

# D.C. CARE CHRONICLE

Newsletter for the District of Columbia Comprehensive AIDS Resource and Education Consortium  
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## D.C. CARE Consortium's New Office Home is a Community Success!

Spring 2001

Last October, the Consortium celebrated its Open House, which drew a large number of providers, PLWAs and the press. The event was a great success and proof of the commitment of the Consortium to provide a safe space for all agencies and individuals seeking services. Newly relocated to 1436 U Street, NW (between 14th & 15th Streets, NW), D.C. CARE Consortium is more accessible than our previous location downtown. There is on-street parking, and we are just a block away from the U Street / Cardozza Metro Station.

Being in the heart of the community brings to fruition the hopes of Valerie Papaya Mann, Executive Director of the D.C. CARE Consortium. Ms. Mann states, "As a community-oriented agency, where better to situate ourselves, than our consumers' own backyard. We've moved the agency into the very community we serve. It provides easy access to services in a friendly, safe and comfortable environment."

With the expanded space, D.C. CARE Consortium hosts many community activities. We encourage community groups to take advantage of our meeting space. The PLWA Committee of the Planning Council meets here regularly, as does the Housing Advisory Committee, the Case Management Operating Committee and Samaritan Ministries.

The third year of our annual Toy Drive was also the venue for our first Holiday celebration on December 23, 2000. Over 100 clients with children came out to receive toys, books, clothing and snacks, as all danced to the beats of a DJ and were delighted at the appearance of Santa Claus.

On February 23, 2001 the Consortium, as the lead AIDS Service Organization for Washington, D.C.'s observance of National Black AIDS Awareness Day, held a very successful press conference. It was standing room only with over 50 people participating in a discussion about the impact of HIV/AIDS on our community. Many PLWAs, and Community Based Organizations were on hand, as was the Washington Post daily newspaper, the Washington Blade newspaper, the African American newspaper, and Radio One WORL-AM. HIV Testing was also done outside our offices via a mobile van supplied by Family & Medical Counseling Services.

We are open to any suggestions or ideas in making our existing services more convenient and readily available to those in need. In the near future, we will expand our services to include evening and weekend hours.

Please feel free to stop by our offices during business hours (9 AM – 5 PM) to get information on HIV/AIDS and treatment from our new Resource Center which also houses computers for PLWAs to research information over the Internet.



*Many Community Members came out to help us celebrate our Open House*

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**Greetings from the Executive Director**

Greetings from the DC Comprehensive AIDS Education Resources and Education Consortium. We are pleased to present to you our Spring 2001 newsletter, The DC CARE Chronicle, another service to our member AIDS Services Organizations.

As Executive Director of D.C. CARE Consortium, I have made every effort to provide you, our member AIDS Services Organizations with the support you need to fulfill your mission and provide quality HIV/AIDS information and services.

On December 5, 2000, D.C. CARE Consortium, in collaboration with several national organizations hosted the first local Conference on HIV/AIDS in the District of Columbia. The D.C. Metropolitan HIV/AIDS Conference 2000 was a great success. Over 100 people attended the full-day conference. We had speakers from the Secretary of Health & Human Services Office, and a representative from the White House Advisory Committee on HIV/AIDS. The afternoon consisted of break-out sessions on Grant Writing, PLWA/Provider Skills Building and Research Treatment Information over the Internet. The organizations involved in bringing the conference to fruition were the Penn. Mid-Atlantic AIDS Education Training Center based at Howard University, the AIDS Alliance for Children, Youth & Families, the National Library of Medicine, AMFar, and the HIV/AIDS Administration, D.C. Public Health. The National Minority AIDS Council provided materials for distribution, and Office of Minority Health-Resource Center facilitated the grant-writing workshop. All of the organizations involved provided educational HIV/AIDS material for distribution. Thank you to those who came together to make this happen.

The following are programs reflecting our continued efforts to embrace and educate our community:

- **D.C. CARE Annual Toy Drive** in its third year distributed more than 300 toys to 100 families who are recipients of services from your agencies. This year we hosted a Toy Drive party for the parents and children on Saturday Dec. 23, 2000. Not only did we provide Toys, 50 families received food baskets.
- **Meeting of the Minds** D.C. CARE Consortium is hosting an on-going Executive Directors & Administrators Roundtable for Coalition Building. We have completed a list of e-mail addresses for the Executives & Administrators of HIV/AIDS Service Organizations for distribution. In the age of technology it will serve as a useful tool for instant information transfer. We are also creating a survey to better determine agency executives needs.
- **Big Brothers of D.C. CARE Program** In April 2000 Big Brothers took a group of 11 families with children who were clients of our member HIV/AIDS Services Organizations, to a modern rendition of "Sleeping Beauty" at the Imagination Stage in Bethesda, MD. During the summer, Big Brothers Plus brought men and women together to treat over 300 families and children to two Washington Mystics basketball games, with the assistance of Phil Hadley of the MCI Center.

This newsletter will make you aware of old and new programs. In this edition of the Consortium Chronicle you will find articles on our current programs related to health, housing, transportation and special events. We will also introduce you to people in the community in the struggle against HIV/AIDS. We will inform you on ways to take care of yourself and those you love. We will educate you on the financial awards for the Ryan White programs locally and around the country. We appreciate each and every one of you, our community partners.

Yours In The Struggle,  
*Valerie Papaya Mann*  
Executive Director

**Clinical Trials & Tribulations**

**Danielle Pleasant**

The Initiative for the new quarter is to reach people of color, preferably African-American Women, who make up 62% of all newly diagnosed cases of AIDS. African-American teens are also at the 62% mark of newly diagnosed cases of HIV infection, and 50% are infected with Multi-drug Resistance Virus (MDR).

Resistance means that a strain of the virus does not react to medicine used to suppress the virus. Thus MDR doesn't respond to any of the current drugs that are available for use. This creates a big problem for consumers. Their treatment is no longer working and their viral load is rising as their CD-4 count drops. At this time options are few. Choices include structured therapy interruptions, or changing the regimen as an attempt to finding the right combination of effective drugs. There are also certain medications that are available through Clinical Trials programs.

HIV resistance occurs when the virus no longer responds to the drugs that are supposed to stop it. This happens because the virus changes or mutates as it reproduces. When resistance occurs, an anti-retroviral drug that once may have been effective becomes less able to fight the virus.

HIV attacks and takes over CD-4 cells so that it can reproduce. CD-4 cells, also known as T-Helper cells, the white blood cells that help to protect your body against infections. The HIV reproduction process and its mutations destroy the T-cells. All living cells mutate from time to time, and the more often cells reproduce, the greater chance that mutation occurs. HIV makes billions of copies of itself each day; mutations occur frequently. Some of these mutations may cause this new strain to be resistant to the current anti-retroviral medications available.

Although many different viruses are present, the "wild-type" virus is the strain of

virus that is most plentiful in the body, before therapy starts. There is a mixture of mutant and wild-type virus in the body. While anti-retroviral treatment stops the wild-type from reproducing, mutated viruses are less sensitive to therapy and continue to reproduce. These mutated viruses may then replace the wild type virus as being the most plentiful virus present in the body, and they are resistant to drug therapy.

The amount of virus in the body (viral load) which was once decreasing because of treatment, begins to rise. CD-4 count begins to drop. This is an indication that treatment is no longer working. Understanding that resistance does not occur because of the anti-retroviral medications, but because the virus mutates and retains the ability to reproduce. When the drugs stop the reproduction of the sensitive viral strains, it allows the mutated strains already present to grow.

**NEXT NEWSLETTER TOPIC:  
Viral Resistance Testing: Phenotypic and Genotypic**

There are a few medications that are available through Clinical Trials. Our Clinical Trials & Treatment Education Program can help you access these resources, in the event your doctor recommends that is the next course of treatment. New anti-retroviral drugs of existing drug classes, as well as new classes of drugs are currently in Clinical Trials or in development. It is hoped that these new agents will be more potent against the virus, including the resistant strains of HIV. Also important is the development of drugs that do not have cross resistance with other drugs.

If you would like further information or would like to visit our Resource Center, please feel free to stop in the offices or call Danielle Pleasant at (202) 332-9091 ext. 27.

**Special Thanks to  
Priority  
Pharmacy  
for the donation of  
2 new computers  
for PLWA use in  
the Computer Lab**

**Ask about our  
Capital Research Network and  
Educational Resource Center  
Computer Lab  
Call Danielle at (202) 332-9091**



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## Taking Care of Yourself: 20 Nice Things To Do That Cost (nearly) Nothing

By Rebecca Denison

### 1. BREATHE

When you get overwhelmed or anxious, stop and take three long, deep breaths. Notice how it can calm you.

### 2. REFUSE TO BE A VICTIM

Focus on what you can do, not on what you can't. Focus on living with HIV, not dying of AIDS. Say "I have HIV", not "I am HIV." Seek support, not pity.

### 3. LISTEN TO YOUR MOTHER

Get plenty of sleep. Eat nutritious food. Take a daily multivitamin. Get fresh air.

### 4. EDUCATE YOURSELF ABOUT HIV

Subscribe to a newsletter. (Most are discreet, and free for people who can't afford to pay.) Go to an educational forum. Use the Internet. Go to the library. Avoid outdated information; treatment info changes quickly.

### 5. EXERCISE

It's good for your body, and helps release stress. Don't worry about picking the "right" activity; do something you love so you're more likely to do it. Find an exercise buddy. Go for a walk.

### 6. EXPRESS YOURSELF; ASK FOR SUPPORT

Talk with your friend. Hug your mom. Cuddle your kids. Cry with your sister. Share your feelings with your partner. Professional counselors, therapists and clergy can also offer support.

### 7. ASK FOR COPIES OF YOUR LABS

Learn what they mean.

### 8. THINK AND ACT POSITIVELY

Seek out people who are honest, trustworthy and supportive. Give yourself permission to temporarily or permanently distance yourself from people who are abusive or who make you feel badly about yourself. Write what you would want your obituary to say; then take steps to become that person.

### 9. CRY WHEN YOU NEED TO

Let it out. Think of it as allowing negative emotions to flow out of you to make room for positive feelings to come in. Let someone hug you as you cry; they can't get HIV from your tears.

### 10. FORGIVE YOURSELF AND OTHERS

Try not to waste precious energy being angry, bitter, jealous or resentful. Forgive yourself for past mistakes. Don't blame yourself for having HIV. Most adults have put themselves at risk; some of us got infected; the others were lucky.

### 11. ACCEPT RESPONSIBILITY

Pledge that HIV stops with you. Use condoms. Don't share needles.

### 12. TALK TO OTHER HIV+ PEOPLE

It can be a relief to talk to people who know what you're going through. They can share how they disclosed, made treatment decisions, or dealt with safer sex. Find them through AIDS organizations, support groups, retreats, educational forums, conferences, or hotlines.

### 13. EXPLORE COMPLEMENTARY THERAPIES

Vitamins, herbs and acupuncture are rarely free, but many people find them helpful to manage symptoms or side effects of medications. Talk with your doctor because some, like St. John's Wort, can have interactions with HIV meds.

### 14. REDUCE USE OF DRUGS AND ALCOHOL

If you or a loved one are using drugs or alcohol but want to stop, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) can help. If you inject drugs and can't or don't want to stop, ask if your community has a needle exchange.

### 15. EAT SAFELY

Avoid raw or undercooked meats/eggs. Don't leave food out that should be refrigerated. Use separate cutting boards for raw meats and veggies. Don't take chances with spoiled food. "If in doubt,

throw it out."

### 16. PRAY, MEDITATE OR VISUALIZE

Spend time in quiet contemplation, or buy/borrow a meditation tape. Fill your mind with healing images and messages.

### 17. CHECK OUT AN AIDS ORGANIZATION

Find out what they offer...a retreat, education, childcare, benefits counseling, or an art class. Ask for what you need.

### 18. TAKE LIFE ONE DAY AT A TIME

Break big tasks into smaller, manageable ones. If necessary, take life one hour at a time. Tell yourself "I don't have to know how I'll make it through the week. I just need to gather the strength to make my first appointment with the doctor."

### 19. GET INVOLVED

Join a speakers bureau to educate kids about AIDS. Volunteer at an AIDS organization. Call your legislator. Stuff envelopes. Make phone calls. Don't worry that you don't know the lingo or that you're new. Everyone has something to contribute to the fight against AIDS.

### 20. REMEMBER THAT.....YOU ARE NOT ALONE!!!!!!!

Source: WORLD (Women Organized to Respond to Life-threatening Diseases) Newsletter, June 2000 Issue. Reprinted and edited with permission.



## HOUSING CORNER

Gregg Mims

D.C. CARE Consortium Housing Department in collaboration with the HIV/AIDS Administration (HAA), is developing the Housing Gatekeeper system which will transform the existing HIV/AIDS housing programs funded by HAA into a city-wide network with a centralized database system. It will facilitate and speed interagency relations, emergency referrals and the placement and tracking of applicants. The Gatekeeper system will centralize the housing waiting list and will be the entry point for all future consumers.

The first step in the process is to complete the intake application for housing assistance. Our office is the place for consumers to call to get application forms and assistance in completing the forms. Consumers can also ask their case managers or client advocates to assist them in this process. All applications received will be screened for eligibility by our staff. Staff will assist clients that apply directly to D.C. CARE Consortium. Emergency needs will be immediately referred to the proper agency.

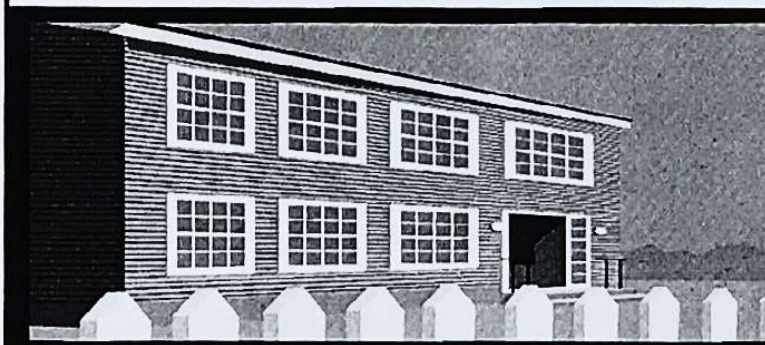
If the applicant is eligible for housing assistance, the consumer will be automatically entered into the centralized database and placed on the centralized waiting list. After a Clinical Social Worker

(LCSW) does a comprehensive assessment, the consumer will be given the most appropriate choice of housing based on the assessment. The client will also develop a housing work plan with the clinical social worker. The consumer will meet with the housing provider of their choice who provides that type of housing. Hopefully, a match will be made and the client will be placed with a housing provider. However, if the housing provider does not accept the applicant, our staff will work with the consumer until a suitable placement can be found.

The Gatekeeper started registration of current residents in HAA funded housing effective December 1, 2000. The process consisted of Providers registering their current residents to the program. A walk through of the Gatekeeper system took place in January 2001 for the HAA Gatekeeper Taskforce. The trial run for the Gatekeeper program occurred during the month of February 2001 and the official starting date for the Gatekeeper Program is anticipated to be March 1, 2001.

If you have any comments or suggestions on how to improve the system or if you are interested in receiving additional information on the Gatekeeper Program, please contact Gregg Mims on 332-9091 ext. 28 or any member of the housing staff at D.C. CARE Consortium.

**D.C. CARE Consortium provides Housing Information and Referral Services. Please contact your case manager or Gregg Mims at (202) 332-9091 ext. 28 for more information.**



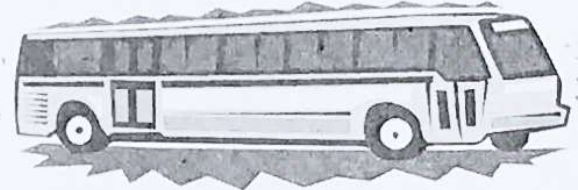
**GENERAL NUTRITION CENTER (GNC)**

**1625 K Street, NW in downtown DC, offers a 10% discount\* for vitamins, herbs and other nutritional supplements. 10% Discount only available at the K street location**

\* note: Before purchases are made please inform management of the DC CARE Consortium Discount

**on the move**

D.C. CARE Consortium provides Metro Bus and Subway passes for Persons Living with HIV/AIDS to get to medical & other social service appointments.



Please contact your Case Manager or Lamont Clark at (202) 332-9091 ext. 32

**Transportation & Emergency Financial Assistance** Lamont Clark

The D.C. CARE Consortium has a rich history of delivering social services to the community, and has been awarded the chance to continue to do so into the new millennium. We are proud to have been awarded the FY01 Ryan White Title I grants for Emergency Financial Assistance, Emergency/ Assisted Transportation, and Water Filters.

The D.C. CARE Consortium (DCCC) was the first provider to be funded for EFA as a pilot project in 1993 to assist with Rental and Utility Assistance. In 1994 DCCC created the Food Voucher Program as a pilot program using Ryan White Title I funds. In 1997, Telephone Assistance was added as the final component of EFA. DCCC did not administer the EFA program in 1999 and most of 2000, but was once again awarded the program in October of 2000. From October through February, DCCC provided Rental Assistance to almost 200 clients; over 130 clients with Utility Assistance; over 140 clients with Telephone Assistance; and over 750 Food vouchers. In 2001, the D.C. CARE Consortium will provide over 200 Water Filters and 200 replacement filters.

The Transportation Program has been a part of DCCC for 5 years. Of those 5 years, DCCC has been the sole administrator of Transportation for PLWAs in the District. The Assisted and Emergency Transportation Program currently distributes tokens, metro passes, commuter tickets, van and taxi vouchers to over 35 Case Management organiza-

tions. Our Van services are currently conducted by Caring & Carrying Transportation, and Christian Enterprises Transportation Services. Our Taxi component is serviced by Mike Coghill and George Boze. Any ASO may participate in the program, but must have a Memorandum of Understanding (MOU) in place with DCCC and have at least one person become a Certified AETAP Provider (CAP).

The D.C. CARE Consortium collaborates with AIDS Service Organizations to provide services to/for their clients. Clients must meet the criteria guidelines as set forth in the Ryan White Title I agreement. This criteria includes:

- Resident of the District of Columbia Living with HIV or AIDS
- Receives Case Management, Medical Care, or other Ryan White funded services in D.C. by a qualified District provider
- Transportation is designed to reach those who are uninsured or underinsured
- Water filter clients must have a CD4 count below 250 or a Doctors prescription

Any organization that would like further information on our programs may contact Lamont Clark, Coordinator of Social Service Programs @ 202-332-9091 x 32. Consumers wishing to receive services must contact their Case Manager, Social Worker, or Housing Coordinator.

**D.C. CARE Consortium Holiday Event & Toy Drive**

D.C. CARE Consortium (DCCC) hosted its third annual Toy Drive, which collects and distributes donated toys to children of families receiving HIV/AIDS services in the District.

On December 23, 2000, at DCCC's first Holiday Celebration, more than 100 children received hundreds of toys and 20 families received food baskets. We made our list we checked it twice and then we did a recount. Santa jammed, the DJ played music, and all through D.C. CARE Consortium every creature was stirring, many children even received cuddly teddy bears and even a mouse.

We also donated food and toys to

50 families with children being served by the Women's Collective, located on the second floor of 1436 U Street, NW.

There has been an outpouring of thanks from family and friends, for making this Holiday Season/Gift Giving Event possible. One parent stated, "Thank you, my child may not have had a Christmas without you guys."

The holiday event could not have been possible without you and we thank you for your support. With concerted effort toys and monetary gifts were donated in abundance.

Special Thanks to the person who helped kick the toy drive off, Ms. Puller who gave us our first toy and

motivation. Other agencies and individuals we would like to thank include: Washington & Jackson Investments, Work Bench Furniture Stores (Bethesda & Tyson) Results Gym, Gold's Gym, Catlin Albers Pone De Lonce Co-operative Apartments, Joe Leak and Family, Julius Melton, Chuck Hicks and Bread for the Soul, Kinetics, Cultural Alliance and the entire DC CARE Consortium staff, whose time and effort showed in the smiles of all who took part in the festivities.

If you would like to help next year, please contact our office at 202-332-9091.

THANK YOU TO ALL THE PEOPLE WHO MADE THIS EVENT POSSIBLE  
The Toy Drive Committee  
Leslie, Shenique & Pucci



Children enjoy some Christmas goodies



Jolly Ole St. Nick



Presents for all



Lining up for Santa



## Case Management Trainings

Shenique Everett

D.C. CARE Consortium has provided case management training for eight years. The training sessions are designed for case managers to become more informed of clients' needs and how to assist them properly. Through these training sessions, case managers are informed of services, benefits and opportunities available in the community. They are also trained in the clinical aspect of HIV/AIDS such as "HIV/AIDS 101-102: Adherence & Drug Tolerance", and "Protease Inhibitors." Some training sessions explore the mental and emotional side of the clients, such as "Grief & Bereavement, A Clinician's View", and "Family Therapy: A Competency Based Approach." Some training sessions are approved for co-sponsorship and accreditation for 3 clock hours, or .3 CEUs, through NASW Metro Washington Continuing Education Program.

For the past five years, D.C. CARE Consortium has provided more than 25 training sessions. Case management staff, clinical staff, and clients attended these sessions as well. The largest training session was the Annual City-Wide Resource Day. The Pennsylvania Mid-Atlantic AIDS Education and Training Center at Howard University Medical Center, in the Towers Auditorium, facilitated the event. For the past few years, the Annual City-Wide Resource Day has brought a lot of attention to the HIV/AIDS related services in the D.C. area. Over 25 organizations from the D.C. area gathered to expound on the services that they provide to people living with HIV/AIDS. An average of 80 people attended each year.

Pennsylvania Mid-Atlantic AIDS Education and Training Center has co-sponsored at least 6 training sessions over the past 5 years. The other major facilitator is Metropolitan Community Church, which has allowed us to utilize their facility for five case management sessions. Others include DC General Hospital, HIV/AIDS Administration, Union Temple Baptist Church, Calvary Ministries, PROTOTYPES, Inc., and Roche Laboratories.

Our most recent training, "Benefits and

Entitlements & Related Immigrant Issues", focused on the benefits available for clients. Some representatives came from government-funded programs such as Social Security Administration Disability Programs, D.C. Low Income Heat & Energy Program Energy Office, Women, Infant & Children (WIC), Temporary Assistance for Needy Families

Another large training session was "Substance Abuse and HIV/AIDS", presented by PROTOTYPES, Inc. 65 case managers attended. The training session, entitled "Harm Reduction/Substance Abuse & Moving Clients into the Mainstream," was held at Calvary Ministries, and 52 case managers and staff attended. This session focused also on substance abuse, and how it affects the client's ability to receive proper case management. Many clients who are using drugs can not receive services such as Employment, and Housing unless they enter into a drug program first. Harm reduction, presented by Fred Johnson of Whitman-Walker Clinic, and Willie Byrde of HIV Community Coalition, focused on ways that clients can reduce the harm that they cause themselves by using drugs and also to reduce the spread of HIV/AIDS through needle exchange. Kimberly Kirk, a case manager at Howard University Hospital, commented "The Harm Reduction Training was especially helpful in obtaining services for clients with substance abuse issues. I learned more about some of the programs that are available as well as strategies to help clients reduce harm who are not ready for a drug treatment program."

Client services was the focus of the "ADAP, Housing, Transportation & Clinical Trials" trainings presented by Paul Brown of HIV/AIDS Administration and Gregg Mims, Lamont Clark, and Reginald Latta of D.C. CARE Consortium. This session focused solely on the services that are available for clients. Session like this one are needed because many clients and case managers don't know the services available in the city and the criteria for services. Therefore, many clients miss out on benefits and op-

portunities that can help them while living with HIV/AIDS such as transportation to and from doctor's appointments, medical assistance, housing assistance, and other services. "Clinical Trials has been around for many years, but people were afraid to get involved because they knew so little about it," said Reginald Latta, former Clinical Trials Coordinator at D.C. CARE Consortium. "I didn't know that people were so in the dark about Clinical Trials. Since the training, my phone has been ringing off the hook. I'm glad that I had the opportunity to let so many case managers know that this service is out there for their clients, and client's are becoming more aware and more involved in Clinical Trials."

Some other topics include: HIV/AIDS Managed Care, Medicaid, and TANF, Family Center Case Management, Benefits Training, Home Health Care and Clinical Trials for PLWAs, Case Management with Positive Women, and On the Front Line with HIV/AIDS, Adherence: Keeping Clients and Professionals Engaged.

We are encouraged that the case management training has had a great impact on the improvement of the entire case management system. The information received by the case managers will allow them to better serve their clients. Clients can also be comfortable in knowing that D.C. CARE Consortium will continue to provide necessary training that address the issues that they face while living with HIV/AIDS. For further information on Case Management Training's please call Ms. Everett at (202) 332-9091 ext. 18.



## The Big Brother's Program

Lourmel Apollon

The D.C. CARE Consortium's (DCCC) Big Brothers Program offers to lend a helping hand in our community. The program is comprised of staff, consumers and volunteers within the HIV/AIDS service organizations and community based organizations in the District. Started one year ago, the Big Brother's support children who are infected with or affected by HIV/AIDS (children who have members of their families infected, even though they themselves are not). Some of the activities included in last years program were outings to the movies and a Toy Drive Program where donated toys were distributed to children linked with services.

On Saturday, April 15, 2000, the DCCC Big Brothers Program sponsored its first activity of the New Millennium. In a joint effort with Denise Fraction of Children's Hospital's Project CHAMP, DCCC took numerous women and children to an afternoon showing of "Sleeping Beauty" at the Imagination Stage, located in the White Flint Mall, Bethesda, MD. A group of 10 Big Brother's and 1 Big Sister met at D.C. General Hospital, where a bus, transported them to another pick up site, Howard University Hospital.

A boxed lunch was served. The group and volunteers were then paired after reaching the Theater.

The highlight of the day was a modern rendition of Sleeping Beauty. The children were very attentive and the interactive session was enjoyed by all.

Many parents attending the event, Single moms said how appreciative they were to have the opportunity to expose their children to African-American men. Positive role models are needed to foster the development of children. Today's youth are bombarded with negative portrayals of African-American men in their communities. This program gives them the opportunity to relate to positive and energetic brothers.

The Big Brothers Plus program treated over 300 parents and children to the Washington Mystics, D.C.'s Women's Basketball team, on two separate occasions. In collaboration with Phil Hadley of the MCI Center the outings were a great success. D.C. CARE Consortium purchased 150 of the tickets. Due to the overwhelming demand, Mr. Hadley made it possible to accommodate all families interested in attending the event, which at final count exceeded more than 200 people.

**Volunteers  
needed**

DC CARE Consortium is looking for Volunteers. If you would like to make a positive impact on persons infected with or affected by HIV/AIDS, please call Lourmel at (202) 332-9091 ext. 23

### Metropolitan Washington Regional HIV Health Services Planning Council

Applications are currently being accepted from interested persons throughout the District of Columbia, Maryland, and Northern Virginia to serve as Council members. The Planning Council is responsible for the allocation and distribution of Title I CARE Act funds for persons living with HIV/AIDS.

**At the present time the Council is seeking individuals who can represent the following classifications:**

East of the Anacostia River residents (Wards 6, 7, 8); African Americans, Latino men and women; Asian Pacific Islanders; youths. All members must attend monthly meetings and serve on a subcommittee. Although there is no remuneration for your time and efforts, the satisfaction is extraordinary. You can call ES Inc. at the number below and request an application by mail.

Telephone: (202) 835-1585; Fax: (202) 835-0118

TTY: (202) 429-8847

Attention: Mr. Felix Oliver or Mr. Gerry Magat

## 'The house is on fire'

Will O'Bryan (reprint from Washington Blade from Dec. 8, 2000)

The mood in the Tower Auditorium on the Howard University campus Tuesday was congenial at times, emotionally gripping at others, as dozens of leaders in the District's HIV/AIDS prevention and care community, and many of their clients, convened for the first time for the D.C. Metropolitan HIV/AIDS Conference.

The order of the daylong conference was coalition building with an eye to the future and devising grassroots methods for the District's prevention and service providers to battle the AIDS epidemic.

"Looks like we're going to get a chance to see what we can do under a Republican White House," said Valerie Papaya Mann, Executive Director of the District of Columbia Comprehensive AIDS Research and Education Consortium (the CARE Consortium), a network of more than 65 organizations working with people with HIV/AIDS.

Mann's comments were in response to remarks made by Matthew Marguia, associate director of policy at the White House Office of National AIDS Policy. Marguia spoke about the impact of the Nov. 7 elections on HIV/AIDS services in minority communities.

"Marching out in the streets is not enough," Mann added. "We need to be marching through the halls of Congress, to the mayor's office. Republicans are at risk for HIV, too."

Mann said the conference left her with a feeling that local organizations need to rely more upon local leadership, coalition building and decentralization. To those ends, the conference offered participants

grant writing, PLWA Empowerment and HIV/AIDS-related web research.

A lunchtime panel featuring eight conferees living with HIV/AIDS offered one of the day's most emotional moments. The panel members spoke both passionately and pragmatically about treatment options, their histories, philosophies for dealing with illness, and other related topics.

Darryl Lampkin, director of programs at Us Helping Us, an organization specializing in HIV/AIDS prevention and care services for African-American Gay and Bisexual men, was one of the panel members.

He shared his story of exploring alternative and complimentary therapies, adding that Tuesday marked his 18-month anniversary of starting HIV/AIDS medication.

"I wanted to have access to every possible option," Lampkin told the lunchtime crowd. He added a sentiment that all the panelists seemed to share: "I've got a long life to live and things to do."

On Wednesday after the smoke cleared, Mann said this premiere conference was the success she and others in the D.C. CARE Consortium had hoped for, and that they will work toward making it an annual event, starting with a two or three-day conference in April or May.

"The house is on fire," Mann said metaphorically, as many did during the conference, referring to the District's rank as the city with the nation's highest HIV infection rate. "We need to all work together."

Special Thanks to the following 2000 Funders and Donors of the DC CARE Consortium. We Appreciate your help:

AIDS Alliance	City Lights of China	M.A. Winter Building	Spriggs & Hollingworth.
BB&T	Dupont Pharmaceuticals	MEE Productions	Washington & Jackson Inc
Brothers Help Thyself	HIV/AIDS Teleconference	Midtown Personnel Inc.	Whitman Walker Clinic
Mr. James Curtis	Joseph's House	National Minority AIDS Council	
The Cherry Fund	Kinetic Design Inc.	Ms. Denise Ransome	

## Executive and Administrators Roundtable

Executive Directors from numerous community based organizations gathered at the opulent Charles Sumner School for the second "Meeting of the Minds" Executive Directors and Administrators Roundtable for Coalition Building, held on Nov. 15, 2000. This meeting was a continuation of the process to form coalitions and forge alliances among the Executive Directors here in the District.

Valerie Papaya Mann, Executive Director of D.C. CARE Consortium introduced the idea of collaborations on a grander scale, which would benefit not only the quality of services in the District of Columbia, but also the method of funding these services.

Ms. Mann presented a collaborative model she developed at AIDS Project of the East Bay, Oakland CA, while serving as their Executive Director. The collaborative effort reduced the amounts of proposals submitted to the AIDS office in Oakland by 40%. The agencies involved in the collaboration came away with more funds and also sub-contracted work, making it a win-win situation. This method could change the dynamics of the priority setting and resource allocation process here in the District.

A survey is being drafted to query for Executive Directors and AIDS Administrators about collaborations. The survey will also identify community needs and canvas how we can bring more Executive Directors to the meetings and how this new organizational structure will benefit them

The purpose and mission of the Executive Directors and Administrators Roundtable is listed below:

- Support Group for Leadership
- Unification of Services
- Sharing Vision
- Partnerships
- Information Sharing
- Eliminating Client Barriers to Care
- Creating Comprehensive Services in a Defined Region

The next meeting of the Executive Directors and Administrators Roundtable for Coalition Building is being scheduled for this Spring 2001.

If interested in participating or assisting in the planning process please call Valerie Papaya Mann at (202) 332-9091 ext. 24.

## D.C. Metropolitan HIV/AIDS Conference 2000

On December 5, 2000, D.C. CARE Consortium, in collaboration with several national organizations hosted the first local conference on HIV/AIDS in the District of Columbia. The DC Metropolitan HIV/AIDS Conference 2000 was a great success. Over 100 people attended the full day conference.

This was an exploratory conference to assist us with structuring a comprehensive two-day conference in the spring of 2001.

Speakers included Marsha Martin, Special Assistant to the Secretary of Health & Human Services, and Matthew Marguia from the White House Advisory Committee on HIV/AIDS. The afternoon consisted of break-out sessions on Grant Writing, PLWA/Provider Skills Building and Research of Treatment Information over the Internet.

The organizations involved in bringing the conference

to fruition were the Penn. Mid Atlantic AIDS Education Training Center based at Howard University, the AIDS Alliance for Children, Youth & Families, the National Library of Medicine, AM-Far, and the HIV/AIDS Administration, D.C. Public Health. The National Minority AIDS Council provided materials for distribution, and Office of Minority Health -Resource Center facilitated the grant-writing workshop.

We hope to attract many more people in the Spring 2001 conference, which will include topics such as Collaborations, Policy related to HIV/AIDS Service Organizations and Grant-writing for emerging Community & Faith Based Organizations.

If you would like to participate in planning the Spring 2001, please call Lournel Apollon, Coordinator of Strategic Planning and Administration at (202) 332-9091 ext. 23.

**Funding for FY 2001 Finalized CBC/Minority AIDS Initiative  
& Other HIV/AIDS Programs Receive Increases**

Congress finally completed its work on FY 2001 funding on December 15, 2000. Congress and the Administration finalized all remaining appropriation bills including the FY 2001 Labor, Health and Human Services, and Education (Labor-HHS) appropriations bill, which funds HIV/AIDS programs. Thanks to your work and the work of advocates in Congress and in the administration, HIV/AIDS programs received funding increases for FY 2001, including the CBC/Minority HIV/AIDS Initiative (MAI). Special thanks goes to goes to the Congressional Black Caucus for its leadership and to the Congressional Hispanic Caucus for its critical support in securing much needed resources to enable ethnic and racial minority communities to address the growing needs of the epidemic in their own communities.

**FY 2001 Funding-CBC/Minority AIDS Initiative ( in millions)**

Program	FY 2000	FY 2001	(difference)
<b>CDC</b>	\$60.6	\$88.0	(+ \$27.4m)
<b>HRSA/Ryan White CARE Act</b>			
Title I	\$26.5	\$34.0	(+ \$7.5m)
Title II	\$0.0	\$7.0m	(+ \$7.0m)
Title III	\$27.4	\$44.4	(+ \$17.0m)
Title IV	\$12.2	\$15.7	(+ \$3.5m)
AETCs	\$6.8	\$7.7	(+ \$0.9m)
Other	\$1.2	\$1.4	(+ \$0.2m)
<b>Total HRSA</b>	<b>\$74.1</b>	<b>\$110.2</b>	<b>(+ \$36.1m)</b>
<b>SAMHSA</b>			
Treatment	\$39.2	\$53.0	(+ \$13.8m)
Prevention	\$ 8.5	\$32.1	(+ \$23.6m)
Mental Health	\$0.0	\$7.0	(+ \$7.0m)
<b>Total SAMHSA</b>	<b>\$47.7</b>	<b>\$92.1</b>	<b>(+ \$44.4m)</b>
<b>NIH</b>	<b>\$8.7</b>	<b>\$0.0</b>	<b>(- \$8.7m)</b>
<b>OMH</b>	<b>\$9.7</b>	<b>\$9.7</b>	<b>( \$0.0m)</b>
<b>PHS</b>	<b>\$50.0</b>	<b>\$50.0</b>	<b>( \$0.0m)</b>
<b>TOTAL CBC/MHAI</b>	<b>\$250.8</b>	<b>\$350.0</b>	<b>(+ \$99.2m)</b>

**FY 2001 FUNDING Federal HIV/AIDS Programs (in millions)**

Program	FY 2000	FY 2001	(difference)
<b>CDC</b>	\$729.7	\$892.8	(+ \$163.1m)
<b>HRSA/Ryan White CARE Act</b>			
Title I	\$546.5	\$604.2	(+ \$57.7m)
Title II	\$296.0	\$322.0	(+ \$26.0m)
Title II ADAP	\$528.0	\$589.0	(+ \$61.0m)
Title III	\$138.4	\$185.9	(+ \$47.5m)
Title IV	\$51.0	\$65.0	(+ \$14.0m)
AETCs	\$26.6	\$1.6	(+ \$4.95m)
Dental	\$8.0	\$10.0	(+ \$2.0m)
<b>Total HRSA</b>	<b>\$1594.5</b>	<b>\$1807.7</b>	<b>(+ \$213.1m)</b>
<b>SAMHSA</b>			
Block Grant	\$1600.0	\$1665.0	(+ \$65.0m]
<b>NIH</b>	<b>\$2006.0</b>	<b>\$2267.0</b>	<b>(+ \$261.0m)</b>
<b>HOPWA</b>	<b>\$232.0</b>	<b>\$258.0</b>	<b>(+ \$26.0m)</b>

**Year 11 RYAN WHITE Title I Allocation  
by Jurisdiction in the Washington EMA\***

	Administration	Services	Total
<b>Washington, D.C.</b>	<b>\$ 674,680</b>	<b>\$ 12,021,455</b>	<b>\$ 12,696,135</b>
<b>Northern Virginia</b>	<b>\$ 179,975</b>	<b>\$ 3,338,178</b>	<b>\$ 3,568,153</b>
<b>Suburban Maryland</b>	<b>\$ 267,794</b>	<b>\$ 4,920,264</b>	<b>\$ 5,188, 058</b>
<b>West Virginia</b>	<b>\$ 6,281</b>	<b>\$ 201,222</b>	<b>\$ 207, 503</b>
<b>Off-the-Top</b>	<b>-0-</b>	<b>\$ 914,757</b>	<b>\$ 914, 757</b>
<b>Grand Total</b>	<b>\$ 1,128,730</b>	<b>\$ 21,445,876</b>	<b>\$ 22,574,606</b>
<b>Washington EMA</b>			

**Congressional Black Caucus**

	Administration	Services	Total
<b>Washington, D.C.</b>	<b>\$ 62,835</b>	<b>\$ 1,156,457</b>	<b>\$ 1,219,292</b>
<b>Northern Virginia</b>	<b>\$10,247</b>	<b>\$ 189,628</b>	<b>\$ 199,875</b>
<b>Suburban Maryland</b>	<b>\$ 23,358</b>	<b>\$ 432,268</b>	<b>\$ 55,626</b>
<b>West Virginia</b>	<b>\$ 197</b>	<b>\$ 10,035</b>	<b>\$ 10,232</b>
<b>Off-the-Top</b>	<b>-0-</b>	<b>\$ 47,716</b>	<b>\$ 47,716</b>
<b>Grand Total</b>	<b>\$ 96,637</b>	<b>\$ 1,836,104</b>	<b>\$ 1,932,741</b>
<b>Washington EMA</b>			

**Ryan White Title I Year 11 Total Award**

	Administration	Services	Total
<b>Washington, D.C.</b>	<b>\$ 737,515</b>	<b>\$ 13,177,912</b>	<b>\$ 13, 915,</b>
<b>427</b>			
<b>Northern Virginia</b>	<b>\$ 190,222</b>	<b>\$ 3,577,806</b>	<b>\$ 3, 768, 028</b>
<b>Suburban Maryland</b>	<b>\$ 291,152</b>	<b>\$ 5,352,532</b>	<b>\$ 5, 643, 684</b>
<b>West Virginia</b>	<b>\$ 6,478</b>	<b>\$ 211,257</b>	<b>\$ 217, 735</b>
<b>Off-the-Top</b>	<b>-0-</b>	<b>\$ 962,473</b>	<b>\$ 962, 473</b>
<b>Grand Total</b>	<b>\$ 1,225,367</b>	<b>\$ 23,281,980</b>	<b>\$ 24,507,347</b>
<b>Washington EMA</b>			

\*Year 11 begins March 1, 2001.  
A 23% increase has been awarded over Year 10 (2000)

# MOVERS & SHAKERS

## Women Warriors in the Fight against HIV/AIDS

Four women share with us their views and personal experiences in the Struggle against HIV/AIDS

*Patricia Nalls,  
Founder/Executive Director  
The Women's Collective*

*Pat is the Founder and Executive Director of the Women's Collective. She was diagnosed in 1986, after the death of her husband & 3 year old daughter. After years of isolation and 'business as usual', being a mother and provider for her 8 year old daughter and 4 year old son, Pat saw the need for more support for HIV+ women with children: "We started helping and healing each other. I didn't know it then, but I was providing case management to families like mine. There wasn't a local organization that dealt with women, so after raising money I incorporated. It was a battle every day to wake up. I feared many things, I was going to die, my children would be orphaned; yet these were motivating factors that pushed me to live. I wish that we would listen to women with HIV/AIDS and offer the much needed care they deserve."*

*Barbara Smith  
Community Activist  
PWA Chair, Washington EMA*

*Barbara is a 42-year-old mother, caregiver and activist. She was incarcerated for 7 years, and then again shortly after her release. While in prison she became infected with HIV in 1995:*

*"I took a year to collect myself and deal with what was happening to me. I began to then educate myself, and was soon released. I found a flyer and attended my first support group meeting in 1997. I met Fred Johnson and many other people that helped to shape who I am today. I became aware and engaged people like me in the common struggle. I read and became involved in PWA rights and policy that related to us. I found it difficult to maintain my health while serving as a role model. I deal with the pain as it comes but still smile. I wish that other people would open up and listen to each other. We need each other."*

**IF YOU FALL, FALL ON YOUR BACK.  
IF YOU CAN LOOK UP, THEN YOU CAN GET UP**

DC CARE Consortium wishes to thank all the women in the struggle.  
Your hard work and daily battles are an inspiration to us all.

*Madeline Burt  
Emergency Financial Assistant  
DC CARE Consortium*

*Madeline is a 52-year-old woman living with HIV. She was first diagnosed with HIV in June of 1992 in the Dept. of Corrections. Currently she is an Emergency Financial Assistant here at D.C. CARE Consortium: "I was an IV Drug User for many years. I was homeless, and spent most of my adult life in and out of Correctional Facilities. After being released I educated myself so as not to be in the same situation ever again. My greatest fear after being diagnosed was to die in prison. My motivation is my daughter and granddaughter. They keep me going. My wish is to see them both grow-up and be able to actively participate in their lives. I wish to one day own my own home and be able to provide for my daughter and granddaughter. I want to thank Wanda James, EVE House and the Women's Collective for being there for me, if it were not for them I may not be where I am today."*

*Betsy Wilkes  
Pre/Post Counselor  
Family Medical & Counseling Service Inc.*

*Bessie is a 46-year-old recovering addict and ex-offender. She was diagnosed in 1987 after a partner tested positive. Bessie works as a pre/post test counselor at Family Medical & Counseling Services:*

*"HIV changed my way of thinking. It was the gift that aided me in finding a direction in life. The greatest struggle for me is getting other people to be open to the possibilities in life, especially women. I want to give them a living example of hope. My attitude keeps me going, because I don't dwell on HIV but instead deal with other life pressures and blessings. I wish that women would think for themselves. Often times they don't feel worthy or have low self-esteem and let others make decisions for them. I want to help people to help themselves."*

## Activists Decry Response to Black AIDS Toll

by **Patrice Gaines**

(reprint from the Washington Post on Feb. 24, 2001)

Wide-ranging action is needed to combat the high rate of HIV infection and death among African Americans, activists said yesterday. "We are in a true state of emergency," declared Valerie Papaya Mann, director of the D.C. CARE Consortium. Some of those who helped put on the first national HIV/AIDS Awareness and Information Day, held to highlight how the disease is affecting the black community, said they were disappointed in the response of officials and of those in the community in dealing with the problem. The day culminated in a candlelight vigil last night at Howard University.

The District, they said, has the highest HIV infection rate of any city in the country, and not enough is being done to combat it. Nationwide, HIV/AIDS is the leading killer of African American men ages 25 to 44, according to the Federal Centers for Disease Control and Prevention. "Not enough attention is given HIV/AIDS by institutions like the churches and places where black folks go; beauty shops, barbershops," said Phillip Pannell, a special assistant to the Mayor.

"The challenge for those of us who are committed to reducing and eliminating HIV infection in the African American community is getting our community to understand the severity of the current crisis and the devastating impact this epidemic can have in the future," said Ron Simmons, executive director of Us Helping Us.

"This epidemic has reached the point where it will take the efforts of all of us -- not only AIDS service organizations, the health department, social service agencies and churches, but black businesses, social and fraternal organizations and everyday people as well," he said.

Some of those at a morning news conference criticized Mayor Anthony A. Williams "for his silence" on the issue. Activists said the District's HIV Ad-

visory Committee has not met in two years. City officials said the mayor is working to revamp the committee to better reflect the population of those most infected. They said Williams first turned his attention to other boards and committees that needed reorganizing because they were already two others handling HIV/AIDS services.

"I met with the mayor just this morning about the revitalization of the committee," said Ron King, director of the Office of Boards & Commissions. He said the city is trying to widen the impact of the effort to reach a more diverse group, including heterosexual black women, black men and those who live east of the river. King said that the committee did not have as broad a reach before, but that HIV/AIDS activists will soon see a more active committee.

Activists complained that there have been no city-funded conferences on AIDS to encourage public discussion of problems and solutions, though one is coming, according to Ivan Torres, an assistant to the administrator of D.C. HIV/AIDS Administration. He said a two-day conference is planned for December.

Activists though, said they were increasingly frustrated on many fronts. "It is difficult to find housing for single males, because all the housing was built for women with AIDS," said Carmen Bol. Another activist, Dee Curry, said, "We have to find a way to destigmatize the disease...and reach those in the drug culture." Teenagers' misconceptions, said activists, include believing that oral sex and anal sex don't spread the virus.

As she listened, Earline Budd was close to tears. She was trying to raise money for the 251<sup>st</sup> burial of someone who died of AIDS--related illnesses. "This time it's a 54 year old black man. His sister called from North Carolina," said Budd, an outreach specialist for Safe Haven Outreach Ministries. "His family doesn't want anything to do with him. His sister called...to say, "Do whatever you have to do."



**D.C. CARE Consortium**  
**1436 U Street, NW Suite 400**  
**Washington, DC 20009**

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