

Get Screened Oakland: The Highlights

Get Screened Oakland kicks off AIDS Awareness Week 2008

(November 24-25, 2008) The HIV service community of greater Oakland/Alameda County met to commemorate World AIDS Day 2008 and to raise awareness about the local HIV epidemic.

For starters, community members and service providers gathered at Oakland City Hall to explore HIV through a gender lens. During the meeting, participants viewed the film "All of US," which depicts the lives of three women in Bronx, NY, who are confronting the challenges of HIV. The commemoration continued with the Men's/MSM's forum, *Bringing It Home: From Global to Local*, and it culminated with a breakfast meeting with members of Oakland's Transgender and Gender Variant community to discuss HIV prevention issues and other health and community needs.

The text below describes the highlights of this two-day World AIDS Day commemoration:

All of Us

The documentary, "All of Us," is described as follows on the film's Web site:

In the South Bronx, a young doctor embarks on a research project to find out why black women are being infected with the HIV virus at an alarming rate. Dr. Mehret Mandefro takes us into the lives and relationships of two of her female patients, Chevelle and Tara, as they identify and struggle with the social factors that put them at risk.

Chevelle, abandoned by her family as a teenager, became addicted to drugs and dependent on sex with men to get attention and cash. When we meet her, she's been clean for a year and is striving for financial independence. Tara suffered sexual abuse for much of her life and resorted to sex work to survive. Her current boyfriend is pressuring her for sex even though she is undergoing a series of invasive surgeries for cervical cancer. Despite her frail condition, Tara works to overcome her fear of saying no and gains new confidence along the way.

As Chevelle and Tara strive for more power in their lives and relationships, [Dr.] Mehret expands her research to include women across boundaries of race, class and country. She also begins to grapple with these extremely personal themes as they appear in her own life. A visit to Ethiopia, her birthplace, and candid conversations with her privileged girlfriends in New York, yield a startling realization: heterosexual women across the continents face a dangerous power imbalance in the bedroom. When she lets her hair down, steps out of her doctor's role, and confesses her own weaknesses, even this Harvard-trained physician sounds just like one of us.

ALL OF US is about AIDS but it is not a tragedy. It is a story of resilience, sisterhood and courage." For more information about the film, www.allofusthemovie.com.

Bringing It Home: From Global to Local

Oakland and East Bay HIV community leaders, service providers, and activists met for four hours to discuss and learn about HIV

And men who have sex with men (MSM) issues. The forum, which was held in Oakland City Hall Hearing Room 2, began with an overview of HIV's impact on MSM globally and concluded with a dialogue among members of the local MSM community.

Dr. George Ayala, PsyD, Executive Officer of the Men Who Have Sex With Men Global Forum (MSMGF), provided the overview of HIV's effect on MSM globally. In his presentation, Dr. Ayala presented epidemiological HIV data and stressed the need to place greater focus on MSM while developing strategies to respond to the global HIV epidemic. In reviewing the global epi data, Dr. Ayala included a regional breakdown of HIV statistics, which range from 22 million people in sub-Saharan African to 300,000-400,000 in the Middle East and Northern Africa to 78,000 in Oceania. Taken together, the regional estimates total 33 million HIV-positive men, women to children. Continuing, he cited the primary HIV risk factors and modes of transmission by region.

For the most part, HIV is transmitted through heterosexual sex in sub-Saharan African, through substance abuse and sex work in Eastern Europe, and injection drug use in Asia and Central and Southern Europe. In these regional epidemics, Dr. Ayala said, there is growing evidence that strongly suggests an increase in unprotected anal intercourse, as well as an increase in the numbers male sex workers and high drug use in men who have sex with men and heterosexual adults.

With this information in mind, Dr. Ayala offered the following reasons to renew interest in MSM issues:

- 1) There is a need to examine concentrated epidemics, including those affecting MSM, and to place commensurate focus on MSM.
- 2) Unprotected anal intercourse (UAI) has long been recognized as high risk—especially in concurrent partnerships and during early HIV infection.
- 3) MSM are recognized as a population vulnerable to HIV infection in national epidemics, sub-epidemics and under-addressed generalized epidemics. This vulnerability results from the criminalization of HIV transmission and discrimination based on sexual orientation.
- 4) The global community generally appreciates the need to address the HIV epidemic among women and children. Steps must now be taken to ensure that sufficient resources are available to provide HIV services to MSM.

It is for these and other reasons that the MSMGF was developed. For more information about the Forum, contact www.msmandhiv.org.

Following Dr. Ayala's presentation, Michael Lee, LCSW, of Alameda County Office of AIDS, stepped in for Rashad Burgess of the Centers for Disease Control and Prevention (CDC), who was unable to attend at the last minute. Mr. Lee presented Mr. Burgess' PowerPoint presentation, entitled *State of HIV/AIDS Epidemic Among MSMs*. In his presentation, Mr. Lee highlighted statistics from the latest HIV surveillance data and presented the CDC's new epi report, which suggests that 56,000 people in the United States become newly infected with HIV every year—not the 40,000 new infections that the CDC had previously estimated. Mr. Lee then described the new methodology employed by the CDC to develop its estimates. As he did, Mr. Lee noted that the data used in this methodology come from only 33 states.

In addition, Mr. Lee gave an update of the demographic picture of the U.S. epidemic. He started by revealing that, among black and Hispanic MSM, the highest number of new infections is among the youngest age group (13-29 years). Among white MSMs, most new infections occur in men aged 30-39 years, followed by those who are 40-49 years-old. More interventions and strategies are needed to combat HIV infection among all MSM, according to the CDC.

More generally, Mr. Lee reported that 56,300 new HIV infections are estimated to have occurred in 2006, the most recent year for which data are available. Seventy-three percent of these infections were among men, and 27% were among women. Categorized by mode of transmission, 53% of the infections were among MSM; 31% were among heterosexual men and women, and 12% were among injection drug users.

In concluding his remarks, Mr. Lee provided the CDC's current program goals for preventing HIV among MSMs. They are as follows: 1) expand access to HIV testing and linkages to care; 2) expand access to HIV prevention programs; 3) conduct

research on new behavioral and biomedical interventions; and 4) create a CDC MSM executive committee.

The next two presenters were Kabir Hypolite, Director of the Alameda County Office of AIDS, and Dr. Steve O'Brien. Mr. Hypolite provided an epidemiological profile of HIV in Alameda County, and Dr. O'Brien gave an overview of the clinical and medical concerns that arise in the treatment of HIV disease.

In the second hour, attendees listened to a panel discussion whose speakers comprised local service providers and community activists. The panelists discussed how HIV issues affect a diverse set of ethnic and racial communities who live in the East Bay. The discussion's moderators were Jay Fournier, HIV Community Leader and Independent Consultant, and Joe "Juba" Johnson, HIV Prevention Manager of the AIDS Healthcare Foundation.

What follows are summaries of each panelist's remarks.

Koji Sakakibara, HIV Prevention Educator at the Asian Health Center, reported on the results of a focus group of Asian men who had recently tested for HIV. In the focus-group participants had reported that they didn't use condoms. Because sero-prevalence rates in the Asian community are so low, they "understood" that condoms were not necessary. Many of the men reported meeting sex partners online and were very comfortable not using condoms with those partners.

Angel Fabian, HIV Prevention Program Manager for La Clinica de la Raza, spoke in honor of a young man who died at 21. Infected at the age of 12, the young man had left home because he sensed that his family members viewed him as different. Mr. Fabian went on to describe the challenges for the "very Catholic" Latino community. They include language, social isolation and immigration, and the lack of social acceptance and role models.

Alvin Quamina, Executive Director of AIDS Project East Bay, told of his experiences responding to HIV, first in the context of his own partner dying from the disease and then as executive director of a local AIDS service organization that focuses on MSM of color. He described a history of neglect and self-neglect, where there once were no black gay men in the conversation. He said things haven't changed much for those in the African American community, but he hoped that the forum would help to bring men together to deal with MSM needs and concerns in the East Bay.

Aaron Testard, Psychotherapist for the Pacific Center, presented four vignettes, which permitted a glimpse into the lives and behaviors of white gay men who participate in public-venue sexual encounters. Such venues range from the bathhouse to the internet to cruising spots. Mr. Testard shared how difficult it is for many of these men to identify as gay. Their "model of being" is based on and bound to a straight model of how to be a man. Public-venue sex, in general, and bathhouse sex, in particular, is the only avenue open to these men. Mr. Testard said that he provides outreach to men in the local bathhouses and works to encourage these men to get tested for HIV and to reduce their engagement in sexual behaviors and practices that may place them at risk for HIV and other sexually transmitted infections (STIs).

Alex Williams, Peer Educator at the Downtown Youth Center, and Terrion, a young SMAAC representative, offered a young MSM perspective on HIV. Mr. Williams talked about the need to create spaces for young MSMs. "Youth are dealing with this and other issues by ourselves," he stated, and "we have questions that are lying dormant with no one to ask and no one to talk to." He also said, "We do not need "hand holding; we need someone to talk with us." Terrion shared his personal history, telling the attendees how important places like SMAAC are for youth who have nowhere else to go. "It is a very scary place out here," he said. "At SMAAC, we create new families. It is hard when your family kicks you out because of who you are."

The forum concluded with brief comments by Rev. Dr. D. Mark Wilson, and Promoter and Commentator Joe Hawkins. Rev. Wilson remarked, "We are not saved by living in the straight world," and he focused his address on the importance of establishing a process to deal with the issues of homosexuality and HIV as well as the invisible issue of men who have sex with men within the church. Mr. Hawkins remarked that the MSM community in Oakland had dropped the ball on the HIV issue. "I hope meetings like this will challenge us to get back involved in addressing HIV within our community. I want to thank Mayor Delums and Get Screened Oakland for holding this very important forum."

HIV Prevention needs among Oakland's Transgender and Gender Variant community

(November 25, 2008) In order to gain greater insight into the needs of Oakland's Transwomen and Gender Variant community, staff of Get Screened Oakland met with Tiffany Woods of Tri-City Health Center and Cseneca Greenwood of Volunteers of America. Both have been leading advocates, responding to the urgent needs of Trans/Gender Variant individuals and providing volunteer and contracted outreach services in the Oakland and greater Alameda County community for more than 12 years.

Tiffany directs the only county-funded Trans outreach program, which is currently housed at Tri-City Health Services in Fremont. Prior to Tri-City's implementation of this program, Volunteers of America had directed a similar one. Discussing some of the chief issues for members of the Trans community, Cseneca put it this way, "I am lucky. I work in a place where they accept me for who I am. Many girls are not that fortunate. It is about survival. I tell the girls—be Frank during your day-job until you have enough money to become Frances. And until then, be Frank during the day and Frances at night."

Tiffany added that the lack of Trans-specific services in the East Bay makes it extremely difficult to go beyond the surface in addressing needs. "Cseneca and I are it," she said. "There is a great need for Trans-specific services beyond the funds we get from the county and the state. The approach must be comprehensive and holistic. The issues are multi-layered: health, HIV/STDs, socioeconomic challenges, isolation, substance and sexual abuse, violence, homelessness and sex work."

Joining Tiffany and Cseneca were four Trans/gender variant women: Tameka, Tanajasha, Brandy, and Mimi. They described the challenges of learning to live "in the open" with a new gender identity. "No one understands us. They don't get us," was an impression echoed by the women. Tamika shared that she had decided at the age of 16 that she needed to "go through the transition." She could not live one more day as a boy. She has been "living like this for 7 years" and will not go back. Brandy said that he has a job and is working to earn enough money to go through the transition. So for now, he will remain a boy.

In each of their stories, a common and very important dynamic emerged: the role of sex work in becoming a new person and sex work's association with a higher risk of HIV infection. Ms. Wood described the trans community in Oakland as very closeted. She explained that the absence of an accepting community leads to isolation. "There is nowhere for the girls to go where they can feel comfortable."

Both Cseneca and Tiffany agreed that the rate of HIV in the trans community probably falls within in the 40-50 percentile." Cseneca described how outreach to the trans community had started more than 12 years ago through the HIV prevention and outreach services that were funded then. "There was a lot more money then to do the work we needed to do," she said. "Now, there is less money, and the numbers have grown to probably a couple of thousand women. How can we be expected to reach everyone who needs services?"

The meeting ended with the consensus that more must be done to address the needs of this vulnerable community. Staff from Get Screened Oakland agreed to work with the meeting participants to develop a springtime health fair specifically for the trans community.

2008 National Summit on HIV Diagnosis, Prevention and Access to Care: Oakland in the house

(November 19-21, 2008) More than 300 leading HIV researchers, clinicians, advocates, and government officials met for two days in Arlington, VA, to discuss the U.S. HIV epidemic and to examine strategies and approaches to make HIV testing routine, expand access to HIV care, and increase the HIV workforce.

The summit began with an evening reception and no-host dinner, followed by a day and a half of plenary sessions, updates, workshops, poster sessions and networking breaks. The following Oakland representatives were among the summit's presenters:

Abby Ginzberg of Ginzberg Video Productions was invited to discuss the use of promotional materials, such as palm cards, posters, brochures and public service announcements, to facilitate greater community engagement in a municipal HIV screening campaign like Get Screened Oakland.

Greg Edwards, PhD, of Flowers Heritage Foundation presented a poster session on the use of art as an HIV awareness and education tool for high school students. He based the session on the very successful “Don’t Turn Your Back on AIDS” program, a competitive high school art program that uses HIV/AIDS as the subjects of the students’ art projects.

Daniela Torres of the Alameda County Office of AIDS participated in a morning plenary panel that examined various components of state and local HIV responses.

Marsha Martin, Director, Get Screened Oakland, presented a poster session on GSO and highlights from the outreach and collaboration with community clinics in Oakland’s HIV screening program. She also participated in a plenary panel that explored the question of who pays for expanded HIV screening, where she discussed California’s leadership in changing legislative impediments to testing (AB 682, AB 1894, AB 2899).

The Summit began with opening remarks and greetings from the organizers and the summit co-chairs: Veronica Miller, PhD, at the Forum for Collaborative HIV Research; John Bartlett, MD, at John Hopkins University; Kenneth Mayer, MD, of Brown University; and Dr. Pierre Vigilance, MD, MPH, Director of the D.C. Department of Health.

Dr. Vigilance welcomed attendees, bringing greetings from Mayor Fenty, and briefly discussed what the D.C. government is attempting to do to address Washington, D.C.’s HIV epidemic. Drs. Bartlett and Mayer acknowledged the importance of coming together again—two years after an initial summit—to examine changes, challenges, and improvements in reaching people with HIV and providing HIV testing and ongoing prevention services and treatment.

Following the morning addresses, the summit agenda turned to updates from the field. Dr. Kevin Fenton of CDC presented an update on the U.S. epidemic, which included remarks on the new surveillance report. He explained the rationale for CDC’s decision to change the methodology by which estimates are determined and outlined the new methodology. Dr. Fenton concluded his remarks by identifying the populations most at risk, which include African American men who have sex with men, and outlining the CDC’s next steps in addressing the African American community.

Bernard Branson, MD, of the CDC gave an overview of the Agency’s recommendations for expanded screening as well as highlights of expanded emergency room screening programs that are currently in operation. According to Dr. Branson, increased HIV screening/testing has resulted in a lower percentage of persons unaware of their status. This percentage has been reduced from 25% to just over 21%.

After the CDC updates, Dr. Donna Futterman, Director of the Adolescent AIDS Program at Montefiore Hospital and the developer of ACTS, and Jesse Milan, JD, of the Altrorum Institute, discussed the barriers and challenges to making HIV testing routine. In her presentation, *From Pilots to Programs to Public Health Victory*, Dr. Futterman discussed the “hoped for” victories of vaccines, microbicides, and large-scale behavioral interventions—all of which are a long way off. In the meantime, she said “our next winnable victory” can be routinized HIV screening that identifies and links the estimated one-quarter million HIV-positive people to care. In her words, “It is time for a paradigm shift. We must stop sailing around HIV testing obstacles.” Mr. Milan, who has been living with HIV for more than a quarter of a century, challenged the forum participants to look beyond stereotypes and see potential in everyone. Sharing his successes and lessons learned in his role as Co-Chair of the HRSA/CDC Advisory Committee, Mr. Milan borrowed from language of the Obama Campaign to deliver a message of hope.

The summit then looked at local approaches to HIV prevention, care, and treatment. Dr. Shannon Hader, MD, MPH, of the D.C. Department of Health, discussed the similarities and differences in working in DC and in Zimbabwe. Jane Cheeks, JD, MPH, of the Alabama Division of HIV/AIDS Prevention, talked about working on HIV at the state-level, and Daniela Torres of the Alameda County Department of Public Health’s Office of AIDS described the collaborative aspects of Get Screened Oakland from a county perspective. Ms. Torres, with her background in reproductive health and family planning, told the attendees how testing for HIV had become routine, and she found it peculiar that it had not already been embraced. She also gave highlights from the intergovernmental processes used by Alameda County in its work with Oakland and the county to expand HIV screening through Get Screened Oakland.

The summit then divided its attendees into the following four tracks:

Routine/Expanded HIV Testing Models and Systems Development. The objectives of the track were to highlight state of the art implementation of routine testing in a variety of health care settings, and to examine the continued barriers and challenges to implementation.

Prevention Models in the Setting of Routine or Expanded HIV Testing. The objective of the track was to examine the ways in which routine HIV testing can be more effectively linked to HIV prevention, both for uninfected and infected persons.

Outcomes and Impact Evaluation of HIV Testing Activities. The objectives of the track were to examine evidence on how effectively routine HIV testing is being implemented, as well as the impact testing is having on linking infected individuals to HIV care.

Access to and Retention in Care as a Part of Routine/Expanded Testing. The objectives of the track were to examine the ways in which routine HIV testing can be more effectively linked to HIV care, and to examine the challenges inherent in providing HIV care in the United States.

Day two of the Summit began with summaries and report backs from the previous day's track sessions and an update from CDC's Gary Marks, PHD, on testing, sero-status, and implications for HIV prevention. The morning continued with five panel discussions. The topics were 1) *Who pays for testing?* 2) *When to start Treatment?* 3) *Linking Testing to Care: Where to go from Here?* 4) *To the HIV Care Work Force: Where to go from Here?* and 5) a discussion about increasing routine HIV testing in the context of the call for a National Plan of Action.

The 2008 National Summit concluded with the consensus that the field of HIV diagnosis, prevention, and linkage to care has advanced in the two years since the first summit. HIV testing has increased, and more clinics and hospitals are participating in ramping up routine HIV testing.

Other Community News

Federal AIDS Policy Partnership convenes National Meeting

(November 18, 2008) Representatives of more than 100 national and local AIDS advocacy organizations and AIDS Service Organizations met at the office of the National Association of the State and Territorial AIDS Directors (NASTAD) to discuss next steps in light of the Obama election victory and to develop a strategy for getting HIV on President-elect Obama's first 100 days calendar. The meeting, co-chaired by Paul Kwata, Executive Director of the National Minority Council (NMAC), Julie Scolfield, Executive Director of NASTAD, and William Smith of the Sex Information and Education Council of the United States (SIECUS), began with an overview of the post-election political landscape—for winners and losers alike—and concluded with the development of a list of names to put forward for senior-level positions in the Obama administration.

In addition to focusing on the anticipated changes to the federal HIV agenda after President Bush's administration, the meeting included a discussion of the call for a national AIDS strategy. The goal of having this discussion, which was requested by the Federal AIDS Policy Partnership (FAPP), was to hear political leaders' best "guesstimates" of what President-elect Barack Obama will do in appointing domestic HIV leadership and as well as their ideas on how to ensure that addressing HIV is high on the overall health, housing, and social welfare agenda in Congress, in executive-branch departments (HHS, HUD, Justice), and at the White House. To date, The Coalition for a National AIDS Strategy lists more than 350 organizations and 1,200 individuals who are calling for the National AIDS Strategy.

The agenda for the meeting appears on the next page. For more information, you may contact the agencies listed on the agenda, contact your member of Congress, or check the Web site www.nationalaidsstrategy.org.

Overview of Election/Both Congress & White House (Brandon Macsata & Winnie Stachelberg)

What are the take home messages?

Who won which seats?

Who lost which seats?

What does that mean?

Overview of Transition Plans

National AIDS Strategy (San Francisco AIDS Foundation and Chris Collins)

100 Days Document/AIDS in America (The AIDS Institute and HIV Medical Association)

Fighting HIV/AIDS in Communities of Color: An Action Plan for the Next President (National Black Leadership Commission on AIDS and National Association of People with AIDS)

Global AIDS Transition Document (Global Health Council)

HIV Civil Rights Transition Document (Lambda Legal and HIV Law Project)

National AIDS Strategy for Women in the United States (MS Foundation and Positive Women's Network/USA)

12:30 Lunch (sponsored by Gay Men's Health Crisis, LA Gay & Lesbian Center, Cathalene Teahan)

1:00 Presidential Transition Team (Tom Goodwin, Daniel Montoya)

Hopefully we can have a member of the transition team come to talk with the group.

Organizational Chart Highlights Different Clusters

2:00 Coordinating "Ask" Each group/organization will have their own access to the new administration; however, is there a way for us not to step on each other?

Can there be some guidelines/code of conduct for groups?

Can we coordinate and/or inform each other of meetings

Working with other groups (Other Diseases, Disability Groups, Civil Rights Groups, LGBT Groups, etc.)

3:00 Key Administration Positions (Asian Pacific Islander Wellness Center and Balm in Gilead)

There are important positions for the HIV community:

1. Head of Domestic Policy Council

2. Director of Office of National AIDS Strategy

3. Secretary of HHS

4. Surgeon General

5. Assistant Secretary of Health

6. Secretary of HUD

7. State Department: Global AIDS Ambassador

Slate of Candidates

Working with other groups (Planned Parenthood, NMA, LGBT Groups)

4:00 Working With New Congress

Working Groups to report on "How they are planning to work with the new Congress" and to update us on their committees

HELP Committee

Appropriations

Energy and Commerce

Other

4:30 Next Steps

Coordination

Inauguration Plans—January 19, 2009: Hotel Monaco, coordinated by NMAC.

Time to HOPE? HIV and the political crisis in Zimbabwe

(November 20, 2008) The Kaiser Family Foundation and the Center for Strategic and International Studies (CSIS) held a luncheon forum to bring greater attention to the crisis in Zimbabwe. The forum featured award-winning journalist Hopewell Rugoho-Chin'ono and Dr. Jendayi E. Frazer, Assistant Secretary for African Affairs at the U.S. State Department, among others.

Mr. Rugoho-Chin'ono, the 2008 CNN Multichoice African Journalist Award winner, showed excerpts from his film, "Pain in My Heart," which details the impact of the current government's policies on those living with HIV. It has been estimated that 1.3 million people are living with HIV/AIDS in Zimbabwe; 680,000 or 57% are women. All of the public hospitals have closed. Inflation has risen 13 billion percent in recent years, and more than 5 million people have left Zimbabwe, which has created a refugee crisis for its neighboring countries. It has also been estimated that 5 million people are in need of food—in the country that was once known as "Africa's breadbasket." By all accounts, people are finding it close to impossible to survive.

In her remarks, Dr. Frazer focused on the efforts to bring to resolution the conflict over the government sharing proposals. It is her belief that there remains time to bring the parties to the table and conclude the transition process. While many attending the forum were skeptical, others agreed with Dr. Frazer that this is still a time to hope.

To view an archived webcast of *Zimbabwe: Time to Hope*, log onto www.kaisernetwork.org/healthcast/kff/20nov08.

Community Calendar 2008 - 2009

Upcoming Events and Dates to Keep in Mind

December 08

- M. 12/1 World AIDS Day Awards Ceremony and Reception, Oakland City Hall, 6:00 p.m.-9:00 p.m.
- Kaiser Permanente Medical Group's HIV Today: What Our Clients Have Taught Us; The Masonic Center, 3903 Broadway, 3rd Floor, Oakland. 8:30 a.m.-5:00 p.m., with breakfast at 8:00 a.m. For more information, call 510-752-6344 or 510-752-7862.
- Free HIV Testing to commemorate the 5th Anniversary of "Sistahs Getting Real About HIV/AIDS Billboard Campaign and World AIDS Day, hosted by the National Coalition of 100 Black Women, Inc., Oakland Bay Area Chapter, and CAL-PEP; corner of West Grand and San Pablo Avenues, Oakland. Free HIV testing will be provided from 10:00 a.m.-2:30 p.m., with a press conference at noon.
- The Saddleback Civil Forum on Global Health with President George W. Bush and Mrs. Laura Bush; Newseum Theater, 555 Pennsylvania Ave, NW, Washington, DC. 10:30-11:00a.m.
- W. 12/3 - F. 12/5 ADAP Advocacy Association (aaa+) and Title II Community AIDS National Network (TIICANN) annual conference, Ft. Lauderdale, FL.
- F. 12/12 San Gabriel Valley HIV/AIDS Action Summit: Progress and Opportunity; City of Hope Cooper Auditorium, Duarte, CA. 9:00 a.m.-12:00 p.m.
- Su. 14-15 KWAANZA Gift Show and Health Fair; Oakland Convention Center, Oakland, CA. 11:00 a.m.-6:00 p.m.

January 09

- Th. 1/20 Inaugural Day 2009