in May 1997 met with great success. Many individuals in the field of HIV/AIDS-related research, including Daniel Tarantola, Harvey Feinberg, David Bloom, Jessie Mbwambo, and Richard Marlink, among others, all presented their ideas in what proved to be a most productive and informative forum.. Your presence, alongside such notable policy-makers as Dr. Eric Goosby, Director, Office of HIV/AIDS Policy, U.S. Department of Health and Human Services (confirmed to speak) and Dr. Donna Shalala, Secretary, U.S. Department of Health and Human Services (currently being pursued), at the next conference in May 1998 will ensure that it is an equally valuable experience for all who attend.

*VISIONS Worldwide* is a non-profit, licensed, international HIV/AIDS organization with student-run chapters at Harvard, M.I.T, Columbia, and Tufts Universities. Our primary mission is to send delegates abroad to developing countries to conduct interactive HIV/AIDS education workshops in high schools and colleges, as well as empower students in establishing local chapters of *VISIONS Worldwide* to continue the dissemination of vital information in communities after our delegates return to the US. Until this point, we have conducted successful programs in India, Nepal, and Taiwan, and are developing programs that will target Africa in the summer of 1998. Our delegates currently include undergraduate and graduate students.

In an effort to combat HIV/AIDS locally as well as abroad, *VISIONS Worldwide* has established four initiatives that promote both awareness about the global HIV/AIDS epidemic and attempt to curb the spread of HIV within communities in the greater Boston and Cambridge area. In addition to the *VISIONS International Health Review*, a journal published biannually, they include the Community Outreach Program, the HIV/AIDS Peer Education Program, and the annual *VISIONS International HIV/AIDS Conference*. In combination, these projects directly assist those infected with HIV, protect others from contracting HIV, and motivate students and professional leaders to help fight against HIV/AIDS. As our programs grow, we hope that they can truly impact the HIV/AIDS crisis, locally, nationally, and internationally.

We sincerely hope that you can join us next May for the *2nd VISIONS International HIV/AIDS Conference*. To confirm, you can reach Jackie at **(617) 225-7531** or email, **jbaskin@mit.edu**. We hope to hear from you!

Max Essex, DVM, PhD
Chairman, Harvard AIDS Insitute
*VISIONS* Board of Advisors

Yours truly,
Jacquelyn Baskin

Jacquelyn Baskin, MIT '00
*VISIONS* Conference Committee

651 Huntington Avenue, François-Xavier Bagnoud Building, Boston, Massachusetts 02115-6017
Tel: (617) 432-2334 Fax: (617) 739-8348

# AIDS, Inequity, and Empowerment: Defining New Strategies Toward Eradicating AIDS

**The 2nd Annual VISIONS International HIV/AIDS Conference**

**May 1st/2nd, 1998**
**John F. Kennedy School of Government**

## INTRODUCTION

HIV/AIDS affects citizens of our global community regardless of their race, gender, sexual orientation, religion, or socioeconomic status. Despite the development and implementation of comprehensive HIV/AIDS awareness and education programs, advances in medical diagnostics and pharmaceutical therapies, and research into new forms of HIV prophylaxis, rates of HIV transmission among youth, women, urban minority populations, and populations of the developing world continue to escalate. We believe that there may be multiple common factors that make these seemingly diverse populations disproportionately susceptible to HIV infection, and subsequently, the rapid onset of Acquired Immune Deficiency Syndrome (AIDS).

## MISSION STATEMENT

The 2nd Annual *VISIONS International HIV/AIDS Conference* resolves to:

1) **Facilitate** active discourse among leaders who have the knowledge, ability, or stature to enact change, on effective solutions to the HIV/AIDS crisis among disproportionately affected populations of the global community;

2) **Educate** attendees about the complex dynamics that underlie today's HIV/AIDS epidemic; and

3) **Inspire** students, community leaders, and professionals to identify their own role in the fight against HIV/AIDS and then **empower** them to act to ensure the future health of those global communities currently devastated by HIV/AIDS.

*- Board of Directors, VISIONS Worldwide, October 1997*

# Conference Schedule

## Friday, May 1st

| | |
|---|---|
| 5:30pm | Introduction by Conference directors |
| 5:40pm | Welcome and Introduction of Keynote |
| 5:45pm | Keynote Address |
| 6:30pm | Overview of Conference Evens by Conference directors |
| 7:00pm | Banquet or Reception? |

## Saturday, May 2nd

| | |
|---|---|
| 8:00am | Plenary Session I- The Global Epidemic and the Marginalized |
| 9:30am | Discussion Workshop Session I<br>- Marginalized Communities: HIV/AIDS and Women<br>- Social Institutions: HIV/AIDS, Expression and the Media |
| 10:50am | Plenary Session II- Scientific and Ethical Issues in Research, Care & Treatment |
| 12:20pm | Lunch |
| 1:45pm | Discussion Workshop Session II<br>- Marginalized Communities: HIV/AIDS and Youth<br>- Social Institutions: HIV/AIDS and Law |
| 3:00pm | Exposition Fair |
| 3:45pm | Plenary Session III- The Policies and Economics of Intervention and Prevention |
| 5:15pm | Synergy Session- One Vision: Working Together |
| 6:30pm | Closing Address |

opening speech 10 minutes-15 minutes, questions

## Plenary Session I
## The Global Epidemic and the Marginalized

- *Why is HIV spreading so rapidly among minorities, women, and the economically disadvantaged here in the United States?*
- *What are the particular characteristics of the HIV "epicenters" around the world?*
- *What factors seem to repeatedly be responsible for promoting the spread of HIV?*
- *What cultural differences account for the varied experiences of affected communities throughout the world?*

## Plenary Session II
## Scientific and Ethical Issues in Research, Care & Treatment

- *What is being done biomedically to target the various HIV subtypes that are prevalent in different parts of the world?*
- *How do you can you address multiple genetic variants in designing vaccines?*
- *How can you use LTNPs as a model of immunity?*
- *What are statistical and ethical issues in implementing (selecting and tracking) populations for a vaccine trial?*
- *What challenges exist in implementing affordable therapies such that they are more accessible to people of lower socioeconomic status?*

## Plenary Session III
## The Policies and Economics of Intervention and Prevention

- *What is the Federal government doing to address the problem of disproportionate HIV infection rates within the United States?*
- *Which domestic and international policies have been most successful and cost-effective? Been the least successful? Drawn the most controversy?*
- *How has the government enacted policies for greater access to care and therapy?*
- *How are leaders in Western nations assisting those of developing countries in fighting HIV?*
- *How do large-scale, macroeconomic or international development policies and structural adjustment programs affect the spread of HIV and the characteristics of HIV epidemics around the world?*

## HIV/AIDS and Women

- *To what can the increasing incidence of HIV infection in women in the United States be attributed? What steps should be taken to curb continued increase?*

- *How have race ethnicity and class interacted to effect different experiences of women all over the world with respect to HIV infection and treatment?*
- *What resources are available to women for education, treatment, and support?*

## HIV/AIDS, Expression and the Media

- *What is the current role of the media in increasing awareness of the pervasiveness of the HIV AIDS epidemic? And how effective has it been in its efforts?*
- *What, if any, is the role of the media in developing countries?*
- *Are advertisements through television , newspapers, and pamphlets actually effective in promoting safe sex and fostering public support for HIV AIDS victims?*

## HIV/AIDS and Youth

- *Should condom distribution programs be initiated in high schools as a form of safe sex education in order to stop the rising levels of HIV infection in the youth demographic?*
- *Which risk factors are responsible for the high rate of propagation of HIV amongst youth?*
- *How should we empower the youth as agents of change in controlling the spread of HIV?*
- *What is the role of changing values in the spread of HIV in youth? Should prevention in youth address moral issues, or should it be limited to education and awareness?*

## HIV/AIDS and Law

- *What are the limits of confidentiality as they pertain to situations when people are put at risk (eg. Doctor treating patients, athletics, etc.)?*
- *Should there be stipulations in immigration policies restricting people of HIV status from entering the US?*
- *To what extent should insurance coverage be affected by one's HIV status?*
- *What forms of discrimination against HIV infected individuals are prevalent? What measures exist and what steps can be taken to combat such pervasive practices (eg. In housing and employment)*

## Synergy Session
## One Vision: Working Together

- *What incentives can government provide to academia to motivate them to provide therapies targeted for low-income populations and developing countries?*
- *What measures can government take to increase access of non-profit organizations to underprivileged communities in developing nations?*
- *What collaborations should be made between academia and industry in efforts to develop novel therapies and a vaccine?*

Harvard AIDS Institute

16 December, 1997

Sandra Thurman
Director
Office of National AIDS Policy
808 17th Avenue NW, 8th Floor
Washington, D.C. 20006

Dear Sandy,

Enclosed I am sending you some information about an upcoming initiative the Harvard AIDS Institute is developing for late April 1998. As you may already know, last year the Harvard AIDS Institute kicked off an African American AIDS leadership campaign, known as *Leading for Life*, with a summit meeting at Harvard. Over 100 African American leaders from all walks of life attended the meeting.

We are presently planning a similar campaign for the Latino community, *Unidos para la vida*, with a summit meeting to be held in late April. We expect to convene 50–60 key Latino leaders from business, government, education, religion, entertainment, athletics, etc.

Daniel Montoya, executive director of the Presidential Advisory Council on HIV/AIDS, mentioned that the Office of National AIDS Policy was planning a panel on AIDS in communities of color for spring of 1998 as well.

While our *Unidos para la vida* campaign focuses on the Latino community I would be interested in learning about your upcoming panel. May I give you a call some time to discuss our Latino campaign and to learn about your panel on communities of color? You can also reach me at (617) 432-4400.

Meanwhile, I hope you are well and I look forward to speaking with you soon.

Sincerely,

Richard Marlink, M.D.

cc: Todd Summers
Deputy Director
Office of National AIDS Policy

enclosure



651 Huntington Avenue • Boston, Massachusetts 02115 USA • phone: 617-432-4400 • fax: 617-432-4545

# The Changing Face of AIDS

AIDS is now the leading cause of death among blacks aged 25 to 44, greater than homicide, heart disease and accidents combined. The disease long associated with white gay males is slowly devastating black communities, claiming more men, women and children every day. Yet among blacks, AIDS has been a silent killer. That is why a group of black religious, political and community leaders met at Harvard last month — to sound a warning loud enough to shake the black community, and the nation as a whole, out of its lethargy.

According to the Harvard AIDS Institute, the face of AIDS has changed dramatically in the past decade. In 1986, 60 percent of those diagnosed with the disease were white, 24 percent black and 15 percent Latino. Last year the figures were 40 percent, 39 percent and 19 percent respectively. By the year 2000, blacks are expected to account for more than half of all newly diagnosed AIDS cases, while whites will account for about 30 percent.

The fact that the AIDS trend lines for whites and blacks are going in opposite directions is due to a number of factors. Activists in the gay white community seized the issue early on and fought, successfully, for everything from research funds to housing and other assistance for victims. Older gay men were also quicker to adopt preventive measures, including condoms and avoidance of bathhouses and multiple sex partners.

At the same time, the black community was in denial. Public health experts attribute most of the spread of AIDS among blacks to drug use. But concern in the black community about drugs tended not to focus on AIDS. Conference participants suggested that blacks had failed to come to grips with the disease because of fear and lack of knowledge about homosexuals, because they are preoccupied with more familiar threats like guns and violence and because many black leaders are out of touch with their communities. One minister acknowledged that he ignored the disease for years — until he had to preach at a lot of funerals.

It will be impossible, however, to keep ignoring the disease. The Centers for Disease Control and Prevention calculate that in 1994, one of every three deaths among black men between the ages of 25 and 44, and one of every five deaths among women in the same age group, resulted from H.I.V.-related illness. Black men are already 5.5 times more at risk of contracting AIDS than white men, and their relative risk will more than double in the next decade. Black women are now 16 times more likely to contract AIDS than white women. In addition, the overwhelming majority of children with AIDS are black.

Participants in the recent conference called for a national emergency effort to stop this devastating tide, suggesting that more AIDS resources be targeted to black and other minority communities. They also urged an end to the culture of silence that surrounds this issue in the black community. The scourge will not end until people who looked the other way — the Administration, the Congressional Black Caucus and ordinary citizens — begin to recognize and speak about the truths that lie behind the depressing numbers.

National Report

The New York Times

WEDNESDAY, OCTOBER 23, 1996

# Blacks Urged to Act to Increase Awareness of the AIDS Epidemic

By SARA RIMER

CAMBRIDGE, Mass., Oct. 22 — Warning of a worsening AIDS epidemic among minorities, black leaders from the worlds of government, academia, religion and medicine gathered today at Harvard University to urge blacks, who they said had been in denial about the crisis, to mount a campaign against the disease.

Henry Louis Gates, chairman of Afro-American studies department at Harvard, told the group: "In part because of a traditional homophobic tendency in our culture, in part because of ignorant stereotypes about H.I.V. and AIDS, our people, our leaders, our culture, have long been in denial about AIDS in the black community."

"This is a human tragedy of monstrous proportions, which could have been, and could be avoided — and that's what this is all about," Professor Gates said after the conference.

The Harvard AIDS Institute, which co-sponsored the conference, released figures today projecting that by 2000, more than half of all AIDS cases in the United States will be among blacks. By the same year, a black person will be nine times as likely to be diagnosed with AIDS as someone who is not black, according to the institute's figures. The institute estimated that nearly 100 blacks and Hispanic Americans are diagnosed with AIDS every day in the United States.

After the conference, Dr. Alvin Pouissant, a clinical professor of psychiatry at the Harvard Medical School, said: "Prevention programs have not been as strong in the black community as the white community. There is a taboo about talking about it. And there is still a lot of despair. This is one more problem: We've got crime, violence, teen-age pregnancy, homelessness, now we've got AIDS."

Other speakers emphasized some alarming figures that the Centers for Disease Control and Prevention released more than a year ago: AIDS kills twice as many black men aged 25 to 44 as homicide; black women constitute two thirds of all women infected with H.I.V., the virus that causes AIDS, who are reported to the centers, and more children with AIDS are black than all other races and ethnic groups combined.

Dr. David Satcher, director of the centers, attended the conference, as well as Marian Wright Edelman, president of the Children's Defense Fund; Patsy Fleming, director of the Office of National AIDS Policy, and the Rev. Canon Frederick P. Williams, chairman of the National Clergy Advisory Committee.

*By 2000, half of those with AIDS are expected to be black.*

Mario Cooper, a former chairman of the board of the AIDS Action Council, a policy development group in Washington, and a member of the board of the Harvard AIDS Institute, said government on all levels, as well as charitable organizations, must do more to deliver resources to fight AIDS among blacks.

Mr. Cooper added that the conference was the beginning of an effort to bridge the gap between "the lack of engagement on behalf of traditional African-American leaders and organizations and the sense of ownership around the issues and the funding that gay white males generally demonstrate."

The Boston Globe

WEDNESDAY, OCTOBER 23, 1996

# A black silence on AIDS cited

By John Yemma
GLOBE STAFF

Alarmed by a dramatic rise in AIDS cases among black Americans, a group of black educators and public-health officials yesterday criticized prominent members of the African-American community for remaining silent about the epidemic.

AIDS is the No. 1 cause of death among African-Americans between the ages of 25 and 44, according to public health officials. By the end of the decade, blacks will account for half of all AIDS cases.

AIDS prevention efforts among whites and Hispanics have been relatively successful in recent years, health officials say. But social taboos and poverty have hampered efforts to slow the spread of the disease in the black community.

Organizers of a one-day Harvard summit on the issue yesterday were especially critical of complacence among black leaders.

Henry Louis Gates Jr., director of the W.E.B. Du Bois Institute for Afro-American Research at Harvard, described many black religious,

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# Black leaders' role on AIDS is criticized

■ AIDS

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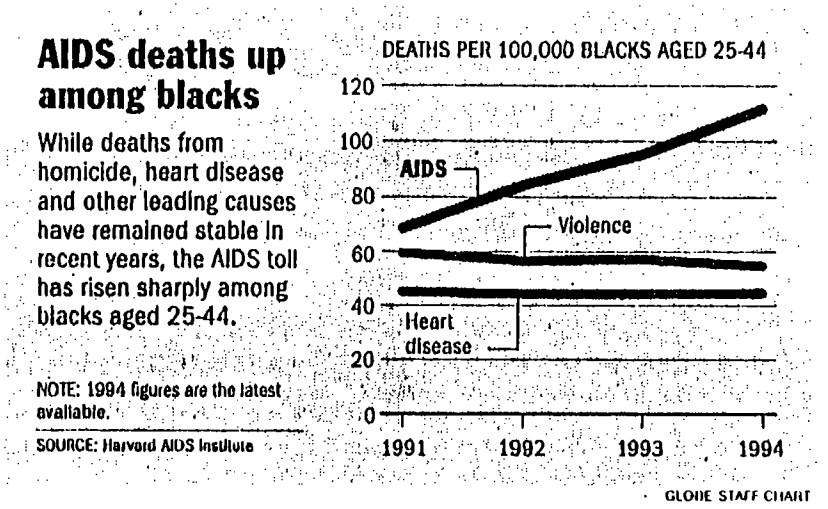
business, entertainment, sports and civic leaders as being "in a state of denial" about the AIDS epidemic.

A big reason for the silence, Gates said, is the "long, pernicious tradition of, let's face it, homophobia within the American community in general and the African-American community in particular."

Mario Cooper, a member of the Harvard AIDS Institute International Advisory Council, cited drug use and unprotected sex as leading factors in the spread of AIDS among blacks and condemned prominent black leaders who he said have shown little interest in the problem.

Cooper said he and others who are concerned about the problem intend to "raise hell" and "say to the black churches, the CDC, Magic Johnson and others, 'Where are you?' "

The CDC, the Centers for Disease Control, is the leading federal agency in the fight against infectious diseases. Earvin Johnson, former basketball star with the Los Angeles Lakers, has been diagnosed with HIV, the virus that can lead to AIDS. Though Johnson has spoken out on AIDS issues, Cooper said he could do much more.




Research by the Harvard AIDS Institute shows that the proportion of AIDS cases involving blacks in America will grow sharply into the next century. Among Hispanics, meanwhile, there will be a steady decline. The proportion of AIDS cases among whites will remain moderate.

AIDS is "already devastating and decimating the black community," said Dr. Alvin Poussaint, professor of psychiatry at Harvard Medical School.

Public health officials estimate that 300,000 to 500,000 African-Americans are infected with HIV. Blacks account for half of all AIDS cases among children, half of all women with AIDS and one-third of all men with AIDS.

"AIDS has become the No. 1 cause of death among all African-Americans between the ages of 25 and 44," said Marian Wright Edelman, president of the Children's Defense Fund. "We cannot sit idly by and watch our people pass away."

Although nearly 100 African-Americans are diagnosed with the disease daily, "African-American leaders have not responded to AIDS to the degree necessary to stem the horrific impact of the epidemic on their families and their communities," conference participants said in a statement.

Participants in what was called the "Leading for Life" summit issued a resolution that calls on journalists to make HIV and AIDS a "critical issue in reporting news items that affect our communities" and seeks more community-based AIDS education programs. The resolution also urged black leaders to "address and speak out against homophobia, sexism, racism, addiction and 'addiction-phobia.' "

Cooper and others said they plan to send AIDS awareness messages through TV, music and other entertainment channels that reach the black community.

THE VILLAGE VOICE, 11-5-96

# Blackt Up!

## African Americans Confront Their Worst Health Crisis: AIDS

## By Mark Schoofs

Except possibly for slavery, nothing in our history will have killed so many black people in such a short time as AIDS," says Mario Cooper. About 100 African American leaders gathered at Harvard last week and heard the facts that led him to this staggering conclusion:

- HIV kills more black Americans in the prime of their life, age 25 to 44, than any other cause.
- One out of five deaths among black women in this age group is caused by AIDS; one out of *three* among black men.
- Blacks comprise just 12 per cent of America's population but 40 per cent of all AIDS cases, more than half the female cases, and more than 60 per cent of children with AIDS.
- Blacks are six times more likely than whites to be infected with HIV, and twice as likely as Hispanics.
- Already, 300,000 to 500,000 African Americans are estimated to be infected with HIV.

Cooper, who is black and HIV-positive, knows these statistics by heart. But to his mind, there is something even worse: "Almost all our leaders—business, political, church—have been appallingly silent." Cooper toiled for two years to organize last week's conference. Like an AIDS Cassandra, he would say, "Hundreds of thousands of our people will be dying in the next 10 years." But usually, he was offered no support, or only token gestures. "At times," Cooper says, "it brought me to tears."

ANDREW LICHTENSTEIN

Mario Cooper of the Harvard AIDS Institute, which organized last week's black leadership conference: "Almost all our leaders have been silent."

**At the conference,** prominent black health officials—such as David Satcher, director of the Centers for Disease Control, and Children's Defense Fund president Marian Wright Edelman—joined veteran black AIDS activists to call for a major African American effort to combat HIV. But the right people still were not listening. "This conference was supposed to be for opinion makers who have *not* been involved in AIDS," New York's Reverend Canon Frederick Williams reminded the assembly. "Where are they today?"

Not one member of the Congressional Black Caucus attended, though conference organizers said all had been invited. Kweisi Mfume, executive director of the NAACP, and Hugh Price, president of the National Urban League, lent their names to the conference, but neither showed. "It's outrageous," fumed Alvin Poussaint, the normally circumspect psychiatrist and black health advocate who cochaired the meeting. "They have done nothing."

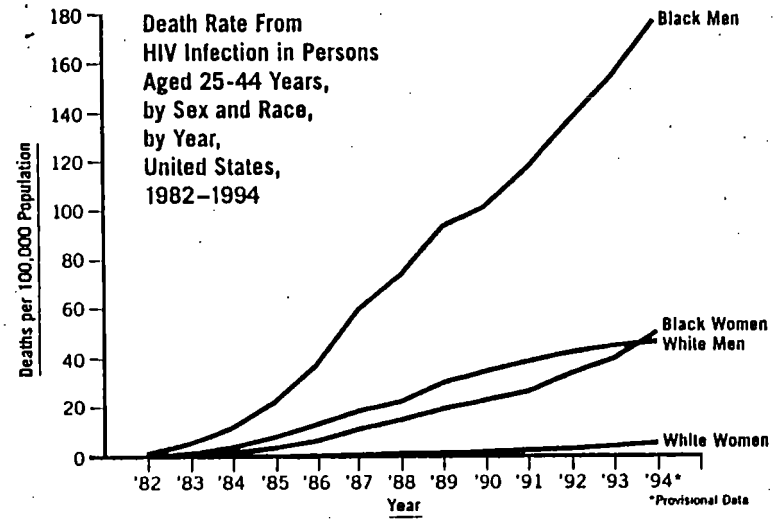
Indeed, National Urban League spokesman Lee Daniels told the *Voice* the group is "not involved in any way in AIDS." NAACP youth director Jamal Bryant admitted, "We have 500 youth councils and 250 college chapters, but we haven't made any real effort to educate young people." Finally, scores of black newspapers were informed of the conference, but a *Voice* survey of 13 of the largest papers revealed that only one plans to cover it.

Meanwhile, 65 African Americans get diagnosed with HIV every day. If it continues to spread unchecked, by the year 2001 more than half of all Americans with AIDS will be black.

**"We've been talking about** the blacking and browning of this epidemic since 1986," noted Beny Primm, a leading AIDS doctor. But many African Americans are still not addressing it, partly because their hands are already full. "In a project, they hear shots every night," explains Norm Nickens, who chairs the National Minority AIDS Council. "That's real and immediate. When you say there's a disease out there that may kill you in 10 years, well, that goes right by."

Even before AIDS exploded, black men in Harlem had a lower life expectancy than men in Bangladesh. But AIDS is no longer just another problem. It currently kills twice as many young black men as homicide, the next leading killer. And the present AIDS toll is merely a prelude; the ballyhooed new drugs almost certainly do not cure the disease, and even if they did, says Cooper, "most of our people are not going to have access to these drugs, so we know what their life expectancy is going to be."

"We need to make AIDS the moral equivalent of civil rights," Poussaint told the *Voice*. "But that's hard to do, given the stigma of the disease." In the black community, the ravages of drugs have produced a particular revulsion toward addicts. One AIDS professional, who requested anonymity, said she recieved funding to open a case-management office in a "neighborhood that has a high crime rate and a lot of drug use." But the mostly black residents have thwarted the project: "They're saying, 'We don't want more addicts.' " The result? The money has been sitting in a bank, unused, for almost a year.




**Blacks far outnumber whites in per capita AIDS cases, according to the CDC.**

IV-drug use is the primary conduit of HIV among African Americans, but sex between men runs a close second. "I want to come down hard on our leaders about their homophobia," says author Henry Louis Gates Jr., head of Harvard's influential black studies department and cochair of last week's conference. "It's an embarrassment to be a black person when the leadership is not countering homophobia."

Gates draws a parallel with prejudice among whites, and despising homosexuals and addicts is, indeed, as American as apple pie. But Keith Cylar, a founder of the AIDS organization Housing Works, says racism can make it even harder for blacks to embrace outcasts. To counter white bigotry, he explains, African Americans often try to present a flawless image. Anyone who deviates from that ideal—such as those who are at highest risk for HIV—face extra ostracism for "betraying the race." Then there is the widespread fear that if the truth about who is getting AIDS is known, whites will use it as another club to pummel blacks.

Black churches, probably the most powerful force in African American culture, have been particularly reluctant to launch AIDS prevention programs. But many ministers are changing their ways. Pernessa Seele, who found- ➤➤



# Schoofs

CONTINUED FROM PAGE 45

ed The Balm In Gilead, an organization devoted to mobilizing black churches, recalls the end of a retreat she organized last February. "There were some real hard ministers, but at the end, when we stood up and held hands, some of them began to cry. One dropped to his knees and began to repent for how he had treated people with AIDS, gay people and addicts. He had kicked them out of his church, and now he asked God to forgive him for condemning instead of healing. Other ministers began to drop to their knees, too, saying, 'I've been wrong. Oh God, forgive me.' "

Seele is organizing a December 4 fundraiser with Jessye Norman. Even though the opera diva will be joined by a cast of high-voltage stars—including Maya Angelou, Toni Morrison, and Elton John—Seele has had trouble raising money. "Many corporations have turned us down, saying, 'I only support the Gay Men's Health Crisis,' " she says. Nor has support from black-owned companies yet been what she was hoping for.

Seele is savvy and well-connected. For most black organizations, the struggle is much harder. At the conference, experts from across the country described a common profile of black AIDS agencies: Most have been founded only within the last few years. They operate in poor neighborhoods, so they lack access to a donor base and depend almost exclusively on ever shrinking government contracts. Funders do not understand minority communities, and gay white organizations bid for the same money.

Finally, black AIDS agencies are often not mentored or supported by the mainstream African American community. Ronald Johnson, Mayor Giuliani's AIDS policy chief, says the consequences can be severe. "We've encountered agencies that didn't keep a general ledger, because no one on their board knew how to keep books. Now, GMHC had financial wizards on the board—they had bankers, for God's sake. For too long, a black banker wouldn't come within 10 feet of an AIDS organization."

The epidemic will continue to devastate African Americans unless more black physicians commit to specializing in AIDS, lawyers to providing pro bono services, and business people to serving on agency boards. Some activists are already building such a support network. "I got so tired of receiving rejection notices for grants, and fighting with gay men and others, that we just started doing it ourselves," says the Reverend Edwin Sanders, pastor of a church in Nashville, Tennessee. "We carry on our programs without any major funding from anyone else."

Sanders belongs to a council of 32 local churches, and he has convinced most of them to launch their own AIDS-prevention programs. Recently, he took a particularly bold step: He started a needle exchange program. Among blacks, who have watched drugs decimate their communities, this is especially controversial. For a church to operate the program is unheard of. What does Sanders say to critics? "I can still work with folks who are alive. I can still minister to folks who are alive." ❖

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*Research assistance:* TRACY SYERS

# Activists cite AIDS threat to minorities

**Luix Virgil Overbea**

Experts from across the country converged on the campus of Harvard University Oct. 22 to attend a Leading for Life Summit on campus.

Called by the Harvard AIDS Institute, the summit stressed the need for communities of color to take action to stem the growing incidence of AIDS, particularly among African Americans. It also called attention to an increasing incidence of AIDS cases among Latino people in the U.S.A.

Current statistics indicate that 40 percent of the total incidence of AIDS in this nation hits African Americans; 40 percent affects whites, and 20 percent affects Hispanic persons.

Henry Louis Gates, Jr., director of the W.E.B. DuBois Institute and chair of the Afro-American Studies Department at Harvard University, delivered a scathing report on the growth of AIDS among African Americans compared to other Americans since 1986.

"In less than four years, more than half of all AIDS cases in the United States will be among African Americans," Gates said.

"AIDS kills twice as many African American men, 25-44, as homicide. African American women constitute two-thirds of all HIV-infected women who are reported to the Centers for Disease Control. More children with AIDS are African American than all other races and ethnic groups combined. It is estimated that nearly 100 people of color in the United States are diagnosed with AIDS each day."

Among summit participants were such persons as Marian Wright Edelman, president of the Children's Defense Fund; Patsy Fleming, director of the Office of National AIDS Policy; Dr. David Satcher, director of the Centers for Disease Control; Billy Porter, actor and recording artist; and Dr. Alvin F. Poussaint, clinical professor of psychiatry, Harvard Medical School.

The Harvard AIDS Institute is a university-wide organization that promotes research to "end the worldwide AIDS epidemic." The Harvard AIDS Institute operates in four areas — research, education, people and solutions — and promotes three key programs:

• International and national conferences covering research activity and "Leading for Life" summits.

• Multidisciplinary training programs to help strengthen international research and prepare future generations to deal with AIDS and to train biomedical researchers and health care workers from developing countries in basic laboratory and epidemiologic research techniques.

• Communications providing access to accurate and timely information on developing intelligent responses to AIDS.

The current issue of the Harvard AIDS Review includes a special report on HIV among communities of color, including African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. It also includes funding opportunities against AIDS.

Eight national organizations have summarized the African American populations at risk and what puts African Americans at risk. More specific studies are needed relating to bisexual and gay African American men and to what causes HIV among African Americans in general. Currently drug injection and multiple sex partners are considered the top

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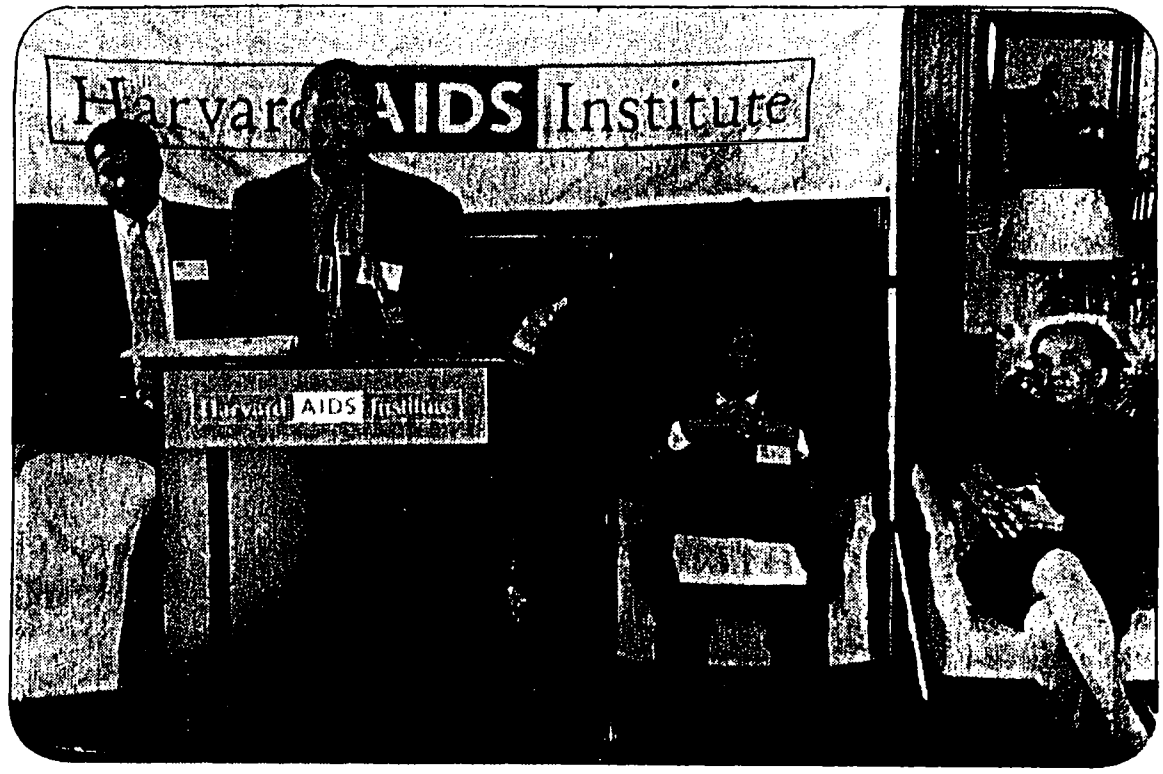
*"In less than four years, more than half of all AIDS cases in the United States will be among African Americans."*

**— Henry Louis Gates, Jr.**




**(l-r)Alvin F. Poussaint, clinical professor of psychiatry at Harvard Medical School, joins Phil Wilson, Afro-American studies scholar Henry Louis Gates, Jr., and Marian Wright Edelman, president of the Children's Defense Fund, at a Harvard University AIDS Summit for African Americans last Tuesday. The meeting stressed the need for more AIDS prevention among blacks.** ***(Don West photo)***

# • AIDS

*continued from page 7*

causes. Having sex without the use of condoms is another cause.

To highlight the AIDS crisis among African American families and communities, the Centers for Disease Control (CDC) is conducting a campaign within the African American community, "Leading for Life", funded by the Kaiser Family Foundation. This campaign offers advice and guidance on the complexities of the epidemic, reports on the spread of AIDS, projects for AIDS education among African American youth and seeks commitments from participants and their organizations to take part in new or expanded programs designed to combat AIDS among African Americans.

Conveners of the summit were the Harvard AIDS Institute, the National Minority AIDS Council, the Balm in Gilead and the W.E.B. DuBois Institute for Afro-American Research at Harvard.

Steering committee for the summit included Julian Bond, Kweisi Mfume of the NAACP, Gates, Charles Ogletree and Poussaint of Harvard, Hugh Price of the National Urban League, Edelman, Alex English of the National Basketball Players Association, Debra Fraser-Howze of the Black Leadership Commission on AIDS, Mr. and Mrs. Earvin (Magic) Johnson of the Magic Johnson Foundation, Walter W. Shervington of the National Medical Association, George Strait of ABC News, Frederick B. Williams of the National Clergy Advisory Committee and Phil Wilson of the Black Gay and Lesbian Leadership Forum.

A special Harvard Advisory Committee of 22 faculty members, most of them African Americans, also participated in the planning of the summit.

In a separate development, Barbara Gomes-Beach, executive director of the Multicultural AIDS Coalition, Inc. announced Saturday that her organization is willing to support the Harvard AIDS Institute in its activities to reduce the effect of HIV/AIDS on the African American community.

*"It is estimated that nearly 100 people of color in the United States are diagnosed with AIDS each day."*

**— Henry Louis Gates, Jr.**

Beach attended and participated in the recent Harvard summit. "At the meeting there was a great deal of fulminating about the absence of leadership from the African American community," she said. "I certainly do not disagree that indifference, fear and denial about HIV/AIDS exists in the African American community.

"These are issues those of us within community-based organizations deal with everyday. This is not a new phenomenon. All communities have experienced this denial and fear.

"However, the Multicultural AIDS Coalition has always received a great deal of support from the African American civic and church leadership, many of whom have been at the forefront of this fight since the beginning. These efforts have gone largely unrecognized, underappreciated and undervalued.

"Multicultural AIDS Coalition, Inc. stands ready to work with anyone who is committed to helping us stop the spread of HIV/AIDS in the African American community."

Beach lauded the goals of the Harvard AIDS Institute summit, stating that the summit goals are in concert with those of the Coalition.

The Coalition held its own forum on the Harvard campus after the Harvard-hosted summit.

HARVARD UNIVERSITY Gazette

October 24, 1996 Vol. XCII No. 7

# Black Leaders Convene AIDS Summit

By William J. Cromie
GAZETTE STAFF

While cases of AIDS in the U.S. are declining among whites, they are rising sharply among blacks. The disease is now the leading cause of death among black men and women aged 24 to 44 years.

To deal with this situation, blacks leaders held what they called an "emergency one-day summit" at Harvard on Tuesday. Given the name "Leading for Life," the announced purpose of the meeting was "to catalyze a national response to the AIDS crisis among African Americans."

Almost 100 people from public and private organizations were listed as participants in the summit, organized by the Harvard AIDS Institute (HAI) and funded by the Henry J. Kaiser Family Foundation.

*(Continued from page 4)*

**Other health stories inside:**




Photo by Jane Reed

**Discussing the sharp rise in AIDS cases among blacks are (left to right) Phill Wilson, Black Gay and Lesbian Leadership Forum; Alvin Poussaint, Harvard Medical School; Henry Louis Gates Jr., chair of the Afro-American Studies Department; and Marian Wright Edelman, Children's Defense Fund.**

# Black Leaders Convene AIDS Summit at Harvard

*(Continued from page 1)*

"AIDS now accounts for one in three deaths among African-American men aged 25 to 44," noted Alvin Poussaint, a member of the HAI policy board and clinical professor of psychiatry at the Medical School. "It kills twice as many black men as homicide. And more children with AIDS are African-American than all other race and ethnic groups combined. Every day in the U.S. about 100 people of color become infected with HIV [the virus that causes AIDS]. We call on black leaders in academia, business, government, religion, athletics, and entertainment to unite in an effort to raise national awareness and speed a response to this devastating epidemic."

### Call for Action

Participants produced a Call for Action, which was read at a press conference by Henry Louis Gates Jr., director of the W.E.B. Du Bois Institute for Afro-American Research at Harvard. It calls on all black professionals and federal, state, and local government officials to "support, develop, and enhance community-based programs for education, care, and prevention of HIV/AIDS."

The action plan appeals "to the President of the United States to convene an emergency meeting of the appropriate cabinet-level officials and community leadership to address AIDS within African-American communities."

It also calls upon "the congressional black caucus to hold meetings and take a leadership role on the impact of HIV/AIDS on our community."

The statement "acknowledges the challenge of these difficult issues," but points out the consequences of doing nothing. "If we fail," Gates read, "our children will face the upcoming millennium with sorrow in their hearts, rather than the hope of a new generation. And we will have to ask, 'Did we do all we could to stop the deaths and the devastation?' "

Marian Wright Edelman, president of the Children's Defense Fund, called the conference "a long overdue and historic meeting." She urged the participants to "go back home and reach out to your communities with passion, persistence, and commitment. We cannot sit back and watch our people pass away."

"More than two-thirds of all women in the U.S. who are infected with the AIDS virus are black," Edelman noted. More than 3,000 HIV infections have been reported among U.S. black children under age 13, and 95 percent of them acquired their infections from their mothers during pregnancy or at birth. She called for the expansion of government programs to cover prenatal and neonatal care for all poor women and their children, black or white.

> *'Go back home and reach out to your communities with passion, persistence and commitment. We cannot sit back and watch our people pass away.'*
>
> ❖
>
> — Marian Wright Edelman, PRESIDENT OF THE CHILDREN'S DEFENSE FUND

Asked about the possible impact of drug combinations that appear to dramatically enhance survival among AIDS patients, Mario Cooper of HAI's international advisory council noted the high cost of such treatment — $12,000 to $20,000 a year. "These treatments can't do blacks and Latinos much good unless they are accessible to them," he said.

Cooper noted that the issues discussed at the summit transcend AIDS. "It is important for black communities to bolster the self-value of individuals," he said.


Photo by Jon Chase

**Henry Louis Gates Jr., chair of the Afro-American Studies Department, and Marian Wright Edelman, president of the Children's Defense Fund**

"Society may be blamed for poverty and lack of affordable health care, but individuals must take responsibility for drugs, violence, unprotected sex, and illegitimate births. We must be held accountable for our own actions."

According to the latest statistics from the Centers for Disease Control and Prevention, the virus has caused 78,700 cases of AIDS among women in this country, 43,300 of whom are black. Comparable numbers among men are 462,100 and 141,500. Total AIDS cases as of June 1996 were 540,800, 34 percent of which occurred among blacks of all ages.

FOCUS

News from Harvard Medical, Dental, & Public Health Schools

November 1, 1996

PUBLIC HEALTH

# Summit Calls for Black Mobilization Against AIDS

True or false: America is winning the battle against AIDS?

According to Richard Marlink, executive director of the Harvard AIDS Institute, many Americans incorrectly believe that the AIDS epidemic is waning in the U.S. True, the incidence of AIDS among white males is leveling off, but Marlink points out that the rate of newly documented AIDS cases among African Americans is rising rapidly.

Reports from the Centers for Disease Control (CDC) indicate that AIDS is the leading killer of African American men and women aged 25 to 44 years—more lethal than homicide, heart disease, and cancer. AIDS also disproportionately affects African Americans: In 1995, African Americans made up 13 percent of the U.S. population yet accounted for nearly 40 percent of the documented AIDS cases in the country. The reported incidence of new AIDS cases was six times higher in African Americans than whites in 1995. And trend projections made by the Harvard AIDS Institute suggest that African Americans will account for more than half of the Americans infected with AIDS by the year 2000.

Photo by Jon Chase

**Among the summit steering committee members are Alvin Poussaint (left), HMS clinical professor of psychiatry, and Henry Louis Gates Jr., director of the W.E.B. Du Bois Institute of Afro-American Research.**

In light of these statistics, the School of Public Health's Harvard AIDS Institute sponsored "Leading for Life," a one-day summit held October 22 to educate African American leaders on the toll AIDS is taking on African Americans and to develop a community-specific response to the AIDS epidemic. More than 100 African American social and civic leaders, including David Satcher, director of the CDC, and Marian Wright Edelman, president of the Children's Defense Fund, attended the summit.

Mario Cooper, a Harvard AIDS Institute International Advisory Council member, says there is a pressing need to promote awareness among African American leaders of the effect of AIDS on the African American community. Cooper says that few African American leaders are championing the AIDS issue.

"If you look at the past 24 months, significant efforts were made by African American leaders around the affirmative action issue—and millions of dollars were raised—but affirmative action really only helps a very narrow group of African Americans," Cooper says. He hopes that by educating the leaders about the AIDS epidemic, more will take a stance on AIDS issues, thereby helping a larger number of African Americans.

At the summit, there was consensus that more information was needed on AIDS and its impact on the African American community. There also was agreement that the information must be more widely disseminated to the public.

To this end, Marlink says the Harvard AIDS Institute is developing a media campaign to reach all public sectors. The campaign initially will involve sending articles about the summit to news outlets. In the second phase, efforts will focus on placing editorials, opinion pieces, and public-service ads in the larger media outlets.

The summit participants also concurred that government agencies and philanthropic organizations need to redevelop their AIDS policies and programs to place a greater focus on the needs of the African American communities. The participants argued that as the AIDS epidemic shifts from the gay, white male population to the African American population, so should the funding.

"We're saying this is still an emergency, and like triaging an emergency, we need to treat the sickest people first," Marlink explains. "We need to put our resources into the areas where people need it most. We haven't done that as a country."

*—William J. Schaller*