

## Get Screened Oakland: The Highlights

### **In State of the City address, Mayor Dellums highlights Get Screened Oakland**

(January 14, 2008) “I know my (HIV) status, do you know yours?” Mayor Dellums asked in his State of the City address—the first one he has delivered since assuming office last year, on January 7, 2007.

The Mayor quickly found his voice, delivering the 45-minute speech without the benefit of notes or teleprompter. In his address, which was attended by 1,100 Oaklanders, the Mayor made a point of encouraging people between the ages of 13 and 64 to learn their HIV status by getting screened for HIV. He also asked residents to help Oakland become the first city in the nation to make HIV screening a routine part of medical care. To achieve this goal, he added, the city will make HIV screening available at all hospitals and community health agencies serving the community.

Get Screened Oakland is, of course, an important element in the Mayor’s plan to reduce the effects of HIV disease within the city, and Mayor Dellums took time to highlight the initiative’s key accomplishments.

In addition, he provided an update on the myriad issues and concerns facing Oakland today, as well as the initiatives, agency programs, and community strategies he has implemented to meet the city’s needs. His remarks covered successful actions in the following areas: public safety; building and economic development; environment; education and youth; health and human services; community participation; partnering with the State; public works; parks and recreation; law enforcement; library services; cultural arts and marketing; Port of Oakland; digital and information technology; and finance and management.

Thank you, Mayor Dellums, for your leadership and for making the development of an effective response to HIV an essential part of your agenda for Oakland. Get Screened Oakland is honored to be part of your vision for a healthy Oakland. Together, we can do great things.

More information about the State of the City can be found at [www.mayorondellums.org](http://www.mayorondellums.org).

### **Mayor Dellums Receives community recognition for GSO initiative**

(Thursday, Jan. 24) At the beautiful Lake Merritt Hotel, 125 local officials and their representatives, community service providers, and persons living with HIV gathered to recognize and honor the 2008 recipients of the Community Service Award. Mayor V. Dellums received an award for his mayoral initiative, Get Screened Oakland. The luncheon and award ceremony, which was sponsored by the Alameda County Office of AIDS, recognizes contributions in public service, non-traditional partnerships, youth services, volunteerism, clinical services, community support, prevention, and care and treatment.

Mayor Dellums was happy to join his fellow honorees, who included Congresswoman Barbara Lee; Assemblyman Sandre Swanson; Steve O’Brien, MD; Lizette Green; Tasha Thibodeaux; Caitlin McCarthy; Ron Chavez; and Rev. J. Alfred Smith and Allen Temple Baptist Church.

## Oakland Community News

### **African American gay men, allies meet in Oakland for 4<sup>th</sup> annual leadership summit**

(January 24-27, 2008) more than 200 African American Gay and Bi-sexual men met at the Oakland Hilton to discuss HIV/AIDS and the impact HIV is having on African American men who have sex with men.

Breaking Barriers. Moving Forward. As this year's conference theme, these words served as an organizing principle for the four-day leadership summit. "We can no longer face barriers and not overcome them. Once we overcome barriers, we can move forward together," stated Rudy Carn, Founder and CEO of the National AIDS Education and Services for Minorities, the conference organizer. He continued, "As you participate in this conference and in the spirit of a New Year, let us move forward in working together for lasting results. Our lives depend on this."

The summit included four day-long institutes, 35 workshops, and eight posters that were arranged in five tracks: Executive Directors/Board Development; Community Planning; HIV Care and Prevention Strategies; Community Mobilization and Awareness; Youth and Young Adults. A breakfast and luncheon plenary were held each day of the conference, with keynote speakers and expert panels.

Below are some of the conference highlights:

#### Thursday, January 24

On the first day, participants participated in a day of institute sessions focusing on leadership development. The institutes were Health and Social Policy; Research; Health Disparities, and Advocacy and Coalition Building. The luncheon plenary was sponsored by the Legacy Project of the HIV Vaccine Trial Network and the Trials NIAID Vaccine Research Education Initiative. In the plenary, Dr. Steven Wakefield delivered a research update. The plenary also acquainted participants with the science and politics of vaccine trials.

That evening, Roosevelt Mosby, Executive Director of SMAAC, hosted a reception where Dr. Michelle Roland, Director of the California State Office of AIDS, welcomed participants and gave an overview of the HIV epidemic in California. In her remarks, Dr. Roland placed specific attention on the state of the epidemic within the African American community. African Americans represent between 7% and 8% of the state's population, but have 18% to 20% of the state's AIDS cases. African Americans, she said, are twice as likely to be infected with HIV as any other ethnic group in the state of California.

With these statistics in mind, Dr. Roland gave a general outline of the ways the state is responding to the HIV epidemic among African Americans. During her remarks, she encouraged participants living and working in California to get involved in the state's African American HIV/AIDS Collaboration. She also advised people to meet with local health departments and community advocates and to assist them in setting an effective agenda for state officials, including those who are elected to office. Marsha Martin, Director of Get Screened Oakland, provided each summit participant with a copy of a letter from Mayor Ronald V. Dellums. In the letter, Mayor Dellums encouraged members to identify three difficulties and potential ways of overcoming them. The responses were collected at the end of the summit so that Mayor Dellums could share the ideas, on behalf of participants, with his colleagues around the country.

#### Friday, January 25

The morning plenary panel consisted of David Malebranche, MD, MPH, Assistant Professor of the Emory University School of Medicine in Atlanta, GA, and Rashad Burgess, Acting Bureau Chief of Community Capacity Building at the Centers for Disease Control and Prevention (CDC), also in Atlanta.

Dr. Malebranche began by giving a ten-year retrospective, starting in 1998, on the U.S. response to the epidemic. In 1998, he noted, African Americans and Latinos "overtook the data." It was the first year that the two populations represented the majority of AIDS cases in the country. He asked participants to think about their lives during that time. He then shared some of his own personal relationship stories and the decisions he was making in and about those relationships. Dr. Malebranche tied his personal

experience to the emerging epidemic and data—that is how, as a community, African Americans have learned to focus on the negative, which influences attitudes of self, partners, and families. He challenged participants to think out of the box: to start to think about the positive dimensions to one’s life. Even people who are not in their ideal relationship or situation are bound to identify positives and strengths on closer inspection. In the end, this realization helps to live life more fully. He said, “Leadership is not about focusing on the negative or on how bad things are. It’s about thinking out of the box. It’s about what nurtures, celebrates, and keeps people healthy. Let’s box, package, and sell that.” Dr. Malebranche concluded his remarks by recalling a quotation by Marlon Riggs, “Black men loving black men is a revolutionary act.”

“At the end of the day, HIV is a huge problem among black folks. Guess what, ‘Boo,’ it is *us*. We need to own it...it is our disease to own.” So began Rashad Burgess as he discussed his work at the CDC and his personal life as an out gay professional black man working in HIV. Calling to mind the observation, “The personal is political,” Mr. Burgess talked about his personal life as a black gay man or, more precisely, a church-going gay man, married to a black gay man who is a minister of a growing church congregation in Atlanta. Mr. Burgess challenged the audience to mobilize, to operate in a spirit of excellence, to create new community norms, and to push for longitudinal studies that focus on black gay men. He encouraged participants to go directly to local health departments for funding and program information rather than focus on CDC grant opportunities and program announcements. Because the majority of CDC’s funds go to health departments, black gay men need to focus there (on health departments). He concluded his remarks by reporting that most black gay men do not know their HIV status—that many show up late to health care and unaware of their status. He said all summit participants should know their status and get tested on an ongoing and regular basis. “It is not just the CDC [or] the government who needs to do things differently. We need to do things differently,” he stated.

Christopher Bates, Acting Director of the Office of HIV/AIDS Policy for the U.S. Department of Health and Human Services, delivered the keynote at the luncheon plenary. His remarks were followed by a panel discussion on the importance of research. The panel, which was facilitated by Dr. Shelton Applewhite, comprised experts from the Black Gay Men’s Research Group.

In his address, Mr. Bates emphasized the urgent need for dedicated action. “We are at a crossroads. Fifty years ago, black people would not have been gathered at this hotel,” he began. “Forty-five years ago, homosexuals would not have been in the room,” he added.

“Today, we are here and we are facing a crisis. If we are not about the business of dedicating ourselves and our lives to developing and implementing the response required—24 hours a day, seven days a week, and 365 days out of the year, then we are not about the business of today.”

He continued, “We will not change the course of this epidemic if we do not take it seriously. We do not have a minute to lose. Ultimately it is not about the disease; it is about the quality of our lives.”

The Black Gay Men’s Research Group (BGRG) presented an overview of the Black Gay Research Agenda, which explained why the group was established and what it seeks to achieve. For more information about the research agenda, please refer to Get Screened Oakland’s October 2007 newsletter.

In the evening, Roosevelt Mosby and the SMAAC staff hosted a Town Hall meeting in downtown Oakland. Held at SMAAC office’s, the Town Hall provided an opportunity for participants to hear from the following members of the National Black Gay Men’s Advocacy Coalition: Dr. Ron Simmons, Executive Director of US Helping US; A. Cornelius Baker, National Policy Advisor for the National Black Gay Men’s Advocacy Coalition; and Ernest Hopkins, Director of Federal Affairs for the San Francisco AIDS Foundation.

During the Town Hall, a number of issues surfaced. They included the trend of awarding funds in support of services for minorities to community-based organizations with no track record of serving minorities; the need to mentor the transgender community, especially trans bruthas; the need for homeless lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth to have a places to do advocacy work within the context of large LGBTQ organizations; the need for jobs, literacy services, and health care for young people at risk for HIV; the lack of services for HIV-positive youth; and the lack of sensitivity toward at-risk LGBTQ youth in schools, which often compels students to drop out.

Saturday, January 26.

Congresswoman Barbara Lee, who represents California's 9<sup>th</sup> district, including Oakland, gave the morning plenary. Ms. Lee asked participants to remember the political context of HIV work in the U.S. Because HIV is a political struggle as well as a health struggle.

"The tragic reality is that this nation failed to provide the resources and the leadership to Reinvigorate the Minority AIDS Initiative," she stated. At the same time, there is an upsurge in new cases among women and young men in the African American community."

Congresswoman Lee strongly suggested that black gay men increase their involvement in the response to HIV. She congratulated Mr. Carn and the conference organizers for holding the summit in Oakland—where the community remains in a state of emergency. Rep. Lee informed the group of the Congressional Black Caucus' Global AIDS Task Force. Because HIV is a global issue, she explained, it is vital for participants to attend the International AIDS Conference, which convenes every other year, including 2008. This year's conference, in August, will take place in Mexico City, Mexico.

HIV in the U.S. black community needs to be placed on the international agenda, she said. The whole world needs to understand that HIV is still a crisis in this country. At her invitation, Bono made a trip to Oakland in 2007 to learn firsthand about the U.S. epidemic and its disproportionate impact of the African American community. During her remarks, Congresswoman Lee asked for some assistance on two pieces of legislation: HR 1653, the Be for REAL Act, which will provide funds for comprehensive sex education in all public schools across the nation; and HR 178, the Justice Act, which will provide resources for condoms and a comprehensive strategic plan for HIV services in federal, state, and local correctional facilities. She concluded her remarks by urging people to get involved in HIV efforts. "HIV in the African American community is a political struggle, she said, "and we need everyone to be involved, even our presidential candidates. Get involved."

Dr. Kevin Fenton, Director of the CDC's National Center for HIV, STD and TB Prevention, and Mark Colomb, CEO of My Brothers Keepers, were the luncheon plenary speakers. Dr. Fenton gave an update on the national HIV data for African Americans, but the main focus of his address was the impact the virus is having on black gay men." He stated, "We need to think ahead. The time is now for bold new leadership. Trends do not give us much to be hopeful about."

He continued, "Forty-seven percent of newly identified HIV cases are among African American, 34% among whites, and 17% among Latinos. And while more blacks get screened than any other ethnic group, blacks test late. The rate of HIV diagnoses for black people is 7 times greater than the rate for white people." Dr. Fenton then identified some of the determinants of HIV infection: high levels of unrecognized HIV; lower rates of adherence to ART; and high rates of sexually transmitted infections. Much of his talk centered on the steps his Center is taking to address the disproportionate impact HIV disease is having on black gay men. According to many participants, it was very powerful to have Dr. Fenton, an openly gay man, stand before a group of black gay men and commit his office to working with them to improve, if not re-engineer the U.S. response.

Mark Colomb offered a four-point plan to an effective response. "We need to do four things: advocate, conduct research, procure funding, and sustain our organizations," he said. After working in HIV research for more than 14 years, and heading a community collaborative research department, Mr. Colomb realized that addressing HIV was going to require a broader focus inclusive of other health disparities and began to examine determinants of health. He said he needed to take a step back and consider looking at disparities, looking at health promotion, and general disease prevention for black men. In conclusion, he said, "Things have changed; the disease has changed; and we have changed. We need to increase our competencies. Don't stay stuck in HIV."

Sunday January 27

The summit concluded with a presentation called Leaders for Tomorrow, which featured participants from Creating Responsible and Intelligent Black Brothers (CRIBB) Seminar. The CRIBB Seminar is a 12-month program designed to prepare the next generation of leaders in HIV by strengthening the leadership and HIV prevention skills of young African American men aged 17 to 25 who have sex with men.

The fifth Annual Summit will be held in Atlanta, GA in 2009. For more information, link to [www.naesmonline.org](http://www.naesmonline.org).

## **Es Nuestro Momento, Unidos Podemos—Our Time is Now, United We Can**

(January 28 – January 30) With these words and a right fist raised in the air, as a reminder and demand, the historic National Latino Hispanic AIDS Leadership Summit began in Washington, DC 2008 with the goal to set the Latino Hispanic AIDS Action Agenda. Representing Oakland, Marsha Martin, Director of Get Screened Oakland, joined Angel Fabian, HIV Prevention Services Coordinator, La Clinica de la Raza for three days of review, discussion, deliberation, agenda setting and development of a national Latino/Hispanic AIDS action plan.

“As a result of our national grass-roots, community-driven process, for the first time in the history of the AIDS pandemic, we have convened people from across the nation including Puerto Rico and the U.S. Virgin Islands to create a comprehensive community response to the HIV/AIDS crisis in Latino communities. Our national process to create a National Latino/Hispanic AIDS Action Agenda—started over 18 months ago—has culminated in this unprecedented Summit,” said Guillermo Chacon, Vice President, Latino Commission on AIDS, Nye York, NY. Accounting for 14.4% of the U.S. population in 2005, Latinos accounted for 18.9% of the persons who received an AIDS diagnosis. In 2005, the rate of diagnosis for Hispanics was three times the rate for non-Hispanic whites.

### Monday, January 28

The summit opened with an evening reception that provided several members of the Summit Steering Committee with the opportunity to give an overview of events leading up to the summit and to discuss the goals for the summit. Mercedes Lemp, Director of DC’s Office of Latino Affairs, brought greetings from Mayor Fenty. Welcoming the summit participants on behalf of the Mayor, she gave highlights of Washington, DC’s efforts to address HIV in the Latino community, including increased HIV testing and access to quality clinical services.

Representing the southwest, southeast, and midwest regions of the U.S., where there are large and longstanding Latino/Hispanic communities, Luiz Lopez, HIV Policy and External Affairs for Altamed Health Services, and the Latino Coalition Against AIDS, Los Angeles, CA, and Evelyn Ullah, Director of HIV/AIDS Programs for the Miami/Dade Department of Health in Florida and Patricia Canessa, MD, Director, Salud Latinia/Latino Health, Chicago, IL encouraged participants to bring to the summit workshop’s the best of their experiences serving Spanish-speaking individuals and families living with and affected by HIV. Moreover, they encouraged participants to leave regional differences and individual political agendas and demands behind. All three speakers spoke passionately about this opportunity to set a national agenda in order to expand prevention, research, care, treatment, and support services in order to reduce the impact of the Latino/Hispanic epidemic in the U.S., including Puerto Rico, the Virgin Islands, and communities along the U.S.-Mexico border. Soraya Galaes, Director of Community Education for Planned Parenthood of Metropolitan DC. The National Latino AIDS Awareness Day Committee for DC and Northern Virginia, concluded the evening by celebrating the diversity of cultural experiences represented in the room and encouraged participants to take advantage of the realities of diversity in this gathering by leaving no community unrecognized and un-represented.

### Tuesday, January 29

This was a day to call together participants and “set the agenda,” The day’s program opened in the morning with invocations. They were followed by a series of speakers, who were knowledgeable about HIV at the national level,

The two invocations were delivered by Reverend Francisco Canas, National Coordinator of The United Methodist Church in New York State, and Father Jose E. Hoyos, Director of the Spanish Apostolate of the Northern Virginia Arlington Dioceses. Both men shared stories of working with individuals and families affected by HIV and how stigma keeps people from getting the care they need. They gave examples of how the church has both helped and hindered effective responses and encouraged summit participants to work with their local faith communities, to include the faith community in local planning meetings, and to participate in church programs. Father Hoyos also mentioned that local and regional churches often have small aid/grant programs that could be used to strengthen local efforts.

Members of the Congressional Hispanic Caucus (CHC), the Congressional Leadership Forum, and the Congressional Black Caucus followed the invocations with remarks that focused on responding to the question, Why are we here?

Congressman Joe Baca, Chair that Latinos are aware of HIV-related issues. This necessary work is complicated by the lack of funds available to Latino communities for a comprehensive and effective response.

Congresswoman Ileana Ross-Lehtinen, Ranking Member of the House Committee on Foreign Affairs, stated, “We don’t want to have the highest rates. We want to control the rates of infections. In fact, it is our duty to reduce the numbers of people becoming infected.” Latinos are the 3<sup>rd</sup> among of adults and 2<sup>nd</sup> among children living with HIV.”

Congresswoman Hilda Solis, Chair of the CHC Health Committee and a long-time Capitol Hill advocate and supporter of HIV screening, treatment, care, and education services stressed the need to openly acknowledge HIV. “This can no longer be a hushed disease. The silence from our communities is deafening,” she said. Congresswoman Solis then encouraged participants to organize in the barrios and pueblos across the U.S., with campaigns that reach every part of the country and to “shout” for more funding and services. She pointed out that if there is enough money for the Iraq war and for Afghan children to receive health care, then there is enough money for the Latino community. “And we want culturally competent services and linguistically competent services. We are different, and our services needs are different. It is time for us to be united. This is the time for the movement—our movement.”

Delegate Donna Christensen, MD, of the U.S. Virgin Islands, expressed her hope that this agenda-setting meeting would communicate a sense of urgency and increase awareness about HIV and its effect on people’s lives. “We have had enough talk, it is now time for action.” Delegate Dr. Christensen added that 2008 marks the tenth anniversary of the Minority AIDS Initiative, and it is time to return to the original intent of this ground-breaking initiative: building capacity in minority communities and within minority organizations and agencies. “We need to launch a new voice in HIV advocacy, and we need to join with those advocating for the larger health agenda,” she said. The HIV test is a great health marker. We need to make sure everyone in our communities knows their health status so we can get them the health care they need to stay healthy,” she continued. “We need to work together to find common ground.”

Shannon Hader, MD, Director of the HIV/AIDS Administration for Washington, DC, recounted an experience she had while working in an emergency room. A young man with HIV presented in the emergency room and received a misdiagnosis due to misconceptions of the ER physician. Emphasizing that these things do not have to happen, Dr. Hader urged everyone to commit to ensuring the availability of culturally competent services. She also gave brief highlights of the DC HIV screening initiative and described some of the city’s next steps. They include expanding testing opportunities within private doctors’ offices and managed care organizations.

Britt Rios-Ellis, PHD, a Professor of Health Science and Director of the National Council of La Raza, Center for Latino Community Health, Evaluation, Education and Leadership Training, presented the results of a national needs assessment. In the assessment, she and her colleagues looked at 14 health sites in the U.S. They found that 12 of the sites offered no HIV services or materials in Spanish. Moreover, most individuals who used the sites thought they were being tested for HIV as a part of their medical care; yet they were not. Even among those who were tested, 40% did not return to get the test results. “I cannot believe we are still here,” Dr. Rios-Ellis remarked. “We need knew leadership that will demand changes to the system.” At present, there is insufficient information and outreach in the U.S. As a result, more people are at risk without being aware of it. “We need data, culturally competent health services, and a new national agenda that includes us.” Further, she pointed out that “being married is a risk” for some women; meanwhile, many believe marriage protects against HIV. We need to create new language about HIV disease and what places people at risk—as well as the fears that accompany the conversation, she stressed. For two-thirds of women living with HIV in the Latino/Hispanic community, their only risk is marriage. “We need to remove the fear and remove the barriers to effective, culturally competent prevention services, she advised. “We need to work across the borders as well.”

Robert Janssen, MD, Director of the Division of HIV/AIDS Prevention for the Center for Disease Control and Prevention (CDC)’s National Center for HIV, STD and TB Prevention, revealed that CDC has not historically done a good job presenting HIV data or charting an effective course to reduce HIV infections in the U.S. Recently, the CDC has significantly heightened its focus on HIV/AIDS in the Latino/Hispanic community. The agency has developed new resources and interventions, and it is striving to work more closely with people who are infected with and affected by the disease. Apologizing for the lack of information and programming, Dr. Janssen invited the conference organizers and steering committee members to present his office with the feedback and

recommendations from the summit. He said he would use the information to build upon recent activities and initiatives.

Following the remarks on HIV at the national level, three speakers presented the community voice and charge. They were Catalina Sol, Director of HIV/AIDS Programs for the La Clinica de Pueblo in Washington, DC; Oscar de la O, President and CEO of Bienstar in Los Angeles, CA; and Dennis de Leon, President of the Latino Commission on AIDS in New York, NY.

The three speakers encouraged everyone to take seriously the urgent requests from the federal legislative leaders and talked about the importance of increasing access to HIV treatment and care, preventive education services, and support services at the community level. They also presented draft recommendations for agenda-setting workshops in the afternoon and they explained the process for the remainder of the day. Participants would break into eight work groups to examine the following topics and clarify and prioritize the preliminary recommendations: Immigration/Migration; Prevention; Access to Care; Epidemiology; Funding and Resources; Research; Leadership; and Treatment, Advocacy and Education.

A luncheon networking session followed, with remarks from Garth Graham, MD, Deputy Assistant Secretary of Minority Health for the U.S. Department of Health and Human Service (HHS)'s Office of Minority Health in Washington, DC; Christopher Bates, Acting Director of HHS' Office of HIV/AIDS; and Christine V. Beato, MD, Deputy Director of the Pan American Health Organization/World Health Organization in Washington, DC.

Dr. Graham acknowledged that progress has not been made in responding to HIV in minority communities. The "numbers" not only reflect this lack of progress, but also the sharp disparities among different populations. He emphasized the need for people to become more informed about preventing HIV infection. "We cannot treat our way out of this disease," he said. "We can, however, potentially educate ourselves out of this disease." He also stressed the need for unity and collaboration. "HIV is a true American problem, and as Americans, we can do this together. We can work in our community-based organizations, churches, schools, and clinics—from the left and the right."

An impassioned Christopher Bates began by commending summit participants for staying in the struggle because working in the field of HIV has been a "nightmare" for many. He shared his hope that the summit's important work will help to bring an end to the disease. He pointed out that Latinos/Hispanics compose fourteen percent of the U.S. population, yet make up nearly 20% of those living with HIV. "This is not an easy place to sit comfortably," he cautioned. "And we have great work to do." He, too, pointed to the need for unity and collaboration and spoke of the force it wields. "We need to create alliances in order to move the mountain called HIV," he stated. "Our common enemy is HIV—not each other and not other organizations. There is power in unity to move the mountain."

However, he did not diminish the amount of dedication it will take to "move the mountain." He continued, "We must chart a new course together. And we cannot lie about coming together and working together. If we are going to move the mountain, we must commit ourselves to working together, and standing together. I do not want to return to this group in two years and stand together talking about the same old stuff. Your commitment to working differently cannot be a lie."

Dr. Christine Beato shared her experience working at PAHO and learning to be inclusive of people from all the countries in the western hemisphere. She said that dealing with HIV and other health disparities from a regional perspective is critically important at this time and requires an understanding of cultural dynamics and migration issues. Her work at PAHO has helped her to understand the importance of education, employment, and familial and community acceptance. In addition, she highlighted the issue of stigma and rejection. "If you follow a loving god, then you have to love your neighbor as yourself," she added. Reinforcing this idea, she said, "You must be open and loving with your neighbor. We need to eliminate the stigma around HIV." She also pointed to the value of community and individual efforts. "The community response is the only true response we have. And don't forget individual responsibility. Don't forget to wear the Love Glove," she said.

Congressman Luis Gutierrez, Chair of the CHC's Immigration Committee spoke at the dinner reception, Celebrating Victories and Making a New Path. "It is outrageous that the Latino community continues to experience increases in HIV, in AIDS, and HIV-related deaths. We have been waiting far too long to take action. And it is clear: we will not get much if we do not take action," he cautioned.

“What does it take to deal with HIV and other health disparities?” he asked. “It takes action,” he added. “My pledge to you is whatever is needed to address HIV, I am there with you. If it will take more research, I am there. Education, outreach, treatment, I will stand with you, he assured. “Let’s take the appropriate action, together.”

Tying HIV with immigration, Congressman Gutierrez said, “We have been targeted with cheap shots, and yet what do we do? We take action and we walk together.” He continued, “America is a better place because of us and our work. Justice will be served when this is all over. But we have to take action. We have to confront the hate. We must love ourselves. We cannot sit and let someone decide our future for us. The same can be said for HIV. We cannot sit and let someone else take action. If we do, they will not understand our needs and represent us as we could ourselves. Es Nuestro Momento, Unidos Podemos—Our Time is Now, United We Can. We must love another as ourselves.”

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### Wednesday, January 30

The day started with a morning plenary, entitled “Sharing Ideas.” The speakers were Jennifer Kates, Vice President and Director of HIV Policy for the Kaiser Family Foundation in Washington, DC; Elena Rios, MD, President of the Hispanic Medical Association; and Kurt Organista, PhD, Associate Professor for the School of Social Welfare at the University of California, Berkeley, CA.

Ms. Kates brought greetings from the Kaiser Family Foundation and thanked the summit steering committee for supporting Kaiser by permitting the Foundation to Web cast the entire summit.

Dr. Elena Rios congratulated the summit organizers for choosing leadership as a key theme for the summit and encouraged participants to think about the big picture. In an effort to shape the future, she said it was necessary to create an agenda that complements what already exists and adds that which does not exist. “You need leadership to change things,” she added. Noting that the Medicaid program is the largest funding source for health care services, in general, and HIV, in particular, Dr. Rios encouraged participants to advocate not only for HIV-specific funding, but also the overall health care budget. To that end, Dr. Rios asked for support for several pieces of legislation: S 1576, Minority Health Improvement and Health Disparities Act and the companion bill in the House, HR 3014.

The final morning speaker, Dr. Organista, introduced a new conceptual model for examining and understanding the dynamics that influence HIV prevention and intervention programs that are designed to reach Latinos/Hispanics. One such model, the Structural Environmental Model for HIV, is based on macro structural interventions. The model urges a new analysis of the lives and circumstances of those most impacted by HIV. Dr. Organista’s theoretical notions suggest that there has been an over-reliance on the biological-medical and behavioral science models with an under reliance on the structural environmental model. Dr. Organista developed his theory about the approach from a review of the literature on Latinos and HIV interventions. A meta-analysis of twenty of the most rigorous HIV prevention intervention studies revealed that there had been a 60% increase overall in condom use; a 25% reduction in unsafe sex practices; a 25% reduction in multiple sex partners; and a 31% reduction in new sexually transmitted diseases. These data not only show efficacy in some behavioral interventions, but they also contribute to our understanding of the need for more effective interventions.

Alcohol-Related Sexual Risk in Latino Labor Migrants, a new model developed by Dr. Organista and colleagues, builds upon the structural environmental theoretical model. The Latino Labor Migrant model has several key action steps: change harsh environmental and risky situations by offering alternatives (such as organizing social outlets that promote healthy behaviors, like soccer matches, and improve basic living conditions); normalize social, sexual, and romantic relations that encourage fidelity and

monogamy (through such actions as distributing phone cards and encouraging regular communication with family); and address economic integration and immigration restrictions issues (eg sending money back home, pooling funds for emergency needs, sponsoring more family members). After a full presentation on the model, Dr. Organista concluded his remarks by urging people to “think globally, and act locally.”

At a luncheon networking session on Wednesday, Marta Leon-Monzon, MD, Health Scientist Administrator for the Office of AIDS Research at the National Institutes of Health in Bethesda, MD offered remarks. A 30-year veteran of the NIH, Dr. Leon-Monzon shared a snapshot of life inside the United States’ premier research institution. As a Latina, she has been able to bring an important perspective to both the “scientific bench” and the “policy desk.” But, she added, the community must work hard to ensure that Latinos and Hispanics are included in clinical trial groups and new young Latino scientists are encouraged to apply for research grants and post doctoral fellowships.

The final session of the summit, One Voice, One Vision, One Action Plan, allowed participants to prioritize the recommendations put forward by each of the eight group meetings. What follows is a sampling of those recommendations. A full list of the recommendations will be available shortly online at [www.latinoAIDSagenda.org](http://www.latinoAIDSagenda.org).

**Immigration/Migration:** Ensure HIV/AIDS Services are available regardless of legal status at either the federal or local level. Develop local responses that include education; publicize and advocate for available services regardless of legal status; protect current services; and remove barriers created from new state laws.

**Prevention:** Train all doctors in HIV testing. Integrate HIV testing into all health messages. Increase prevention resources. Increase testing in non-traditional settings.

**Access to Care:** Amend the Ryan White HIV/AIDS Treatment Modernization Act of 2006 to remove references of requiring 75% of funds to be allocated to medical care and allow more funding for comprehensive services (e.g. case management) to address the various barriers to care.

**Epidemiology:** Establish an advisory committee of Hispanics to examine the impact of surveillance and epidemiology.

**Funding and Resources:** Fund research programs and initiatives that ensure the inclusion of Latinos in clinical trials. Fund interventions that focus on Latino transgender populations, day laborers and migrant workers, gay, bisexual, and men who have sex with men populations, and that take into account racial, ethnic, and cultural differences among Latinos as they relate to HIV risk factors.

**Research:** Develop the Latino workforce by supporting and mentoring current and future Latino researchers and cultivating relationships with Latino researchers and non-Latino researchers in federal offices.

**Leadership:** The following recommendation for leadership was put forward and agreed to unanimously by the summit participants: We, the delegation from Puerto Rico, are asking that Puerto Rico become the first major issue that is addressed as part of the National Platform of the Hispanic Latino AIDS Action Agenda. Our collective and strategic approach in resolving the crisis in Puerto Rico can serve as a model in galvanizing national solidarity.

**Treatment, Advocacy and Education:** Ensure that the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration \*SAMHSA), NIH, and private health insurers prioritize treatment education and provide funding for the education of providers and patients on treatment in English and Spanish and that includes information on disease progression.

The next summit will take place January 2010. For more information, link to [www.latinoAIDSagenda.org](http://www.latinoAIDSagenda.org).

## Other HIV News

### Swiss AIDS Commission recommends changes in HIV prevention policy

(January 31) The Swiss National AIDS Commission has issued a study in the Bulletin of Swiss Medicine in which it seeks to change the country’s recommendations on safe sex practices. The study proposes that people living with HIV who satisfy strict conditions, including successful suppression of the virus through treatment and no other sexually transmitted infections, can safely have unprotected sex with non-infected partners, *The Washington Post* reported.

If the proposal becomes a part of the country's health policy, Switzerland would be the first country in the world to try this approach—a step many HIV experts consider ill advised.

"Not only is (the Swiss proposal) dangerous, it's misleading and it is not considering the implications of the biological facts involved with HIV transmission," Jay Levy, Director of the Laboratory for Tumor and AIDS Virus Research at the University of California in San Francisco said in *The Post*.

According to the newspaper, the Swiss scientists took as their starting point a 1999 study by the U.S. Centers for Disease Control and Prevention. The study showed that transmission relies strongly on the viral load in the blood. The other reviewed studies had also found that patients on regular HIV treatment did not pass on the virus, and that HIV could not be detected in their genital fluids. However, none of the studies had definitively concluded that people with HIV who are responding successfully to antiretroviral treatment could have unprotected sex without passing on the virus.

According to Charlie Gilks, Director of AIDS Treatment and Prevention for the World Health Organization, "There is still some concern that you can never guarantee that somebody will not be infectious, and the evidence I have to say is not conclusive."

"We are not going to be changing in any way our very clear recommendations that people on treatment continue to practice safer sex, including protected sex with a condom, in any relationship," he added.

This proposal will be among the issues and advances covered at the 15<sup>th</sup> Conference on Retroviruses and Opportunistic Infection, a scientifically focused meeting of the world's leading researchers working to understand, prevent, and treat HIV/AIDS and its complications. The conference begins on Tuesday, February 5 in Boston, MA. For more information, link to <http://www.retroconference.org/2008/>

Source: "Swiss Change Safe Sex Message on HIV"; Jordans, Frank, Associated Press via *The Washington Post*

## Announcements

### **WORLD offers public speaking training**

A training opportunity is coming up for those interested in being trained as speakers and presenters on issues relating to HIV, especially as it relates to women.

In the past, WORLD's Speaker's Bureau training has been only for HIV-positive women, but this time it will be open to positive women and other community members.

The training is 2.5 days and will be held in downtown Oakland.

Dates:

Thursday, February 7; 5:00 - 8:30 p.m. (dinner provided)

Friday, February 8; 10:00 – 5:00 p.m. (lunch provided)

Saturday, February 9; 10:00 – 4:00 p.m. (lunch provided)

WORLD is now accepting applications. Deadline to apply for this training is Friday, January 25th, 2007.

Please contact Naina Hanna with any questions at [nkhanna@womenhiv.org](mailto:nkhanna@womenhiv.org) or (510) 986-0340, ext. 316

## **Community Calendar 2008**

### *Upcoming Events and Dates to Keep in Mind*

#### **February**

Tu. 2/7

African American AIDS Awareness Day. Related Events:

Free Rapid HIV testing by Alameda County Medical Center Highland Hospital at Eastmont Mall in East Oakland. For more information, contact Steve Kilgore at 510-437-4800.

Free rapid testing at CAL-PEP offices. For more information, contact Sonya Richey at 510-874-7850.

An evening for adult HIV prevention awareness, food, fun, performance art, erotic poetry, comedy and karaoke at Dorsey's Locker in Oakland.

For more information, call Alameda County Office of AIDS at 510 873-6500.

#### **March**

Su. 3/2 - Sa. 3/8

The Black Church Week of Prayer for the Healing of AIDS; For more information, contact The Balm In Gilead at [www.thebalmingilead](http://www.thebalmingilead) or 888-225-6243.

M. 3/10

National Women and Girls HIV/AIDS Awareness Day, For more information, link to [www.hhs.gov/aidsawarenessdays/days](http://www.hhs.gov/aidsawarenessdays/days).

Th. 3/20

National Native HIV/AIDS Awareness Day; For more information, link to [www.hhs.gov/aidsawarenessdays/days](http://www.hhs.gov/aidsawarenessdays/days).

#### **June**

W. 6/11 - Sa. 6/14

HIV Prevention Leadership Summit; Detroit, MI; For more information, send e-mail to [conferences@nmac.org](mailto:conferences@nmac.org) or call 202-483-6622.

F. 6/27

National HIV Testing Day

#### **August**

M. 8/3 - Su. 8/8

XVII International AIDS Conference 2008, Mexico City, Mexico; Theme: Universal Action Now; Abstracts accepted through February 19, 2008.