

D.C. CARE CHRONICLE

Newsletter for the District of Columbia Comprehensive AIDS Resource and Education Consortium
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D.C. ALLIANCE COMPLETES PRIORITY SETTING AND ALLOCATIONS PROCESS.....see page 10

Summer/Fall 2001

10 YEARS OF CARING: D.C. CARE CONSORTIUM MARKS 10 YEARS OF SERVICE IN WASHINGTON, D.C.

NOTES FROM THE EXECUTIVE DIRECTOR

Since its inception on June 19, 1991, the D.C. CARE Consortium has served as a voice for Persons Living with HIV/AIDS (PLWH/A), their families and the community based organizations that serve them in the District of Columbia.

Created in response to Ryan White Title II of the Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act, the D.C. CARE Consortium provides a forum for PLWH/A's, their providers and those in the broader community affected by HIV/AIDS. Many of our programs offer support to community based organizations so that they may better serve their clients, as well as direct services such as Transportation, Housing Placement Services, and Clinical Trials & Treatment Education which can be accessed to improve their clients quality of life.

Over the years and through many challenges, we are still here to advocate and assure the availability of appropriate HIV/AIDS services in the community. We also assure equitable distribution of funding for services and promote quality assurance in their delivery.

This issue will familiarize you with the programs we offer to organizations and community members. You will learn about our staff, our events and our community as a whole. We will educate you on the Metropolitan Regional Plan-

ning Council. This body does the priority setting and allocations process by which services for HIV/AIDS receive funds. We will touch you with a personal testimony from the father of a person who lived with AIDS. We will keep you informed on the latest treatment issues and research information accessed through Clinical Trials, nation-wide. Information on current issues in HIV/AIDS in our area and the global community is also available.



As always we encourage persons living with HIV/AIDS and community based organizations to utilize our Learning Resource Center and our conference room space is available to non-profit organizations free of charge for community meeting or events. To become a member of the D.C. CARE Consortium, call Lourmel Apollon to inquire about individual and organizational membership at (202) 332-9091 ext. 23.

Washington, D.C. has the highest prevalence of HIV/AIDS in the entire country. We here at DCCC are committed to working in partnership with every agency, PLWH/A, and community member to wipe out HIV in our collective community.

Together we can make a tremendous difference.

Papaya

Valerie Papaya Mann
Executive Director

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The D.C. CARE
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FREE GRANT-WRITING TRAINING BIG HIT IN COMMUNITY

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The DC CARE Consortium Staff 2001



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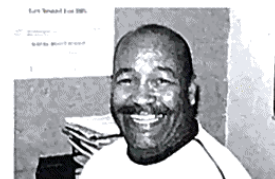
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Pucci Leonard
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African Delegation visits Consortium Lourmel Apollon

On May 31, 2001, the D. C. CARE Consortium in collaboration with **InterAction, Inc.** hosted a Delegation of 25 African NGO (Non-Governmental Organizations) Leaders representing over 25 countries in Africa.

InterAction's Africa Liaison Program Initiative (ALPI) is an effort among U.S. private voluntary organizations, USAID, and African non-governmental organizations all working together to improve effective dialogue and information exchange to foster development in Africa.

The African Delegation visited D.C. CARE Consortium while in Washington, D.C. They met with dignitaries and businesses interested in strengthening sound policy and best practice methods to African NGOs. The purpose of their visit specifically to DCCC was to learn about and exchange ideas about HIV/AIDS services, treatment and prevention in the U.S.

And exchange, we did! The pro-



Above, Corrie Franks addresses the African Delegation.

Thank you Krista Bell and Everiste Karangwa of **InterAction** for providing us this opportunity to meet with the Delegation from Africa.

gram, which ran more than two hours long, provided insightful information on HIV/AIDS service delivery in the Washington D.C. Metropolitan area. With guest speakers from the community and our membership, we presented a snapshot of the issues of infected and affected communities and what approaches we are taking to combat the problems.

Ms. Earline Budd of Safe Haven Outreach Ministries Transgender program spoke of the rising need for community activism and breaking down the barriers to care for all infected populations. The Delegation relayed stories on how issues in Africa are very similar, people are extremely frightened of the stereotypes and labels that are placed on the infected.

DCCC has committed to continue an on-going dialogue with the African Delegation via e-mail.

Special Thanks to the following participants who made this event a success:

Mr. Sundiate Alaye
HIV Community Coalition

Ms. Victoria Mwabuisi
HIV Community Coalition

Ms. Earline Budd
SHOM

Mr. Corrie Franks
Family & Medical Counseling
Services

Mr. Rodney Lofton
National Youth Advocacy
Coalition

Mr. Jonathan Prince
Janus Medical Laboratories

Dr. Ron Simmons
Us Helping Us

Rev. Dana Olds
Union Temple Baptist

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Dr. Patricia Hawkins
Whitman Walker Clinic

Ms. Earline Budd
Safe Haven Outreach
Ministries

Mr. Geno Dunnington
Washington, DC

Ms. Marcie Gibbons
The Washington Home &
Hospice

Ms. Marsha Richerson
Safe Haven Outreach
Ministries

Ms. Ann Scher
Children's National Medical
Center

Ms. Catalina Sol
La Clinica del Pueblo

Dr. Ron Simmons
Us Helping Us

Mr. Earl D. Fowlkes Jr.
Damian Ministries

Dr. Belai Habte-Jesus
Community of Hope

Clinical Trials & Treatment Education Program Coordinator's Thoughts

Danielle Pleasant

Being the Coordinator of the Clinical Trials and Treatment Education Program (CTTEP) is a truly educational, uplifting and challenging opportunity. I work to educate People Living with HIV/AIDS about their treatment options and inform, assess and assist them with getting enrolled in clinical trials. This is not an easy task because people still fear treatment and its side effects and are concerned about being "guinea pigs" when considering enrollment in a clinical trial.

People living with HIV/AIDS choose to either begin treatment and enter into clinical trials or not for various reasons. Everything is tailored for individuals' based on their needs and beliefs, and discussed with a trusted individual or a healthcare provider. One of my roles is educating and informing the community about the importance of having minority participation in clinical trials, particularly African Americans and women. There is evidence that there are gender and ethnic differences in disease progression and treatment of HIV. There is not sufficient data available on the effects of anti-retroviral medications on the African-American community because of the reluctance for this population to get involved in clinical research. If we do not get involved, we will not know the possible side effects of these anti-retroviral medications and treatments on our bodies. When we sit back and wait for others to step forward and find the solution to problems that affect us, the solution that is found may not be our own.

As a person living with HIV, a caregiver to an in-

fectured child, and life partner of someone with HIV/AIDS, I can speak from personal experience. My children currently participate in clinical research, as I had in the past. I first got involved to prevent transmission of this virus to my child and to help others. Today, I am involved to help my community find out more about themselves and each other. Although we are alike, in that we live with this virus, we are different when it comes to the treatment of this virus. As an advocate on many different levels, my vision for not only CTTEP or DCCC, but for my community is for us to get involved and work together to understand, educate, treat, prevent and find a cure for HIV/AIDS. The only true way to accomplish this is to get involved in clinical research. Don't wait for someone else to step forward. Take the first step, get information and education.

One last thing, **You** the consumer, client, advocate, caregiver, Person Living With HIV/AIDS, friend or provider **are important**. I would like to hear from you. Please call, fax, write, email me or just stop by to see me with your comments, questions, concerns or ideas about the Clinical Trials and Treatment Education Program (CTTEP). Let me know what types of information, brochures, trainings, forums, or articles you would like to see this program put together.

DC CARE Consortium, Clinical Trials & Treatment
Education Program Coordinator
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dpleasant@dccare.org email

**Thank you Agouron Pharmaceuticals for
donation of one computer to our Computer Lab
and providing HIV 101 Training to the DCCC Staff**



**Come get written information
about HIV/AIDS and learn how to
research the internet in our
Learning Resource
Center & Computer Lab**

**Thank you GlaxoSmithKline for funding
our Treatment Access Project (TAP)**



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

GATEKEEPER Housing Program

Ruth Hurdle & Bruce Weiss

The D.C. CARE Consortium has been very busy implementing the Gatekeeper Centralized Housing Information, Referral, Intake and Assessment Program over the past few months. This demonstration project has been possibly the greatest change in the provision of HIV/AIDS services in the District.

In 1999, the District HIV/AIDS Administration launched the Model Programs Initiative a research project of DCCC to help HAA begin long-term planning to restructure the housing services system. Over the course of this 18 month initiative a series of focus groups were conducted with PLWH/As to get a consumer perspective on how to improve housing services. The major findings included a consistent concern that there was unequal access to housing, with some groups receiving preferential treatment and a belief that some groups were discriminated against, like transgenders, persons on Methadone Maintenance Therapy, substance abusers and others. Consumers felt it was difficult to apply to multiple providers and be placed on multiple waiting lists. This initiative also identified that there was no way to know how many people were on waiting lists at multiple providers, and that many case managers and clients were not aware of all available housing options. The Gatekeeper program was implemented in response to these concerns. Our program has received the waiting lists from all

HAA funded housing providers, removing duplication, persons who are no longer with us or in the District, and persons who have already found stable housing. We now track what clients are currently living in HAA funded housing at different providers, what housing spaces are available at any one time, which allows us to more quickly place clients in housing. In April we also began to provide centralized intake and assessment of all HIV positive persons seeking housing assistance. Because of the large number of people to be assessed, DCCC first began assessing clients who had already been on waiting lists when our Centralized program began. We then began to assess clients who have walked in or been referred since our program began. While we have not yet begun to assess clients who are already living in housing, this will likely begin by October, 2001.

If you are interested in finding out about housing assistance, call your case manager or call our Gatekeeper staff at (202) 332-9091. But, be aware that there are very few housing spaces available at any one time, and receiving Gatekeeper intake and assessment does not mean you will instantly receiving housing. Different providers have different client populations they serve and different eligibility criteria. For example, if a provider that only serves women has a bed available, obviously the next female on the waiting list who meets that program's eligibility criteria would be placed.

In the near future DCCC will be implementing two new components.

Our buddy system will help to match persons living with HIV with homeowners who are looking for roommates or tenants. Additionally, HAA will be contracting with an entity to provide Housing Quality Standards Inspections of all housing units before clients can move into them. Already housed clients will have their units inspected in the coming months as well. This will ensure that all housing meets legal standards to ensure the safety of residents. DCCC will be working with the entity that will provide these inspections to schedule them.

Finally, if you need short-term rental or utility bill assistance, there is a Short-Term Assistance Program funded by HAA to provide payments for up to six months. You can call the Gatekeeper for information and referral to these programs. While DCCC will not receive your application or make the payments, The two providers that run this program, Building Futures, and La Clinica Del Pueblo will send the application information to us for eligibility approval.

Call our Gatekeeper program staff for any information about any of these programs at (202) 332-9091 or toll free at 1-877-715-4477.

**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.**

The D.C. CARE Consortium's EFA and AETAP (Transportation) programs are almost halfway through the Ryan White Grant year. After five (5) months of service, we are continuing to serve clients as efficiently as possible. We would like to welcome Shawn Spencer who has been promoted from Receptionist to the Social Service Programs Assistant.

The Emergency Financial Assistance Program (EFA) has served over 1000 clients during this current Ryan White Title I fiscal year (March-present). As of July we have processed 182 Rental Assistance requests, 130 Utility Assistance requests, 133 Phone Assistance requests and 778 Food Voucher requests. We have also distributed 27 Water Filters.

The EFA Program has been established to assist persons living with HIV/AIDS who may be facing an emergency situation with their rent, utilities, telephone, or food. The Rental Assistance helps people who are facing eviction to pay their current bill. Utility Assistance is designed to prevent disconnection of services or restoration services already disconnected. Telephone Assistance will help prevent cut off or restoration of phone services or we can set up a Limited Access Phone service for up to 6 months. Emergency Food Vouchers are food certificates redeemable at Giant or Safeway and are distributed once during every 4-month period. The EFA program has guidelines set forth by the government and each service has monetary limits.

Anyone seeking EFA should see a Case Manager, who will in turn make an assessment of the clients' needs. Together they will come up with a financial plan and the case manager will submit an application to D.C. CARE Consortium (DCCC). Clients wishing to receive a Water Filter must have a CD4 count below 250 *at some point during their illness*. If not, then a Medical Doctor must verify that the client needs a water filter. Although the District of Columbia is making efforts to clean their water sup-

ply, persons with compromised immune systems face a greater risk of being affected by contaminants and water-borne illnesses. Persons receiving Medicaid are not eligible for the DCCC Water Filter Program, but may contact the HIV/AIDS Administration for their Water Filter Program for the Medicaid Eligible consumers. They may be reached at 202-727-2500.

The AETAP (Transportation) program continues to operate to take clients to necessary medical, case management, food bank, and other social service appointments. We currently contract with Caring and Carrying Transportation and our newest contract is Christian Enterprises Transportation Services. We are actively seeking a third van company. We also contract with independent taxi drivers, Michael Coghill and George Boze. For more information about accessing this service for yourself or clients please contact Lamont Clark @ 202-332-9091x32

AETAP has distributed over 12,500 Bus tokens, 5,000 round trip Metro Passes, 1,600 Van/Taxi Vouchers, and 7,400 Commuter Tickets to participating providers. Commuter Tickets are worth 50 cents, and can be utilized for a bus ride. Only persons who are registered with the Washington Metropolitan Area Transit Authority's (WMATA) Reduced Fair Program, and have the WMATA issued card, are eligible to use the commuter tickets. Under current Federal Regulations, persons living with HIV/AIDS are eligible for this program. An application must be completed and returned to WMATA. Another advantage of being registered in the WMATA Program is people with the card can get on public transportation (buses) for half price. Ask your case managers to assist in completing this application.

On Monday August 20, D.C. CARE Consortium held a Forum on AETAP and EFA programs to fully explain and answer any questions the community had about the programs. There were 15 participants from provider agencies and the PLWH/A community. We hope to have more forums like this one in the future.



D.C. CARE Consortium provides Metro Bus and Subway passes for Persons living with HIV/AIDS.

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

D.C. CARE Consortium holds Free Grant Writing Workshops
Lournel Apollon

The D.C. CARE Consortium, with a grant from the National Library of Medicine (NLM) held a Free Grant-writing Workshop Series for Community Based Organizations and Faith Based AIDS Ministries. There were five sessions in all, with two hands on grant-writing sessions. Over forty participants either applied to a mock Ryan White Title II grant or applied to the National Library of Medicine for a \$25,000.00. The NLM grant was for the enhancement or creation of an online HIV treatment research program. The workshops were held at Cada Vez, a new conference center with internet accessibility, located next door to our offices at 1432 U St. NW.

This event took place on Friday afternoons from April 20, 2001—May 18, 2001. The contracted consultant company, Branic Enterprises, created an easy to use reference curriculum, outlining the major steps in the creation of a successful grant. The material was invaluable in conveying the points necessary in grant writing. It also provided tips and sample grants that were successfully funded.

The participants came from a variety of agencies that were both HIV/AIDS related and private sec-

tor or community oriented. The commonality amongst all the participants was their desire to be exposed to a professional grant writing process. Many people expressed their need for skills to help obtain funding for their programs.

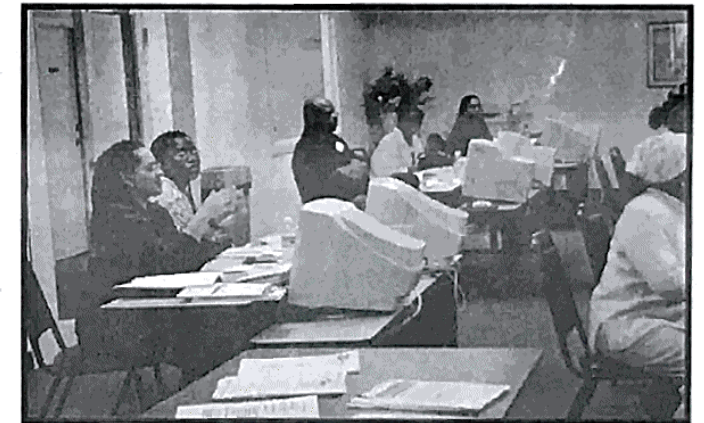
Julian Owens, a representative from NLM, spoke to the participants of availability of funds from NLM to small and minority based organizations. The NLM provides medical research and information including HIV/AIDS treatment and research over the internet. Opportunities exist for organizations to fund programs that are specific to web related research and consumer empowerment through education on accessing health related treatment information.

The common theme in the sessions which Ricardo Branic of Branic Enterprises facilitated, was the need to go out and "get the cheese". The concept behind "the cheese" is the constant need to develop plans and the ability to adapt and change in any given situation to bring in a constant stream of funding. The "cheese" will not come to you, you have to go "get the cheese". Mr. Branic facilitated the workshops with his team of experts, including Cheryl Nesbitt and Denise Rouse.



Ricardo Branic & Cheryl Nesbitt facilitate the workshop as participants attentively listen.

Participants prepare for the hands on grant writing session to formulate a grant for review by Branic Enterprises.



Special Thanks to Julian Owens and the National Library of Medicine for the funding to provide this Free Grant Writing Workshop Series.

CASE MANAGEMENT PROGRESSING TOWARD PERFECTION

Shenique Everett

What is Case Management

Case Management is an important part of the life of many people living with HIV/AIDS. The ultimate goal for case management is to ensure that clients utilize services and resources in order to maintain the ability to function independently in any community. Although the primary function of case managers is to ensure the provision of health-related and social support services. Case managers assume a variety of roles which can be beneficial to the client while accessing health and support services. Most case managers are very dedicated and go beyond the call of duty to assist their clients in every possible way. During the entire case management process, it is imperative that case managers and clients work together to ensure complete and successful outcomes.

Our Role in Case Management

D.C. CARE Consortium (DCCC) has several roles in case management process. We are responsible for organizing case management trainings for all District funded HIV case managers. The Case Management Operating Committee meetings are coordinated by DCCC. This committee is the body responsible for the structure of the case management system and meets monthly to discuss changes to the system. The case management staff at DCCC is responsible for sending out daily notices of CMOC meetings through our group fax; typing the meeting minutes, agendas, and correspondences that come from the committee; and collecting any documents that are requested from the committee. We also, upon Case Managers' request, maintain an updated list of available case management spaces in

most agencies in D.C.

Case Management Training

The success of case management also relies on the case manager's knowledge and skills. It is essential for each case manager to attend case management training sessions to gain the knowledge of resources, and updated information that can be valuable to their clients. DCCC and the Training Sub-committee of the Case Management Operating Committee are developing a training curriculum for a series of case management trainings. This curriculum will include a number of mandatory and optional trainings, and will be separated into beginning, intermediate, and advanced/supervisory difficulty levels. The topics for these trainings were chosen by case managers and professionals in the field of social work. The topics vary from a basic "Services & Entitlements workshop" to a more in-depth "Crisis Intervention session." Other topics deal with case managers' fears, concerns, and taboos; skills building; activities of case management; and survival tools. The trainings will be conducted by professionals and experienced peers. The goal for the training will help the case managers become more successful with their clients' services.

Recent Trainings

DCCC has sponsored several trainings while this curriculum is being developed. The case management training entitled "Cultural Competency" was held on February 21, 2001, at Charles Sumner School. The speaker for the training was Dr. Geraldine Brown, an assistant professor in the Nursing Department at Howard University. She has subspecialty in HIV/AIDS and a PhD in Intercultural Communications. The purpose of this training was to help case managers understand the impact culture has on access, utilization and ef-

fectiveness of available resources related to HIV/AIDS. Dr. Brown explained specific aspects of cultures within the minority communities and the impact of key institutions within community. Dr. Brown expressed that case managers should understand as much about the clients as possible to serve them most effectively as individual clients.

The second case management training of the year was held on June 14, 2001, 12:00 p.m. - 5:00 p.m., at DC General Hospital. The training was conducted jointly with DCCC and the National AIDS Treatment Advocacy Project (NATAP), a New York based expert on treatment issues and treatment advocacy and training. This training focused on HIV/AIDS treatment issues, as well as HIV/Hepatitis C, co-infection. Dr. Rick Elion, a private physician from the District, discussed HIV/AIDS treatment with case managers. Jules Levin and Gloria Searson, of NATAP, discussed Hepatitis C and co-infection with HIV.

They explained that injection drug use has been associated with a 60% - 90% HCV-infection rate. People with HIV/HCV co-infection are more susceptible to hepatotoxicity (liver toxicity), and can possibly experience faster progression of both HIV and HCV unless treated for both. Case managers were urged to encourage their clients to speak to their doctors about testing for hepatitis A, B, and C.

Quality Standards

The Quality Assurance Subcommittee of the Case Management Operating Committee is in the process of revising the D.C. CARE Consortium Quality Assurance Protocols. The Quality Assurance Protocols are step-by-step instructions on how to perform case management duties from the initial intake process to case closure. (continued on next page.....)

The protocols are being revised to be more applicable to all case managers in community based organizations, hospitals, churches, and all other settings where case management is offered.

Case Management Availability

To help address the issue of waiting lists and limited service availability, D.C. CARE Consortium has created a list of available case management spaces in D.C. This list is used by case managers to identify places where they can refer clients to avoid a waiting list. A form is faxed to each agency asking for the name of the case managers, number of spaces available, criteria for clients and other information. This list is updated every other month. To be added to this list, or to update any information on the current list, please contact Shenique Everett at D.C. CARE Consortium.

How to Get Involved

D.C. CARE Consortium is striving to work with the District HIV/AIDS Administration and the Case Management Operating Committee to improve the case management system. Our case management trainings, revised case management protocols, and updated case management availability list are just a few improvements to the system. We also facilitate the Case Management Operating Committee meeting every

3rd Thursday of each month from 9:30 A.M. until 11:30 A.M.. The CMOC is a working committee of case managers, case management supervisors, and other direct service workers who come together to discuss case management issues, solve problems, make decisions, and share information. All case managers are invited to join this committee and have a voice in the decision making. Access advocates and other community members are also welcome to attend.

There will be other projects in the future that D.C. CARE Consortium will implement with the CMOC & HAA to keep the case management system progressing toward perfection.

If you are HIV+ and not receiving case management services, ask someone at your medical care provider's office or social service provider's office to refer you to a case manager.

**Or contact:
Shenique Everett at
(202) 332-9091 ext. 18.**

Thanks to all the case managers who have participated in our trainings and committee meetings!

**Volunteers
needed**

D.C. CARE Consortium is looking for Volunteers. If you are interested in assisting us with our media campaign distribution, office administrative responsibilities and volunteer activities, please sign up with us to make a difference.

For more information, Please call Lourmel Apollon at (202) 332-9091 ext. 23

Women's News Flash

By Anne Monroe

Researchers thought they had HIV transmission figured out. In early studies, they found that only one type, or strain, of HIV was transmitted from one person to another. But these studies examined HIV transmission almost exclusively in men! No one was checking out what happened when women got infected.

New studies from Kenya tell a very different story. The studies show that women are more likely to be infected with multiple strains of HIV. Compared to the 10 men who were all infected with one strain of the virus, 63% of the 32 women in the study were infected with more than one strain of HIV. No one is sure why these differences exist between men and women.

So what does this mean for women? It has been shown that people with a high viral load progress to AIDS faster. But it is still not known if multiple strains of HIV at the time of infection speed up disease progression. It may be that exposure to different strains actually helps the immune system fight HIV better. It also might be harmful, as multiple strains might hide out in the body, and will be harder to treat using anti-HIV drugs. Whatever the case, we do know that almost half of new HIV cases in the world are in women, and so we can all agree that these differences must be studied carefully.

Anne is an HIV clinical trials advocate in New York City.

Reprinted courtesy of www.PositiveWords.com
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Special Thanks to Howard University Hospital and National AIDS Treatment Advocacy Project (NATAP) for their trainings this year.

DC Delegation/Alliance 2001

(reprint from the Washington Blade Newspaper)

Brian Moylan

The DC Delegation/Alliance makes recommendations to the Ryan White Title I Planning Council for the Eligible Metropolitan Area (EMA) including D.C., suburban Maryland, Northern Virginia, and West Virginia.

The major issue at the meeting was to prioritize 40 categories of service for people living with HIV/AIDS (PLWH/A's) that can be funded by the Ryan White CARE Act's Title I provisions. The categories, which include everything from primary medical care, mental health services and emergency financial assistance to water filters and home delivered meals for PLWH/A's were first ranked by ballots distributed by ESI Inc., which does the administrative support for the Planning Council.

The ballots were sent out to members of the Alliance, which is comprised of Planning Council Members and PLWH/As who live in D.C., and the categories were ranked by importance. At the meeting, tallies and results were distributed that showed the average ranking for each category. The voting was broken down further to show the results of all the ballots and the ballots of PLWH/As.

"We need to be prepared if we get more money or less money or just level funding," said Alliance chair Ron

Mealy about the prioritization process. Though Mealy was not at the prioritization meeting, Valerie Papaya Mann, Executive Director of D.C. CARE Consortium ran the meeting in his absence.

For the final prioritization, the Alliance decided to follow the tally of the ballots returned by PLWH/As. Primary medical, case management and emergency drug assistance were ranked as the three most important services to be funded.

It was relatively easy for the Alliance to decide on the rankings, since they followed the ballot results almost exactly, but a heated debate arose over where to rank early intervention services and outreach programs. Some at the table thought it should be prioritized over other services, while others at the table felt they should honor the wishes of D.C.'s PLWH/As and rank those services as they had.

The Alliance met August 1, to compile their suggested amount of appropriations for the 2002 grant year. Members will present their recommendations to the Planning Committee in late August for presentation to the Planning Council.

For more information please call Lourmel Apollon at D.C. CARE Consortium at (202) 332-9091 ext 23.

BECOME A PLANNING COUNCIL MEMBER

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 our office and request an application by mail.

Metropolitan Washington Regional
HIV Health Services Planning Council
1100 15th Street, NW Suite 300
Washington, DC 20005-2710
Telephone: (202) 835-1585; Fax: (202) 835-0118
TTY: (202) 429-8847
Attention : Mr. Felix Oliver or Mr. Gerry Magat

2001-2002 D.C. Jurisdictional Priorities & Congressional Black Caucus Priorities

(as ranked by the D.C. Alliance)

D.C. Priorities

1. Primary Medical Care
2. Case Management
3. Emergency Drug Assistance
4. Emergency Rental Assistance
5. Dental Assistance
6. AIDS Drug Assistance Program
7. Substance Abuse Counseling
8. Emergency Food Vouchers
9. Mental Health Care
10. Emergency Utility Assistance
11. Home Delivered Meals
12. Food Bank
13. Home Delivered Groceries
14. Emergency Telephone Assistance
15. Early Intervention Services
16. Outreach
17. Transportation Assistance
18. Discharge Planning
19. Nutrition Services
20. Crisis Intervention
21. Child Care
22. Counseling Peer/ Paraprofessional
23. Legal Services
24. Housing Residential Counseling
25. Bereavement Counseling
26. Water Filters
27. Home Health Nursing
28. Home Health Aides
29. Complimentary Therapy
30. Treatment Adherence
31. Home Health/Hospice
32. Interpreter Services or Translation Services
33. Permanency Planning
34. Respite Care
35. Day Treatment
36. Capacity Building
37. Volunteer Coordination
38. Buddy Programs
39. Metro Cares

CBC Priorities

1. Primary Medical Care
2. Case Management
3. Substance Abuse
4. Mental Health Care
5. Capacity Building
6. Treatment Adherence

Rap it up at the RFK Stadium sponsored by HIV Community Coalition

Shenique Everett

D.C. CARE Consortium participated in "RAP IT UP", a multi-faceted national awareness and call-to-action campaign addressing HIV/AIDS in the African-American community. This event, co-sponsored by Black Entertainment Television (BET) and HIV Community Coalition (HCC) took place on National HIV/AIDS Testing Day, June 27, 2001.

While BET set the stage for entertainers, performers, celebrities, and speakers, the HIV/AIDS agencies set-up and ran the information tables and testing sites. Many HIV/AIDS organizations came out to the Stadium Armory parking lot to join forces in the effort to spread the word about the problems that HIV/AIDS is causing in our communities and prevention efforts. BET did their part in encouraging the crowd to get tested on site, offering incentives such as T-shirts and radios to those who did.

The crowd was entertained by



Black Entertainment Television manning their booth at the event.

IF YOU HAVE ANY COMMUNITY NEWS THAT YOU WOULD LIKE PRINTED, CALL LOURMEL APOLLON AT (202) 332-9091 ext. 23

D.C. CARE Consortium hosts 18th Annual Candlelight Vigil

On Sunday May 20, 2001, D.C. CARE Consortium, in collaboration with the Global Health Council hosted the 18th annual Candlelight Vigil and Memorial for those who've passed before us in Washington, D.C. The night was filled with a sense of reflection, as over 100 people gathered in the courtyard of St. Thomas Church Park from 7:00 PM—9:00 PM to pay their respects to those in the community who lost the struggle to AIDS.

Valerie Papaya Mann, Mistress of Ceremony reiterated the exhaustion she felt from still seeing increased rates of infection especially in minorities and women in particular. Other speakers over the course of the evening discussed their losses and motivation to continue the fight against HIV/AIDS. Danielle Pleasant, through teary eyes recalled her initial feelings of guilt and struggle around substance abuse, and homelessness. Danielle shared that she has five children, one which is infected with HIV. They all attended the event.

Invited guest speakers, in attendance were Mrs. Williams, Mayor Anthony Williams mother, Dr. Don King from the HIV AIDS Administration, Mr. Brent Minor a community activist, and a host of other community activists, religious leaders, and those affected by this disease.

Special thanks to Jim Wiggins, the staff of Global Health Council and the Candlelight Vigil Steering Committee for making this event possible.

rap stars, gospel singers and BET personalities. We were also encouraged by Mayor Anthony Williams and other constituents to support the efforts of those who are fighting to lower the rate of infection in D.C. Speakers gave testimonies about their lives dealing with HIV infection, while HIV/AIDS organizations spoke about services they provide to the community.

The overall event was an excellent way to get the message out. We have a responsibility to do whatever we can do to help. Get tested to know your status, avoid spreading the disease to others, and get services and treatment if you are infected to improve your valuable life.

Let's just hope that this message was received by all and that we can see some positive results in the near future.

DC CARE Consortium Welcomes

Sundiate Alaye,
new Executive Director of
HIV Community Coalition



If your organization would like to schedule a Clinical Trials and Treatment Education Workshop for clients or employees, please call Danielle Pleasant CTTEP Coordinator at (202) 332-9091 ext. 27

MOVERS AND SHAKERS

Warriors in the Fight against HIV/AIDS

LIFE WITH MY SON DWAYNE

William Beale

I lost my son Dwayne S. Brown December 27, 1994, a Black Gay man, at the age of 31. He was a vocal outspoken AIDS and gay-rights activist and co-founder of the Dwayne S. Brown Foundation, Inc (DSBF). DSBF was established June 26, 1992, as a non-profit 501c3, community based organization, initially founded for the purpose of filling a gap of certain specific service that were noticeably absent to persons living with HIV/AIDS and their families.

I am a father like thousand's of fathers who have or had a son or child living with AIDS. I am not afraid to say my son had AIDS. My personal mind set came full circle. I knew about this illness long before my son became infected but this was casual conversation and leisure reading. I even believed the stereotypes but I never really looked into the possibility that a child of mine could be infected.

When I first found out my son was HIV positive, I was both baffled and confused. In total disbelief I began to read all I could, went from doctor to doctor with Dwayne looking for answers or some cure, as well as calling people asking questions. I'm not sure when I came to realize that this was real. I think it was when he began taking medication, AZT or something like that. We began

a sojourn as a family, talking, reading, and enjoying living life to the fullest. As a point of clarification that must be said, I still learn daily from all I face about the challenges AIDS has presented my son Dwayne, my family, my friends and most of all me. I was pushed by the experience to break the mold of silence in which most African American families of people with AIDS live.

Dwayne inspired me to push outward to do what I can to put a human face; a black loving face, on AIDS. The first time he was hospitalized he was very sick and it was hard not only for him but the whole family. His great healthy complexion changed from a soft tan color and smooth texture to a dark brown scaly leathery tone. There were days that I dreaded the trip to hospital. I felt so helpless, but I never stayed away. Each day brought about a different issue. He began to have seizures. Complicated with the inability to eat, his weight dropped from 163 pounds to 123 pounds in less than a week. Each day I prepared food and tried to feed him. Everyday he would eat as much as he could before feeling too ill to continue. Sometimes I would sit beside him on his bed to comfort him when everything else seemed to have failed.

As a father, I never expected to be the one to nurse my son through such a terrible ordeal. However, as a

father, I feel it is my duty to love my child and protect him as best I can. Realizing this, I gave him love when I couldn't give anything else.

The love that has inspired me to fight is the love shared by my family towards Dwayne. We love Dwayne, not the idea of what we think Dwayne should have been, could have been, or would have been if things were different. This has kept me going, made me so happy to be able to be there for him. There had been instances however, when I had to demand that doctors and agencies reluctant to touch and serve my son treat him with respect and care. I wrote the state medical board to complain. I challenged the system.

HIV/AIDS Disease is a fact of life. As a father, I appeal to all persons of color to forget the media propaganda and hoopla surrounding HIV/AIDS. Understand that the person in your life who is HIV positive is still a person. I am constantly reminded of how dreadful this disease can be. However, there is consolation in knowing that Dwayne was surrounded with all the love and care we as a family could possibly give until he passed. Tragically, I have seen the many faces, read the staggering statistics and felt compassion for far too many familiar and unfamiliar people of color affected with HIV/AIDS.

To reach the Dwayne S. Brown Foundation or William Beale, Please call Phone: 301-445-6149 or Fax: 301-445-6183

The D.C. CARE Consortium was created in 1991 to meet the rising need to collaborate, communicate and cooperate among community based organizations in the District, in a collaborative process with the persons they serve. Upon its inception and in the subsequent years to come, the role of the Consortium changed and evolved.

Before federal funding for HIV/AIDS, the Ryan White CARE Act and the D.C. CARE Consortium, there was a group of service providers that began meeting to discuss their programs and how they could better serve their client population. The Metropolitan AIDS Service Providers Consortium (MASP) united to form committees that looked at the need for appropriated dollars for comprehensive services. Understanding that back in 1989, events were taking place that shifted the continuum of care. People were utilizing provider services at an increasing rate. As the epidemic increased in the District.

Dr. Patricia Hawkins has been working in the HIV/AIDS field for well over 15 years and is a recognized figure in the Provider and People Living With HIV/AIDS (PLWH/As) communities. Currently, her roles as Associate Director of Whitman Walker Clinic, Chair of the Planning Committee of the Ryan White Planning Council and member of numerous boards and associations, including the D.C. CARE Consortium Board of Directors (DCCC), leaves her little time between the hustle of everyday planning and management. I had the distinct pleasure of speaking with Dr. Hawkins and after an hour and a half, I not only learned a great deal about the history of D.C. CARE Consortium, but also sensed in her voice, the great sincerity and commitment of the players involved in its inception.

When the Ryan White Care Act was passed in Congress, providing emergency funds to provide services for PLWH/As, Dr. Hawkins along with her comrades including Alexander Robinson, Hank Carde and Christopher Bates to name a few, formed a concept of planned technical support for Ryan White Title II. As part of an advocacy effort this group of committees and caucuses fed information into the Planning Council for Title I after the birth of the Ryan White CARE Act. Though this idea came the creation of a planning body representative of the providers and PLWH/A's in the District having a voice in the funding and structure of programs. This good idea was intended to help providers to communicate with each other to better serve clients and not duplicate services.

Initially, DCCC convened the previously mentioned committees and collaborated with the District Government AIDS office (called the HIV/AIDS Administration today). This collaboration included development of the city's Comprehensive Three Year HIV/AIDS Plans, HIV/AIDS Housing Plans and Ryan White I and II Needs Assessments. Early in DCCC's history, we were funded to coordinate and monitor the granting of all Title II case management funds (over \$1 million dollars each year) as well as all D.C. HAA funded Housing Opportunities for Persons living with HIV/AIDS funds. DCCC was also funded to implement the first Title I funded Emergency Financial Assistance Program that included Rent and Utility payments to keep people in their

housing during health crises. In 1994 DCCC was funded to develop a pilot project to provide Safeway Food Vouchers to PLHAs. This new service was identified in the Ryan White I Needs Assessment that year and was requested by the D.C. Alliance. In 1996 DCCC was again funded to develop a pilot project to provide telephones and telephone bill payments to keep phones on in case of emergencies for HIV positive persons. Today, this program no longer provides telephones, but provides telephone bill payments, as well as up to six months of basic service. DCCC continues to coordinate and operate all of these programs. Over the past three years the role of granting out housing and case management funds has been transitioned from DCCC to HAA. Instead, DCCC has been given responsibility for coordinating the Case Management Training and Coordination Program under Ryan White Title II. This program is developing a structure to ensure continuing education and certification of all HIV case managers. As well, DCCC now administers the Gatekeeper Centralized Housing Information and Referral, Intake and Assessment Program. So, our role has clearly changed, and our staff much prefers the responsibility of creating social service support programs, rather than monitoring funding to other providers.

In 1995, DCCC received a grant to administer the District AIDS Drug Assistance Program. The current HAA program, which utilizes CARE Pharmacies to dispense HIV medications was developed by DCCC at that time. DCCC has continued to participate in strategic planning with HAA, HIV positive persons and service providers through coordination of the D.C. Alliance, the Case Management Operating Committee and many other roles. The current three tiered approach to Case Management was adopted district-wide through the Consortium's efforts in 1996.

The most challenging period of DCCC's history was five-to-six years ago. After two years of managing the ADAP program, DCCC accumulated a debt that incurred by trying to keep the program operating and providing life-sustaining treatments to PLWH/As. During that period there was significant staff turn-over. The reimbursement to the ADAP program was slow coming, and almost shut the doors of DCCC. Valerie Papaya Mann, joined the staff in 1998 as Executive Director and her primary focus was the resolution of the debt and re-stabilizing the organization. With much dedication, many people were willing to join DCCC's staff during this difficult time and took a chance on our future. Our board of Directors stayed in place and through close collaboration with HAA we were able to resolve the debt. Today we are again strong and growing.

DCCC maintains a mass fax system for the dissemination of information to the HIV/AIDS provider community. We have grown our treatment and clinical trials education components, and continue to be the sole provider of each of the services that we offer. We focus on providing services that are best centralized at one provider, such as our Assisted and Emergency Transportation Assistance Program, Gatekeeper Housing, and Emergency Financial Assistance Program.

The management, staffing, and board composition is representative of the community currently being served. There are also new programs like the Executive Director's and Administrator's Roundtable for Coalition Building, which is a grass roots effort to foster growth and collaboration between agencies.

In ten years there has been many changes, but what has remained constant is the concerted effort the DCCC has shown in bringing the HIV/AIDS community together.

Capacity Building
An overview of the Eligible Metropolitan Area's Capacity Building Model to Support Emerging Minority Community Based Organizations
Mrs. Yvonne Walker, Chair **Lourmel Apollon**

The first meeting of the Capacity Building Subcommittee was held on June 27, 2001 at the Prince George's County Health Department. A total of 13 people attended the meeting, representing community based organizations, providers, volunteers, persons living with HIV/AIDS and each jurisdictional administrative agent.

Capacity Building is a tool to expand resources, provide technical assistance across specific areas and expand infrastructure through service delivery, accountability and fiscal matters. Through capacity

building, collaborations are strengthened as well as staff resources and knowledge base.

The meeting is geared to define what the needs are in each jurisdiction and come up with recommendations to be presented to the planning council.

Sub-divisions of capacity building for the Eligible Metropolitan area include: capacity building to providers, grantees and the enhancement or creation of new strategies for better quality of care.

Please call Boniface Fenalus at ES Inc at 202-835-1585 for more information.

NEWS & REVIEWS **NEWS & REVIEWS** **NEWS & REVIEWS** **NEWS & REVIEWS**

Executive Director's & Administrator's Roundtable For Coalition Building

The HIV/AIDS Executive Director's & Administrator's of Community Based Organizations are responding to a needs assessment survey developed by DCCC. The Survey Committee (Valerie Papaya Mann, Lourmel Apollon, Ron Mealy & Laine Nauman) developed this tool to gage the needs of Executive Directors and Administrators.

Various topics were discussed, including the formulation of a mission statement and scope of work, support for Executives and Administrators in their HIV/AIDS work, new and innovative collaborations, pooling resources for funding opportunities and sharing expertise with newer Executive Directors.

If you have not done so, please return your survey forms to Lourmel Apollon, Coordinator of Strategic Planning at (202) 332-9095 FAX or call (202) 332-9091

2001 HIV/AIDS Workshops to be held at Howard University Hospital in the Fall

The D.C. CARE Consortium will be holding a community forum at Howard University Hospital's Blackburn Center focusing on skills building for People Living with HIV/AIDS and their providers and caregivers.

Though still in the planning phase, we hope to provide the community with educational and insightful workshops that target various approaches to living and working in the HIV/AIDS arena.

We will also give participants the opportunity to dialogue with PLWH/As for discussion on treatment regimens and everyday living and coping skills.

If your agency would like to participate on the Conference Steering Committee, please call Lourmel at ((202) 332-9091.

Spread the Word! Gospel Concert Against HIV/AIDS 2001 is heading our way

This year's Gospel Concert Steering committee is being formed to plan the Gospel Concert against HIV/AIDS and Health Fair 2001. We encourage community based organizations and faith based AIDS ministries to participate in the planning of this free health fair and concert.

The premise behind this free concert/health fair which will take place around World AIDS Day (Dec. 1, 2001) is to raise community awareness about getting tested, promoting safe sex and getting into care if HIV+. The African-American community is testing positive for HIV at alarming rates. D.C. has the highest rate of HIV infection per capita in the U.S.. HIV/AIDS is devastating our communities.

Call (202) 332-9091 for more information and to participate on the Steering Committee.

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

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I wish to remain Anonymous



Anthony A. Williams
Mayor
Government of the District of Columbia

