

Get Screened Oakland: The Highlights

Mayor Dellums introduces Get Screened Oakland at Town Hall Meeting

(September 17) Over 250 people gathered at Oakland's DeFremery Park for the Neighbor to Neighbor Town Hall, which served as a public-safety briefing and community-issues update. At the event, Mayor Ronald V. Dellums drew attention to HIV's impact here in the U.S. and around the world and he "introduced" Get Screened Oakland to those in attendance.

HIV/AIDS is a global pandemic, Mayor Dellums began, and since his days as chair of President Clinton's Advisory Council on HIV/AIDS, he has made addressing HIV and AIDS a component of health, public safety, and community well being. He discussed the Centers for Disease Control and Prevention (CDC)'s recommendation to make HIV testing a routine component of medical services. Because HIV is 100% preventable, getting tested and knowing one's status contributes to mitigating the global pandemic, he explained. In addition, Mayor Dellums described the goals of Get Screened Oakland and introduced Marsha Martin, Director of Get Screened Oakland.

Dr. Martin thanked the mayor for his leadership on HIV and for making the development of an effective municipal response to HIV an imperative on his model city agenda. After giving a brief overview of the Get Screened Oakland initiative and distributing a "Frequently Asked Questions" sheet about it, Dr. Martin explained that Get Screened Oakland will work with community and faith-based organizations and clinics, and hospitals and health centers like the West Oakland Community Health Center. In these partnerships, Get Screened Oakland will provide technical assistance and other support to ensure that all community and faith-based agencies and health care facilities are offering HIV rapid tests to all of their clients. In an effort to encourage attendees to participate in free HIV testing programs, Adriann McCall, Get Screened Oakland's Program Manager, distributed palmcards, which encourage Oakland residents to get screened. The cards also provide a list of all the HIV testing sites that offer rapid tests and confidential testing.

Continuing her remarks, Dr. Martin referred to the upcoming flu season, saying HIV should be viewed similarly. As the flu season approaches, everyone will do their best to protect themselves against it, she said. But if they do get the flu, they will take appropriate precautions so that they do not pass the flu on to close relatives and co-workers. What's more, when given the option, they will take advantage of the best medical responses to the flu, including the annual preventive vaccine.

Just like having the flu, "if you have HIV, you don't want anyone else to get it," Dr. Martin stated. "If you have HIV, you want to make sure you take whatever treatments will help you feel better. Many people will line up for a flu vaccine. At local drug stores, literally hundreds of thousands of people will line up to receive a flu vaccine." Striking a comparison, she then added, "Just like the waiting lines for the flu, we hope people will care as much about knowing their HIV status and get in line for an HIV screening test."

Several attendees asked questions about the initiative. One attendee among them asked if there would be restrictions on the information and prevention materials used by the initiative. In response, Dr. Martin said that there were no restrictions on the materials developed for Get Screened Oakland and that the program intended to speak openly and honestly about HIV. Another attendee asked if Get Screened Oakland will work with ex-offenders and incarcerated populations, and requested that Get Screened Oakland work with the corrections department to distribute condoms in jail. Dr. Martin reported that Get Screened Oakland will indeed work with corrections, probation, and parole systems to ensure that individuals who have been incarcerated receive the support they need to stay healthy. She further reported that Get Screened Oakland is receiving information from programs that are looking at the most effective distribution processes for condoms in the California's corrections system.

East Bay AIDS Walk 2007, A Resounding Success

(September 8) More than 300 walkers joined Mayor Ronald V. Dellums and Congresswoman Barbara Lee for the 3.1-mile walk around Lake Merritt to raise funds for organizations serving people living with HIV. This year marked the third year of the walk, with the number of walkers more than tripling from last year. Moreover, the funds raised from the walk more than doubled from last year's effort. When the final tally was in, more than \$50,000 had been raised for HIV prevention, care and treatment, outreach, and support services for people in Oakland.

On Thursday, November 29, there will be an East Bay AIDS Walk Awards Ceremony at The Washington Inn, from 5:00 p.m.-8:00 p.m. The Washington Inn, located at 495 10th Street, will sponsor refreshments, and a cash bar will be available. (For more information, call 510-913-5694.) A special shout out to Hugs not Bugs, the team from Children's Hospital for raising \$10,000—the most of any single team, and to team Positive Living from the East Bay Church of Religious Science for having the most walkers—40 in all, many of whom are living with HIV.

Get Screened Oakland was among this year's Walk sponsors. The walk's other sponsors were Starbucks, Walgreens, Kaiser Permanente, Gilead Sciences, Farmacia Remedios, KBLX-FM, and Alameda County Office of AIDS.

Get Screened Oakland Meets with State Office of AIDS Prevention Team

(September 13) Get Screened Oakland staff members traveled to Sacramento to meet with members of the State Office of AIDS-HIV. In the meeting, Get Screened Oakland staff offered a detailed account of the initiative's goals, strategies, and partnerships. The conversation also included a discussion of the challenges to implementing an initiative like Get Screened Oakland, including the need for trained HIV test counselors, infrastructure capacity building, and funds to enhance current HIV-service operations.

The staff from the State Office of AIDS-HIV expressed enthusiasm for Oakland's efforts to routinize HIV screening and agreed to assist in its successful implementation.

Get Screened Oakland Attends Capitol Hill Reception for UNAIDS Chief

(September 18) During his annual fall visit to Capitol Hill, Dr. Peter Piot, Executive Director of the United Nations Joint Programme on HIV/AIDS (UNAIDS), met with several international and global health organizations, thanking their leaders for supporting and assisting in the response to the global HIV pandemic. During Dr. Piot's week-long visit, the United Nations Foundation and the Christian Connections for International Health hosted a reception in his honor. Get Screened Oakland was invited, and Dr. Marsha Martin, Director of Get Screened Oakland, attended. (For more information about CCIH, go to www.ccih.org.)

During the reception, Dr. Piot took to the podium to make some general remarks to attendees, which included Capitol Hill staffers. He said that U.S. monies for the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the President's Emergency Plan for AIDS Relief (PEPFAR) were having a positive impact on the availability of HIV treatment. Whereas in 2002 fewer than 100,000 people in developing countries were receiving antiretroviral medications, their numbers now exceed one million. And while there are still many more people who need treatment—an estimated 6.5 million, according to Dr. Piot—fundes should nevertheless understand that U.S. tax dollars are helping people live longer, healthier lives.

In addition, Dr. Piot touched on the successful building of health care infrastructure in places like Botswana and Brazil. Such development is critical to improving the delivery of HIV medications. He thanked faith-based organizations for their work to provide health care, educational services, advocacy, and income-generating programs for over 50 years.

When he is in Washington, D.C., Dr. Piot routinely visits local HIV programs in Washington, D.C., using what he learns in updates he provides to lawmakers and policy leaders. He highlighted one such visit to Howard University Hospital, where he learned about the medical facility's programs, including a hospital-wide HIV screening program. Citing statistics which place D.C.'s HIV case numbers on a par with certain countries in sub-Saharan Africa, Dr. Piot challenged Hill staffers as well as lead-

ers from faith-based organizations to concern themselves not only with projects and programs overseas, but also the needs of people here in the United States. Get Screened Oakland invited Dr. Piot to visit Oakland to learn firsthand about the citywide HIV screening initiative.

Get Screened Oakland Attends Gay Men/MSM Task Force Meeting

(September 19—20) In Los Angeles, the California HIV/AIDS Planning Group Task Force on HIV/AIDS met to identify and review issues and develop an agenda and action plan for HIV-prevention education and intervention for the California State Office of AIDS. With the goal of discussing an agenda and action plan that would address the needs of black gay men and men who have sex with men (MSM) in the state, the meeting brought together researchers, community activists, and public health experts. Because of its goals and focus on outreach and HIV screening, Get Screened Oakland was invited to participate.

As the meeting's chair, Reggie Caldwell, African American Policy and Program Coordinator, CA State Office of AIDS, opened the meeting, mentioning that local health jurisdictions (ten in tier I and eight in tier II) had been asked to develop action plans to address the HIV prevention needs of black gay men and MSM. (Oakland and Alameda County are in tier I.) They had also been asked to submit plans that outlined counseling and testing programs as well as goals for health-education and risk-reduction programs targeting black gay men and MSM.

As instructed by Mr. Caldwell, the members of the task force were to work with his office to review the tenets of counseling and testing programs and prevention interventions for black gay men and MSM. In the task force's discussion of prevention interventions, he asked participants to identify and address social, cultural, political, and economic factors that mitigate risk and are protective (for more information, see the *From the Community* section of this newsletter); identify components of effective African American gay men/MSM programs; integrate services into sexual/social networks; and look at marketing strategies.

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| <p style="text-align: center;">Agenda & Action Plan Tenets</p> <ul style="list-style-type: none">◆ Address the social, cultural, political, economic, identity, and behavioral factors that impact HIV◆ HIV prevention in the context of preventive health care and wellness◆ Activities should counter isolation/loneliness, depression, and outcomes of childhood sexual abuse |
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While reviewing counseling and testing, the task force was to consider outreach, marketing, and engagement programs that helped to identify and encourage more participation in HIV testing. In their discussion, task force members shared their own experiences with program implementation and evaluating results from focus group meeting and targeted testing initiatives.

Mr. Caldwell asked the task force members to consider fine-tuning the agenda further, with the goal of ensuring that it meet the needs of black gay men and MSM while also being applicable to other populations, notably Latino Gay Men/MSM, because the need to develop a similar, statewide agenda for this community has been identified.

Words from the Community

Black Gay Men's Research Agenda...Food for Thought

The National Black Gay Men's Advocacy Coalition (NBGMAC, or "the Coalition") is committed to improving the health and wellbeing of Black gay men through advocacy that is focused on research, policy, education, and training. NBGMAC is the nation's first health policy coalition to address the rising HIV incidence among black gay men. The catalyst for the formation of the Coalition were findings from a study conducted in five U.S. cities and reported in June 2005 by the Centers for Disease Control and Prevention. The report found that 46% of HIV-positive men who have sex with men (MSM) were black (BMSM).

The Coalition's core purpose is fighting for the lives of black gay men—primarily by addressing HIV/AIDS and other health disparities. Principal among the NBGMAC concerns is health policy, and its advocacy efforts are directed toward federal and state policymakers, public health officials, and community leaders. Through education and advocacy, the Coalition aims to shift attention and resources to the long-neglected health needs of black gay men.

NBGMAC believes that if the United States is to achieve an elimination of HIV infections as a national goal to end the HIV epidemic the following principles must be followed:

- ◆ The lives of Black gay men must be valued and respected.
- ◆ Our nation must establish and adhere to a national plan to combat the HIV epidemic.
- ◆ The leadership of Black gay men and their organizations must be supported and promoted.
- ◆ Black gay men must be involved in all consultation, program planning and research to develop effective services to address HIV in our population
- ◆ Federal and State governments must commit to partnership with Black gay men and must be held accountable for the allocation of resources that will enable a sustainable response.

In order to adhere to these principles and achieve a broad national policy and programmatic framework for addressing the HIV epidemic, it is imperative that our nation eliminate the marginalization of and stigmatization and discrimination against Black gay men and other men who have sex with men (gay/MSM). African-American and other Black gays and MSM, including Caribbean-, European-, and African-born individuals, make up the population hardest hit by HIV, with diagnosis rates twice those seen among white gays/MSM. Yet currently there is only one HIV prevention program that has been specifically designed for Black gays/MSM. Investing in research to implement interventions for Black gays/MSM is essential to reversing the epidemic in our communities. Promoting leadership among Black gay/MSM and sustained capacity-building investments in the organizations that serve them is critical. NBGMAC is committed to an advocacy agenda that address these key principles and factors necessary to responding effectively to the epidemic.

Research Themes and Specific Research Questions

The development of research themes focused on key areas that relate to HIV in the lives of BMSM. Our goal in creating research questions was to stimulate scholarly undertakings that will develop knowledge to inform future interventions. In exploring themes, it is essential to recognize that there may be other theories, as yet unrecognized, that may be more culturally appropriate and applicable to this population.

a. Risk correlates

Risk correlates refer to a multitude of factors that contribute to the high prevalence of HIV and AIDS in BMSM. These factors have a major impact on BMSM and have been indicative of understudied areas in this group and require substantial scholarly inquiry.

b. Biomedical factors

Biomedical research issues refer to a host of biochemical and physiological factors that contribute to how HIV is transmitted, establishes infection, reproduces, and mutates, and how HIV disease progressed to AIDS. It also includes research on biochemical and physiological protective factors against HIV. The current biomedical literature has a paucity of this type of research specifically on and with BMSM.

c. Sociocultural factors

“Sociocultural” refers to the convergent contextual factors that have an impact on and shape experience, as well as HIV protective and risk behaviors, among BMSM. These factors include but are not limited to racial, cultural, class-, gender- and sexuality-based norms in BMSM communities.

d. Intervention development

In the consultation report generated during the meeting with the CDC, several recommendations were directed at community-based interventions. The first of these recommendations was to clearly define intervention models and determine through scientific methods their relevance to BMSM. There was also a call for the CDC to establish “structural interventions to develop or change social norms to enhance wellness/health and reduce stigma” (p. 24). The participants also emphasized the need for culturally specific intervention for BMSM.

e. Program evaluation: Assessment of current practices

To date, there is minimal information on effective interventions for BMSM. Foremost is the need to understand what is working and how best it can be replicated. Attention also needs to be directed towards the expansion of infrastructure, identification of current gaps, and development of the systems needed to support effective intervention strategies.

f. Other significant areas of inquiry

1. Homophobia

Little is known about the impact of systemic forms of homophobia on the experiences of BMSM and how these factors have an impact on social and sexual behavior. Homophobia includes BMSM’s experiences with violence and disparaging treatment within familial, religious, and communal institutions. It also relates to the larger structural forms of homophobia at political, legal, and governmental levels.

2. Stigma

Addressing stigma is pivotal to changing the HIV epidemic among BMSM in several ways. First, reducing stigma encourages individuals to test for HIV. Second, reducing stigma encourages HIV positive individuals to maintain care, negotiate safer sex practices, and disclose their status if they choose to. The examination of stigma as a research theme focuses on several major categories: (1) stigma that BMSM experience due to their sexual identity, (2) stigma surrounding HIV testing, (3) stigma associated with race and ethnicity, (4) internalized stigma, (5) illness-related stigma, and (6) stigma surrounding actual HIV status *and* the perception of HIV status.

Oakland Community News

HIV Education and Prevention Project of Alameda County Opens Doors to Get Screened Oakland

Until there's a cure. There's prevention. And so reads the pamphlet given out by the staff at the HIV Education and Prevention Project of Alameda County (HEP-PAC) at their "deep" East Oakland center.

In 1992, community AIDS Activists started the Alameda County Exchange (ACE) in West Oakland to address the "twins"—HIV and Hepatitis C. ACE quickly grew into a multi-site needle exchange program serving active and recovering drug users in greater Oakland/Alameda County. With the mission to prevent the further spread of HIV, Hepatitis C, and other sexually transmitted diseases in Alameda County, and to address the high rate of HIV infection and Hepatitis C among intravenous drug users, ACE embraced the practical ideology of getting used needles off the streets of Oakland in order to reduce the negative consequences of drug use. To reflect the organization's growth into a comprehensive service program, ACE eventually changed its name to HIV Education and Prevention of Alameda County.

Through outreach services, needle exchange, and HIV education and prevention in one-to-one encounters, HEP-PAC reaches Oakland community residents who, most often, are not seen by passersby. Get Screened Oakland visited the program at Casa Segura and met the team at one of HEP-PAC'S three established syringe exchange sites.

As you enter Casa Segura, you immediately feel the warmth of African, Latino, and Native cultural energy. The space is decorated with artifacts from those cultural traditions. The furnishings complement the space; sofas and comfortable chairs create places to hang, making visitors want to sit for a while, share stories and a bit of life. HEP-PAC provides exchange services, an HIV testing and counseling clinic, a HEP C testing clinic and support services, acupuncture, food, clothing, and day respite. Its prevention case management services include treatment advocacy, mental health assessments and referrals, housing referrals, and relapse-prevention support and services.

Bronz Courtney, one of the HIV testing and exchange site coordinators, took Get Screened Oakland (GSO) staff on a tour of the Casa Segura facility. Joy Rucker, Executive Director, provided the GSO team with an oral history of HEP-PAC's journey from West Oakland, to Fruitvale, to Brookfield, and finally to their home in East Oakland. HEP-PAC is a first-of-its-kind model agency for harm reduction in the state of California.

After visiting Casa Segura, the GSO team went to one of HEP-PAC's exchange sites, just off 100th between San Leandro and Edes Avenue. The whole staff was there: the acupuncturist, the physician assistant who provides wound care, Bronz Courtney who conducts HIV tests, and the remaining staff members, who were bundling clean syringes for exchange, serving hot food and providing HIV and Hepatitis C information to the exchange clients.

Casa Segura is an exchange program. For each syringe they receive, clients must leave one behind. During the exchange process, clients must bundle the needles in groups with rubber bands, which makes them easier to collect and count. The clients are adult men and women of all ages, races, and income levels. Some walk to the program site, others drive. During the Get Screened Oakland visit alone, more than ten people stopped in to exchange their syringes and meet with the staff.

Joy Rucker later told GSO staff that HIV rates are down in the injection drug using community. The real concern now is Hepatitis C. More than 95% of those who go to HEP-PAC for hepatitis C testing are positive. Less than 5% of those who are tested for HIV are positive. The take home message: syringe exchange works, and HEP-PAC is addressing the needs of intravenous drug users and other at-risk groups for HIV infection.

Local Events Planned for World AIDS Day

Get Screened Oakland wishes to offer the following information about a week of Oakland-area events which will take place in observation of World AIDS Day.

Oakland's World AIDS Day events are as follows:

Sunday, November 25

- ◆ Citywide Celebration of Life, Interfaith Prayers, Readings & Scriptures during services at houses of worship

Tuesday, November 26

- ◆ Community Awards Breakfast, Lake Merritt Hotel; 7:30 a.m.-9:30 a.m.; \$50/person
- ◆ GSO Stakeholders Breakfast Awards, Lake Merritt Hotel; 7:30 a.m.-9:30 a.m.
- ◆ Press Conference, Lake Merritt Hotel; 10:00 a.m.
- ◆ Community Reception, City Hall; 5:00 a.m.-7:00 p.m.
- ◆ HIV & Gospel Music Workshop, Olivet Institutional Missionary Baptist Church

Wednesday, November 28

- ◆ HIV & Gospel Music Workshop, Olivet Institutional Missionary Baptist Church

Thursday, November 29

- ◆ Be in the Know College and Senior Screening, Senior Centers, Laney & Merritt Colleges; 11:00 a.m.-2:00 p.m.
- ◆ Life Support: Reception, Movie, and Panel Discussion, Laney College Forum; 5:30 p.m.-8:30 p.m.
- ◆ HIV & Gospel Music Workshop, Olivet Institutional Missionary Baptist Church

Friday, November 30

- ◆ Community Summit on Women
- ◆ Alameda County Office of AIDS Luncheon, Lake Merritt Hotel; 10:30 a.m.-1:00 p.m.
- ◆ HIV & Gospel Music Workshop, Olivet Institutional Missionary Baptist Church

World AIDS Day: Saturday, December 1

- ◆ CalPEP Testing Event, Pak N' Save, Emeryville, CA; 12:00 p.m.-8:00 p.m.
- ◆ HIV & Gospel Music Concert Extravaganza, Olivet Institutional Missionary Baptist Church
- ◆ **WORLD AIDS DAY BENEFIT CONCERT, Historic Sweet's Ballroom; doors open at 6:30 p.m.**
- ◆ After Party, Kimball's Carnival; 9:00 p.m.-1:00 a.m.

Other HIV News

In Massachusetts, HIV Testing Recommendations Questioned

Massachusetts is resisting federal government efforts to make it as easy for medical practitioners to screen for HIV as it is to screen for cholesterol or diabetes, *The Boston Globe* reported (09/01/07). The state prefers to maintain its written consent requirement for HIV testing—something the Centers for Disease Control and Prevention (CDC) considers a barrier to broader HIV screening—because HIV and AIDS continue to carry a social stigma that outweighs that of other diseases.

Last year, the CDC made routinizing HIV screening a priority. According to Julie Gerberding, Director of the CDC, "We're now at a point where we just need to normalize this [testing] and do everything we can to get the undiagnosed people into treatment."

Before last year, screenings had been largely limited to members of populations that had been categorized at high risk for HIV, such as gay men and injection drug users. But CDC specialists argued that with such narrow targeting of the tests, cases were being missed—and doctors hesitated in singling patients out for testing.

Though public health officials in Massachusetts share the CDC's goal of increasing the number of people who are screened for HIV, they believe the goal can be reached without lifting the written consent rule. They propose increasing the number of tests conducted in community health centers, family planning clinics, and substance abuse treatment facilities to 11,300 over the next two years.

The CDC and other disease specialists estimate that 250,000 individuals in the U.S. have HIV disease and do not know it. What's more, it is not uncommon for people to have HIV for a decade or more before they learn they are infected. And when they do receive a diagnosis, the virus has already greatly weakened the body's defenses. About 40% of U.S. patients who test positive for HIV develop AIDS within a year. With early diagnosis, however, HIV medications can transform HIV from a deadly disease into a manageable one.

So the question remains: should HIV continue to be regarded as something exceptional, with policies, resources, and attention distinct from other conditions?

"We want the state to treat HIV like other communicable diseases," said Dr. B. Dale Magee, president of the Massachusetts Medical Society. "We can do tests on people for tuberculosis, for gonorrhea, for syphilis, and we do not have to obtain written informed consent. The state should treat HIV the same way."

But state officials and representatives of advocacy groups counter that, because of HIV-related stigma, Massachusetts should continue to require written, informed consent—and the discussion it prompts—before a test.

"What has been really important about written, informed consent is it's really not about the testing process alone. It's the beginning of a process and a relationship between the doctor and the patient that goes beyond testing," commented Ben Klein, AIDS Law Project Director of Gay & Lesbian Advocates & Defenders.

Source: "AIDS test consent at issue in Mass. Federal push to ease rules could cost state"; Smith, Steven, *The Boston Globe*

C.A. Legislature Approves Bill to Help Routinize HIV Screening

By an overwhelming margin, the California legislature approved a measure that would permit more routine testing for HIV, the *LA Times* reported (9/10/07). Under the measure, doctors and hospitals would routinely administer HIV tests unless a patient declined. Currently, a patient must provide written consent before a health professional can test them. The measure will now go to the governor, who has not taken a public stand on the issue.

Assemblywoman Patty Berg, who sponsored the bill in question, told the *Los Angeles Times*, "This bill is about saving lives."

She continued, "Many doctors now don't test because they need informed consent. It's just one more thing they have to go through, and so docs sort of shy away from that. But this makes it part of your normal annual exam."

Michael Weinstein, president of the AIDS Healthcare Foundation, which sponsored the bill and operates California's largest non-government HIV testing program, called it "the most important change in public HIV/AIDS policy in years."

AIDS Healthcare Foundation estimates that nearly 40,000 Californians are living with HIV without being aware of it.

Assemblywoman Bonnie Garcia (R-Cathedral City), who co-wrote the bill, wants the measure to help reach Latina and African American women, who make up many of the new cases of HIV. She pointed out that women don't have to sign consent forms to get breast exams or Pap smears.

"When you look at the face of AIDS today, it could be your mother, your grandmother, it could be your daughter," she said. "I would hope we would maximize the opportunity when we have their attention in the doctor's office."

Source: "Schwarzenegger says he will reject a measure passed by Democrats and will call a special legislative session to seek a compromise"; Rau, Jordan; *Los Angeles Times*.

BAM, Black AIDS Mobilization, Gains Momentum with Congressional Black Caucus

At a press conference on September 25, the Black AIDS Institute released *We're the Ones We've been waiting for: The State of AIDS in Black America and what we are doing about it*, a national report detailing the impact of HIV disease on black Americans.

Over the last decade, black people have experienced a disproportionate share of the HIV epidemic in the U.S., representing 54% of the country's new HIV cases overall, 70% of the new cases among American youth, nearly 67% of the new HIV cases among American women, and 43% of the new cases among men. Moreover, the majority of people still dying from AIDS (over 18,000 last year) are black.

"We've attempted to paint an honest picture of what AIDS in Black America is like today—the good, the bad and the ugly," stated Phill Wilson, Executive Director of the Black AIDS Institute. "Ultimately, our review left us with a clear conclusion that while we've come a long way in dealing with the epidemic, we are not near where we need to be to end it."

Held in Washington, D.C., the press conference was hosted by members of the Congressional Black Caucus (CBC), including California Representatives Barbara Lee and Maxine Waters. In conjunction with the report's release, members of the CBC issued

The new State of AIDS report provides:

- A chart pack of key data that highlights the pressure points of AIDS in the black community;
- A review of America's response to the epidemic, highlighting the most recent developments and challenges in public policy affecting both prevention and treatment;
- An overview of the historic Black AIDS Mobilization, explaining how the campaign began and what it hopes to achieve—and evaluating progress thus far.

Available at http://www.blackaids.org/image_uploads/article_381.pdf

an open letter calling for 1) a mass black mobilization to end the AIDS epidemic in black America and 2) the development of a national AIDS plan in the U.S.

"The unfortunate reality is that to be Black in America is to be at greater risk of HIV/AIDS, and we are here today to reaffirm our commitment to changing that reality," said Rep. Lee. "This is not an ideological issue. It is a moral and humanitarian call for equality and justice, and each of us must do our part."

The CBC's "Call to Action" is part of an ongoing, national, coordinated campaign and mass black AIDS mobilization (BAM) to end the HIV epidemic in black America by 2012. Organized by The Balm In Gilead, The National Black Leadership Commission on AIDS, and the Black AIDS Institute, the campaign calls for a national HIV testing drive whose goal is to provide HIV screening for one million African Americans by December 1, 2008, World AIDS Day. Sixteen leading black institutions from various sectors of the community—including faith, civil rights, media, entertainment, academia, and politics—have joined the campaign and will unveil strategic plans to address HIV/AIDS in their area of influence.

The campaign is committed to achieving the following goals:

- Cutting the HIV rates in black America by 50%
- Increasing the number black Americans who know their HIV status by 50%
- Increasing the number black Americans in appropriate early care/treatment by 50%
- Reducing HIV/AIDS stigma in Black America by 50%

When nearly half of the estimated 1.2 million Americans living with HIV/AIDS are black, AIDS in America today is a black disease," Phill Wilson said. "We are calling on anyone interested in the well-being of black people to help build and mobilize a mass black response against this deadly disease."

Source: Press Release "Black AIDS Mobilization Gains Momentum with Congressional Black Caucus"; Tuesday, September 25, 2007; Black AIDS Institute

House Passes Bill by Rep. Maxine Waters to Change HIV-Testing Protocol for Federal Prison Inmates

The House of Representatives passed a bill sponsored by Representative Maxine Waters that would change requirements for testing federal prison inmates for HIV, according to a summary of a *CQ Today* report that appeared in the Kaiser Family Foundation's *Daily HIV/AIDS Report* (09/26/07).

Currently, federal law and Bureau of Prisons regulations call for administering HIV tests to individuals who are deemed to be at risk for infection and who have received a sentence of six months or more. Under the bill, all inmates entering and leaving the federal prison system would be asked to take an HIV test. However, inmates who had not been exposed to an HIV risk factor (e.g. pregnancy or a sexual encounter) while in prison would be allowed to opt out of the test. In cases where they had been exposed to a risk factor, an HIV test would be required. According to the bill, inmates scheduled for release would receive counseling, treatment referrals, and a month's supply of any "medically necessary medications" they already were taking.

The bill also calls for the Prison Bureau to provide reports to Congress. These reports would give an account of the following: 1) the Prison Bureau's procedures for testing, treating, and preventing hepatitis and other infections transmitted sexually or through injection drug use; and 2) statistics on HIV test results.

According to a Justice Department report cited by Rep. Waters, the number of confirmed AIDS cases in prisons is three times higher than in the general population. HIV rates in prisons are unknown, she continued, because testing is not consistently offered in prison settings. In addition to offering HIV tests to individuals who are entering and leaving federal prisons, the bill would allow inmates to request testing once annually. It would further mandate confidential counseling for inmates before and after testing. HIV testing would also be granted to inmates whenever they had reason to believe they might have been exposed to the virus.

Source: "House Passes Bill That Would Alter HIV Testing Requirements for Prison Inmates; Chamber Also Approves Global Poverty Bill"; *Daily HIV/AIDS Report*, 09/26/07, accessed 09/30/07 at http://www.kaisernetwork.org/daily_reports/rep_hiv_recent_rep.cfm?dr_cat=1&show=yes&dr_DateTime=26-Sep-07#47754

HIV and the Faith Community: Bridging the Gap between Progress and Promises

On September 27, Congresswomen Barbara Lee and Donna Christensen hosted the HIV/AIDS Braintrust at the Congressional Black Caucus Annual Legislative Conference, which brought together national and local leaders and members of the clergy to discuss the power and challenges of confronting faith leaders' efforts to address HIV/AIDS. This panel discussion was moderated by Bernard Tyson, who serves as Executive Vice President of Health Plan and Hospital Operations for Kaiser Foundation Health Plan, Inc. and of Kaiser Foundation Hospitals in Oakland, CA.

Rep. Lee, who delivered the welcoming remarks, emphasized the importance of working together to inform, enhance, and expand the capacity of the faith community to respond to HIV. She then reviewed the nearly decade-long effort of the Black Caucus and her office to secure funding for capacity building in the African American community. She also reviewed Alameda County's declaration of a state of emergency because of HIV, and the ultimate creation of the federal Minority AIDS Initiative. Rep. Lee urged those attending to work with the faith leaders in their communities in order to strengthen local responses to the HIV epidemic.

Representatives Lee and Christensen assured those present of their commitment to working with the HIV/AIDS advocacy community to increase funding for CDC programs in prevention, counseling, and testing and treatment and support programs in the Ryan White CARE Act as well as its AIDS Drug Assistance Program.

The participants on the panel included Pernessa Seele, Founder and CEO, The Balm in Gilead and the Black Church Institute on HIV and Other Health Disparities; Debra Fraser-Howze, Founder and President, the National Black Leadership Commission on AIDS; Bishop Kwabena Rainey Cheeks, Inner Light Ministries; Rev. Constance Smith, Hughes Memorial United Methodist Church; Rev. Jacqueline Thompson, Shiloh Family Life Center Foundation; Rev. Dr. Christine Y. Wiley, Covenant Baptist

Church; and Dr. John Hogan, Medical Director, RAP, Inc.

Below are some key themes discussed during the Braintrust:

- The stigmas and misinformation – e.g. “HIV/AIDS as a gay disease” – that make it difficult for faith leaders to address and educate about the prevention of HIV/AIDS;
- The funding issues and challenges confronting churches—particularly smaller churches—and the impact that inadequate funding has on the ability to respond to the HIV epidemic in a local community;
- The successes and challenges that faith leaders who are addressing HIV/AIDS have experienced;
- The importance of HIV testing and the role the faith leaders can—and do—play in expanding and encouraging testing;
- The importance of ensuring that faith leaders not stigmatize people who have been infected with HIV regardless of route of transmission; and

The importance of creating a safe space for faith-based program administrators and clergy leaders to convene to learn, work, and pray together as they increase their capacity to respond to the needs of their parishioners affected and infected to HIV/AIDS.

All the panelists shared valuable information and presented ideas and suggested solutions for working on HIV within a faith community context. Offering up a bit of advice for those attending the session, Bishop Kwabena Rainey Cheeks put it this way: “God’s table is round, with room for everyone. No one is excluded. And I believe it is not WWJD—What would Jesus do—but DAJD: Do as Jesus *Did*.”

Community Calendar

Upcoming Events and Dates to Keep in Mind

October 2007

- Sat. 10/6 National Latino AIDS Awareness Day Activity: Fashion Show, HIV screening; Tri-City Hombres Unidos at Bench and Bar, 2111 Franklin Street,; for more information, call for more 713-6690
- Mon. 10/15 National Latino AIDS Awareness Day Activity: HIV screening at VOA Day Labor Center, 4250 San Leandro Street; for more information, call 436-6970
- Tu. 10/23 – Fri. 10/26 Black Church Institute on HIV/AIDS and other Health Disparities, Balm in Gilead, Hilton Head Island, SC www.balmingilead.org

November 2007

- Sat. 11/3 – Wed. 11/7 American Public Health Association (APHA)'s Annual Meeting (includes sessions on the politics and policy of HIV screening), Washington, DC www.apha.org
- Wed. 11/7 – Sat. 11/10 U.S. Conference on AIDS, National Minority AIDS Council (NMAC), Palm Springs, CA www.nmac.org
- Fri. 11/30 Women Organized to Respond to Life-threatening Disease (WORLD)'s Summit on Women and HIV, Oakland, CA www.womenhiv.org

December 2007

- Sat/ 12/1 World AIDS Day Local Events:
HIV Screening At Pak-N-Save, 12:00 p.m. - 8:00 p.m.; California Prevention Education Project (CAL-PEP). For more information contact Sonya Richey 874-7850
- World AIDS Day Benefit Concert, *Historic Sweet's Ballroom* , 6:30 p.m./ *Doors open*
- For other local World AIDS Day events, see the calendar in the *Oakland Community News* section of this newsletter
- Sun. 12/2 – Wed. 12/5 National HIV Prevention Conference "Promoting Synergy Between Science and Programs," Atlanta, GA www.namec.org

January 2008

- Th. 1/24 – Sun. 1/27 4th Annual National African American MSM Leadership Conference on HIV/AIDS "Breaking Barriers, Moving Forward", National AIDS Education and Services for Minorities, Inc (NAESM), Oakland, CA www.naesmonline.org