

# HIV Impact



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A newsletter of the  
Office of Minority Health,  
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Health and Human Services

## Twin Crises *Homelessness and HIV/AIDS*

Aimee Swartz

For more than two decades, HIV and AIDS have had a devastating effect in homeless communities throughout the country. Acting as both a cause and a result of homelessness, the intersection of HIV/AIDS and homelessness remains a primary concern for housing providers and homeless and AIDS advocates across the country.

According to a 25-city study released December 12, 2002, by the U.S. Conference of Mayors, requests for emergency food assistance and emergency shelter assistance grew an average of 19 percent from the past year—the sharpest increase in a decade—due to increased housing costs and a weak national economy.

Across the nation, the lack of housing for people with HIV remains a serious crisis, contributing to this population's lack of access to adequate health care, HIV specialists, and the latest therapies. HIV infection rates in homeless communities run from 3 percent to as high as 19.5 percent in the United States, with the already vulnerable populations of injection drug users, people of color, women and youth experiencing a significantly higher rate of infection, according to the National Alliance to End Homelessness.

Despite homeless people being difficult to track because of their transience, even the lowest estimate is substantially higher when compared to the general population, which remains under 1 percent infected.

“The marginalization of HIV positive homeless people is a serious persistent barrier to prevention, treatment, and care,” said Jennifer Flynn, executive director of NYC AIDS Housing Network—a coalition of non-profit housing providers, AIDS service

organizations, homeless, and formerly homeless people living with HIV/AIDS. “The people with the most needs are often in the grips of substance abuse, or are severely mentally ill. Unfortunately, these same people are the least likely to be served.”

“A shortage of effective prevention programs coupled with high incidence of IV drug use and survival sex, has led to dramatic increases in HIV among people experiencing homelessness,” said Flynn. “It’s hard enough living without shelter,” Flynn added. “It’s much worse when you’re battling several demons at one time.”

“The majority of those infected don’t even know their status and definitely aren’t

aware of new therapies,” Flynn said.

The NYC AIDS Housing Network was originally housed at the Supportive Housing Network of New York. In early 2000, the New York City AIDS Housing Network incorporated as an independent organization.

“To date, our largest accomplishment was the result of our DASIS Human Rights Project,” said Flynn.



DASIS (New York City's Department of AIDS Services and Income Support) is the department that homeless people living with HIV/AIDS must pass through before they can reach supportive organizations. DASIS provides case-management services, referrals to other programs, and temporary shelter in single room occupancy hotels. To be eligible for DASIS, patients must have a T-cell count of 200 or lower or be HIV symptomatic. Like many agencies, DASIS struggles with a tight budget and a limited staff.

The DASIS Human Rights Project was launched to secure emergency housing for New Yorkers living with AIDS through the monitoring of welfare centers. Volunteers spent one year and seven months standing in front of the City's largest welfare center that serves homeless people living with AIDS, urging the city to follow a local law and provide emergency housing.

The effort brought about public education, strategic litigation, and widespread media attention—resulting in more than 200 published stories and articles.

“As a result of the DASIS project, much of the City's homeless population with HIV/AIDS now has emergency shelter,” Flynn said.

“Through the DASIS project, we were also able to achieve smaller, but important accomplishments, such as having water fountains and bathroom doors installed at some of the welfare centers throughout the city,” Flynn added.

In New York City alone there are more than 30,000 people living with HIV and AIDS who currently live in shelters, on the streets, or in severely inadequate housing, according to Housing Works, a minority-run, community-based, not-for-profit that provides housing, health care,

advocacy, job training, and support services to homeless New Yorkers living with HIV and AIDS.

When Housing Works was founded in 1990, there were fewer than 350 units of supportive housing available in the entire city.

Since its inception, Housing Works has housed over 2,500 individuals and has provided one-time or ongoing services for an additional 5,000. Housing Works primarily serves homeless people of color living with HIV or AIDS, who have a history of substance abuse or mental health issues. All Housing Works programs have a bilingual (English/Spanish) staff, and all facilities are available to people with disabilities.

In addition to social services, Housing Works places a strong emphasis on social entrepreneurship and runs multiple thrift stores, and a used book café.

According to the National Alliance to End Homelessness, roughly one-third to one-half of people living with HIV/AIDS are either homeless, or at risk of becoming homeless and 50 percent of people with HIV/AIDS are expected to need housing assistance during the course of their illness.

“Common sense and public health principles dictate that people with AIDS and HIV are entitled to decent, affordable housing, and to the services they need to remain stable, healthy, and independent,” said Armen Merjian, of Housing Works.

“Resources are not coming close to meeting the need,” Merjian added.

Go to <http://www.housingworks.org> for more information on Housing Works.

For more information on the NYC AIDS Housing Network, go to <http://www.nycahn.org/> ♦

## Federal Plan to End Chronic Homelessness

In March 2003, U.S. Department of Health and Human Services (HHS) Secretary Tommy G. Thompson released a comprehensive plan aimed at ensuring the department's resources are focused on reducing and ultimately ending chronic homelessness.

The new initiative, *Ending Chronic Homelessness: Strategies for Action*, was developed specifically to address the growing need for an integrated network of support systems for chronically homeless persons.

The HHS plan seeks to improve access to health and human services, building state and local capacities to respond to homelessness and preventing new homeless episodes. Highlights include:

- ❖ Encouraging applicants to HHS programs to identify how services to homeless people will be addressed and coordinated;
- ❖ Awarding incentives for funding under the President's expansion of health centers that include a focus on serving chronically homeless people;
- ❖ Documenting effective service and use of resources that address homeless services, and increasing training and technical assistance;
- ❖ Evaluating programs to identify practices that will prevent homelessness among people returning to the community; and
- ❖ Establishing an internal homeless workgroup to be led by HHS Deputy Secretary Claude Allen.

For more information, contact the U.S. Interagency Council on Homelessness at <http://www.ich.gov> ♦

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# Results Available in Less Than An Hour

## *New Rapid HIV Test Approved*

Aimee Swartz

The Food and Drug Administration approved on November 7, 2002, OraSure Technologies' OraQuick®, a rapid test that detects HIV-1 antibodies in the blood of an HIV-infected individual with 99.6 percent accuracy. Originally for use in laboratories that perform moderate complexity testing, in January 2003, the test became available nationwide to more than 100,000 sites, including physician offices and HIV counseling centers.

"Each year, 8,000 HIV-infected people, who come to public clinics for HIV testing, do not return...to receive their test results," said U.S. Department of Health and Human Services Secretary Tommy G. Thompson when announcing the approval of the new test. "With this new test, in less than a half an hour, they can learn preliminary information about their HIV status, allowing them to get the care they need to slow the progression of their disease and to take precautionary measures to help prevent the spread of this deadly virus."

"Ensuring the widespread availability of a rapid HIV test to outreach services in communities where people are at high risk of HIV is vital to the public health," Thompson said in a January 31, 2003 press release.

To perform the test, a small droplet of blood is taken by pricking the fingertip. The blood is then collected in a specimen loop and transferred to a vial where it is mixed with a developing solution. A testing device is then inserted in the vial and the result can be read in as little as 20 minutes. As with all screening tests for HIV, a reactive OraQuick® test result must be confirmed by another, more specific test.

OraQuick® does not detect HIV infection in people who

are tested within about 3 months of exposure to the virus, making it essential that all individuals who are tested with this rapid test be appropriately counseled both before being tested and after receiving their test results.

"There are many people who engage in risky behavior who should be getting tested for HIV, but who aren't," said Kathryn Locke, a registered nurse, who has been working with the HIV/AIDS community for nearly two decades. "It's more likely people will get tested with OraQuick® because of the short wait time. It's also more likely that they will stay the 20 minutes to wait for their results."

Standard HIV tests can take up to two weeks to return results to a patient.

"Nurses involved in HIV and AIDS treatment and care have been following the progress of the OraQuick® test because we really see the possible impact it can have, not only in increasing testing because of its speed, but in increasing the number of people who get their results," Locke said. "It's my hope that it becomes widely available because I think it could really do some good."

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services are working with state and other health officials to make OraQuick® widely available and to offer technical assistance and counseling training for its use.

In the meantime, much of HIV/AIDS testing is being administered by another OraSure Technologies product—the OraSure HIV-1 Oral Specimen Collection Device, an FDA-approved noninvasive HIV antibody test.

OraSure HIV-1 uses a specially treated cotton fiber pad that is attached to a nylon stick. Testees then place the stick between the lower cheek and gum and left for 2-5 minutes. The pad draws antibodies out of the mucous membranes of the cheek and gum. If present, antibodies to the HIV-1 virus will be collected in this sample.

"OraSure has been useful in testing those who are adverse to needles," said Locke. "It's easy and just as quick and accurate as blood testing."

The OraSure ELISA test was FDA approved in December of 1994, and the Western blot confirmatory test was approved in June of 1996. Both tests are approved for physician, medical center, or public health use.

The CDC estimates that one-fourth of the approximately 900,000 people in the U.S. who are infected with HIV are not aware that they are infected.

For more information about OraQuick® and OraSure, go to <http://www.orasure.com> ♦

### National HIV Testing Day is June 27

*"Take the Test. Take Control."*

The National Association of People with AIDS (NAPWA) is sponsoring the 8th annual National HIV Testing Day on June 27. Federal and corporate partners join NAPWA in supporting more than 10,000 communities across the country as they organize local activities to encourage people at high risk for HIV to "Take the Test. Take Control."

For more information, go to the official Web site for National HIV Testing Day at <http://www.nhtd.org/> ♦

To find an HIV testing location near you, call 1-800-342-AIDS (English) or 1-800-344-7432 (Spanish), or log on to <http://www.hivtest.org> ♦



## TURNING VISION INTO VACCINES

### HIV Vaccine Awareness Day, May 18<sup>th</sup>

**Sunday, May 18<sup>th</sup> is HIV Vaccine Awareness Day.** Wear your red AIDS ribbon upside down to form a "V" for vaccines, as a sign that you share the vision for a vaccine to prevent HIV infection.

Thousands of researchers and volunteers are working together to make this vision a reality for everyone. Today is the day to thank them — and everyone who shares this vision.

Experts believe that vaccines to prevent HIV infection are the best hope to stop HIV from spreading. While we don't have a vaccine yet, several promising HIV vaccines are in the testing phase — and many more are being researched. Progress is being made everyday.

On Sunday, May 18<sup>th</sup>, wear your red AIDS ribbon upside down, and share the vision for an HIV preventive vaccine.

**To learn more about HIV preventive vaccines, visit [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov) or call 1-800-HIV-0440 for a free brochure.**



# Turn Your Red Ribbon Upside Down!

## *HIV Vaccine Awareness Day May 18, 2003*

Captain Tuei Doong, Deputy Director • Office of Minority Health

What if they developed a vaccine for AIDS and no one knew about it? Although there is currently no effective HIV vaccine available, we are getting closer to finding one—thanks in great part to thousands of volunteers, researchers, and others that support HIV vaccine research. The recent news from VaxGen about the initial results from its three-year Phase III trials of AIDSVAX has generated much discussion. Many other candidate vaccines are in the works. In fact, the National Institutes of Health's National Institute of Allergy and Infectious Diseases (NIAID) is currently sponsoring multiple clinical trials of HIV vaccines with the support of its global HIV Vaccine Trials Network (HVTN). These vaccine trials will one day require tens of thousands of volunteers. However, before we can even begin to think about volunteers, we must make HIV vaccine information available, accessible, and appropriate so that those providing and receiving HIV prevention and care services, understand how HIV prevention vaccine research can affect them. In order for HIV vaccine research to be successful, we need an educated public who understands its value in helping to bring an end to the global AIDS pandemic.

### **May 18<sup>th</sup> is National HIV Vaccine Awareness Day (HVAD).**

In 1998, the Division of AIDS, NIAID, launched its first HIV prevention vaccine research awareness campaign to create a supportive environment for HIV prevention vaccine research. The campaign is reaching out to community-based and national organizations, AIDS service organizations, community leaders, scientists, researchers and others with the goal of: (1) increasing awareness of the urgent need for an HIV vaccine in communities most affected by HIV/AIDS; (2) creating a supportive environment for current and future vaccine trial volunteers; and (3) improving the public's perceptions and attitudes toward vaccine research.

### **An Upside Down AIDS Ribbon?**

Today, many in the general public, including the media, have stopped paying attention to the urgency of AIDS. Many feel that AIDS is no longer an important disease in America; after all, the epidemic is worse in sub-Saharan Africa and growing in Asia. The reality is that AIDS is still a major issue for Americans. HIV/AIDS has impacted all communities—African Americans, Latinos, Asian Americans and Pacific Islanders, American Indians, gay men, men who have sex with men, injection drug users, heterosexuals, seniors, youth, women, and children. This complacency is killing us. The red AIDS ribbon has been a symbol of compassion and caring for nearly 20 years. On May 18, NIAID is urging everyone to wear their red AIDS ribbon

upside down to form a “V” to show others that you believe in the need for a vaccine to prevent HIV infection. An upside-down AIDS ribbon dares us to challenge our thinking about the AIDS epidemic. It allows us to think of AIDS not only in terms of the loved ones we have already lost, but of the hope and promise for the future—a future that includes a vaccine to prevent HIV infection. By turning the AIDS ribbon upside down to form a “V,”—for “Vaccines,”—we can help turn complacency on its head. As we strive to develop a vaccine, we must continue to implement strong, comprehensive HIV prevention and care and treatment programs.

For an HIV vaccine to become a reality, men, women, and youth in America need to get involved. This May 18<sup>th</sup> is an important day for communities across the nation to become more aware about HIV prevention vaccine research. Use this date to launch an event, and/or add information about HIV vaccine research to current prevention and treatment programs. Encourage AIDS service organizations, and community- and faith-based organizations to engage in dialogue and open discussion about the implications of an HIV vaccine in your local community. “Vaccine Awareness Day” activities will be held across the United States, providing an opportunity for the public to learn more about the hope, promise, and progress for HIV vaccine research. Many local and national newspapers and radio programs will be featuring stories and advertisements about HIV prevention vaccine research, and will be encouraging everyone to wear their AIDS ribbon upside down. By wearing the red AIDS ribbon upside down on May 18, you will be showing your support for HIV vaccine research and challenging AIDS complacency.

### **How can you personally get involved?**

Your participation can come in different ways. The first step in getting involved is to make a personal commitment to wearing your AIDS ribbon upside down on May 18, and to be willing to explain to others why you are doing so when they point out your ribbon is upside down. On May 18, talk to friends, colleagues, and family, ask them to learn more about HIV prevention vaccine research, and encourage them to wear their red AIDS ribbons upside down.

*For more information about the HIV Vaccine Awareness Day campaign and to download HVAD materials (brochures, media toolkit, posters, draft press release, flyers, etc.), go to <http://aidsinfo.nih.gov> or call 1-800-448-0440 for further information.* ♦

*For additional information on HIV vaccines, contact the Office of Minority Health Resource Center at <http://www.omhrc.gov> or call 1-800-444-6472.* ♦

## Things to Know

Individuals who have the following conditions, or live with someone who does, should **NOT** get the smallpox vaccine **unless they have been exposed to the smallpox virus**:

- ☑ Eczema or atopic dermatitis, even if the condition is not currently active, or was only experienced as a child;
- ☑ Skin conditions such as burns, chickenpox, shingles, impetigo, herpes, severe acne, or psoriasis, unless they are completely healed;
- ☑ Weakened immune system, resulting from cancer treatment, an organ transplant, or medications to treat autoimmune disorders and other illnesses can weaken the immune system; and
- ☑ Pregnancy or plans to become pregnant within one month of vaccination.

In addition, individuals should not get the smallpox vaccine if they:

- ☑ Are allergic to the vaccine or any of its ingredients;
- ☑ Are younger than 12 months of age;
- ☑ Have a moderate or severe short-term illness; or
- ☑ Have been diagnosed by a doctor as having a heart condition with or without symptoms.

Go to <http://www.bt.cdc.gov/agent/smallpox/vaccination/contraindications-public.asp> for more information and a complete list of things you should know before getting the smallpox vaccine. ♦

## Understanding the Smallpox Vaccine *Implications for Those With HIV/AIDS*

Aimee Swartz

On December 13, 2002, President Bush announced a plan to better protect the American people against the threat of smallpox attack.

Under the plan, the U.S. Department of Health and Human Services will work with state and local governments to form volunteer Smallpox Response Teams. These teams will comprise of approximately 500,000 health care professionals who will provide services to the community for the first 7-10 days of a bioterrorist attack.

“Vaccinating public health response teams and emergency workers now is a prudent first step,” said Georges C. Benjamin, MD, executive director of the American Public Health Association, in a December 13, 2002 press release. “These workers are at highest risk and vaccinating these teams will further improve our public health preparedness efforts. But we must establish criteria based on risk, science and experience before expanding the vaccination program to include others.”

At this time, the Federal government is not recommending vaccination for the general public, but currently has sufficient quantities of the vaccine to vaccinate every single person in the country in an emergency.

However, some people are at greater risk for serious side effects from the smallpox vaccine, including people living with HIV and AIDS (PLWHA). The Centers for Disease Control and Prevention has recommended that these populations should not receive the smallpox vaccine because the vaccine uses a live virus, called vaccinia. Vaccinia can cause a dangerous infection, especially in persons with immune deficiencies.

“The issues surrounding smallpox affect everybody—especially someone with a compromised immune system,” said Daniel Montoya, director of government

affairs, AIDS Project Los Angeles. “When vaccinated for smallpox, the average person poses a threat to PLWHA because of their compromised immune system. Once someone gets the vaccine, PLWHA can’t be around him or her for fear of becoming exposed to the smallpox virus itself and having side effects because of their malfunctioning immune system.”

### What is smallpox?

The name *smallpox* is derived from the Latin word for “spotted” and refers to the raised bumps that appear on the face and body of an infected person.

Smallpox is a serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination.

Smallpox outbreaks have occurred from time to time for thousands of years, but the disease is now eradicated after a successful worldwide vaccination program. The last case of smallpox in the United States was in 1949 and the last naturally occurring case in the world was in Somalia in 1977.

The smallpox vaccine helps the body develop immunity to smallpox. Until 1972, the smallpox vaccine was routinely given in the U.S.

### About the Vaccine

For most people, the smallpox vaccine is safe and effective. Most people experience normal, typically mild reactions to the vaccine, which indicate that it is beginning to work. Some people may experience reactions that may require medical attention.

Care must be taken after receiving the vaccination. A scab will form in the spot where the vaccination was given. This scab should be left alone so that the

vaccinia virus in the vaccine doesn't spread to other parts of the body.

According to a recent report on millions of smallpox vaccinations given in the 1960s, there is a small but significant risk that newly vaccinated people can make others seriously ill by infecting them with live vaccinia, the virus used in the vaccine. The report, "Contact Vaccinia—Transmission of Vaccinia from Smallpox Vaccination," appeared in the October 16, 2002, issue of the *Journal of the American Medical Association*.

This risk is called "progressive vaccinia" and applies to any person with a lowered immune system, including the estimated 900,000 people living with HIV. This is of particular concern to people with lower immunity, including PLWHA. People with immune system disorders are at risk, through being vaccinated or through contact of the potentially fatal condition "progressive vaccinia," in which the sore at the vaccination site keeps growing and spreading and systemic illness develops.

Like other opportunistic infections, the risk of vaccinia is largely dependent on the T-cell count of the patient.

"The CDC recommendation is to avoid vaccination in anyone with HIV infection, due to the limited experience with this population, but the risk is presumably greatest in patients with a CD4 count <50/mm and may be minimal in those with CD4 counts >200 cells/mm, though there is obviously no data to support this supposition," writes John G. Bartlett, MD, professor of medicine at Johns Hopkins University School of Medicine, in the January 2003 issue of *The Hopkins HIV Report*.

If vaccinia infection does occur, vaccinia immune globulin is a recommended treatment. However, there is no cure for progressive vaccinia and it is usually fatal.

"Although physicians may be familiar with risk, the public is not," writes Terry L. Schraeder, MD, editorial fellow, and Edward W. Champion, MD, senior deputy editor for the *New England Journal of Medicine*, in "Smallpox Vaccination—The Call to Arms," an editorial published in the January 30, 2003 edition of the medical journal. "The public needs to understand the risk associated

## New Strategies for a Changing Epidemic *Federal Initiative Targets HIV*

In April 2003, the Centers for Disease Control and Prevention (CDC) announced an initiative aimed at reducing the number of new HIV infections each year in the United States. The new initiative—Advancing HIV Prevention: New Strategies for a Changing Epidemic—expands on current HIV prevention strategies and it models other approaches that have proven effective in preventing infectious diseases.

Experts estimate that 850,000 to 950,000 persons are currently living with HIV in the United States and many of these individuals don't know they are infected. In addition, an estimated 300 infants contract HIV from their mothers each year.

"It's simply unacceptable that 40,000 people in this country become infected with HIV each year, and it's intolerable that about one fourth of those infected with HIV don't know they're infected and therefore are not receiving appropriate medical care," said Julie Gerberding, MD, MPH, director of CDC. "This new initiative will go a long way to help frontline clinicians help people overcome some of the barriers they face getting diagnosed and treated for HIV."

To be implemented by several agencies working together within the U.S. Department of Health and Human Services (HHS), the initiative includes:

- ✳ Making HIV testing a routine part of medical care;
- ✳ Creating new models for diagnosing HIV infections outside medical settings;
- ✳ Preventing new infections by working with people diagnosed with HIV and their partners; and
- ✳ Further decreasing mother-to-child HIV transmission by incorporating HIV testing in the routine battery of prenatal tests.

*For more information on the new CDC initiative, go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm> ♦*

with vaccinia, including possible transmission to others," they said.

Only 27 percent of respondents believed that someone who has physical contact with a recently vaccinated person could contract a serious infection, according to the study "The Public and the Smallpox Threat," by Robert J. Blendon, ScD, et al., published in the same issue of the *New England Journal of Medicine*.

The CDC is not recommending HIV testing as a precursor to smallpox vaccination. Instead, the recommendation is to make all vaccinations voluntary, so that people with HIV or other compromised immune systems can refuse vaccination or accept the acknowledged risk.

However, the CDC estimates that there are 300,000 Americans living with HIV who don't know it.

There is one reported case of progressive vaccinia in an HIV-infected person. A military recruit, who in 1984 received the vaccination without knowing he was HIV-positive, developed progressive vaccinia and AIDS and died. It is also estimated that about 350 other HIV-infected military personnel had received the smallpox vaccination without any complications.

*For more information about smallpox and HIV/AIDS, visit the CDC's website at <http://www.bt.cdc.gov/agent/smallpox/>. ♦*

## “Just A Girl”

# Hydeia Broadbent, on Adolescence, Celebrity, and Preventing HIV

Kauthar Umar, MA

At age eight, she was making her rounds on the television talk show circuit telling the world what it is like to be living with AIDS. By 12, she was addressing the Republican National Convention. Three years later, she was honored with an Essence award for her work as an AIDS activist.

Just months before her 19th birthday, at the book signing of *“You Get Past the Tears,”* during the sixth annual United States Conference on AIDS (USCA), in Anaheim, CA, Hydeia L. Broadbent proved that above all things she continues to defy the odds. Despite, fame, success and a lifetime in the public eye, Hydeia set the record straight. A celebrity, she is not. She is a regular girl, doing what needs to be done.

“I don’t look at my self as being a celebrity at all. I look at a celebrity as being Janet Jackson or Michael Jordan. They’re rich, they’re famous, and we are not,” said Hydeia. “People just recognize me for the things that I do. I look at it like I’m just the neighborhood girl and everybody knows my name.”

Hydeia, meaning ‘again’ in Swahili, is hardly a name you would forget. While she sees herself as the everyday teen, she’s as unique and special as they come. The average 19-year-old does not frequent talk shows, model, represent her own foundation, travel domestically and abroad to speaking engagements, and still worry about choosing a college. Hydeia, clearly is not the average 19-year-old.

Born with HIV in 1984, Hydeia was abandoned by a drug-addicted mother, and adopted as an infant by Patricia and Loren Broadbent. Among the first generation of children born HIV positive, she was diagnosed at age three and has been living with full-blown AIDS since she was five and a half years old.

Before the mid 1990’s, most children born with HIV had a life expectancy of nine years, according to the Centers for Disease Control and Prevention (CDC). Doctors predicted that Hydeia would not live past her fifth birthday. When she was diagnosed there were no HIV treatments available to children. Hydeia was eventually accepted into a pediatric AIDS study at the National Institutes of Health (NIH). In the study, the patients were eligible for zidovudine (also known as AZT or ZDV) and didanosine (also known as ddI). She quickly became the international voice and the face of pediatric AIDS.

At age six, Hydeia joined her mother, speaking out and educating people about HIV/AIDS. They sought research dollars, additional drug trials and compassion. Together they have

helped to shift society’s view of HIV/AIDS from a gay, White male disease to one that discriminates against no one.

“Hydeia, even at five and six years of age, possessed an extraordinary ability to express how it felt to have AIDS, what it meant to have acquired it from a mother who had used drugs, how appreciative she was to have been adopted by Pat Broadbent, and how much she was counting on all of us to do something about the disease that impacted her and her friends. Hydeia won over even the most frightened and made society listen,” wrote Dr. Philip A. Pizzo, dean and professor at Stanford University School of Medicine, in *You Get Past the Tears*, a book co-written with Hydeia and her mother.

Hydeia says that she had a normal upbringing under very abnormal circumstances. At 19, she does not appear to carry the weight of such an important job as educator and activist on her shoulders. Hydeia has AIDS. That is just part of what defines her. She knows all about the fight and has lost plenty of friends during the struggle. She is that voice for those who no longer have one. She is also an aspiring actor and model. She can not wait to get a car. She loves creative writing, and does not want to go far for college. She is not really into hip-hop. She goes to the movies a lot, spends tons of time with her friends and loves to shop, but that is not what first comes to mind when she describes herself.

“Hydeia is,” she hesitated and then giggled. “She’s a daughter, a sister, a friend, a student, a compassionate and caring individual. I guess I am the exception,” she added much later. “There are a lot of us that are exceptions and survivors and there are a lot of us that were lost. Yes, I am an exception because I made it this far, because of my mom and her advocating for me and my doctors and my family,” said Hydeia.

Being raised in the spotlight, Hydeia knows all too well how to balance her public image and the one she sees when she looks at herself. She is a professional, confident and anything but self-indulged. It is no secret that she has AIDS, but rarely does she initiate conversation about it. Despite the life threatening and lengthy hospitalizations during her youth, Hydeia says she really has not had a hard life. In fact, she appears more concerned with others her age, especially African Americans, and other minorities rapidly contracting this highly preventable disease.

According to the CDC, 2001 HIV Surveillance Report, the rates of AIDS cases among minority youth ages, 13-19, rose

“I am the future,  
and I have AIDS...”

Hydeia L. Broadbent

steadily within just a 6-month period. In June 2001, 2,793 AIDS cases were reported among minorities 13-19. By December 2001, that number had increased to 3,217. Of the 424 new cases, African American male and female teens accounted for a disproportionate 126. Approximately 30 percent of all new AIDS cases in that age group were among African Americans. In an attempt to address this epidemic, Patricia Broadbent, philanthropist Claire Milligan, and husband William, founded the international non-profit AIDS awareness and education organization, the Hydeia L. Broadbent Foundation, in 1993.

"The Foundation's target audiences are youth and teenagers because, they are our future," said Hydeia. "There is no cure for AIDS and not everyone can afford the medication that's out there. So, basically we really want the kids to think about what they do before they do it and ask themselves if it's really worth it. I want kids to be compassionate. I want them to be educated. I don't want them to be scared, because, if they are scared, then they will be scared of me and my friends that are infected with AIDS," said Hydeia. "I just want them to be careful."

While messages are predominately geared toward those at risk of contracting HIV, Pat Broadbent worries about youth like Hydeia, who already live with the disease. Today, more than 20 years into the struggle with HIV/AIDS, Mrs. Broadbent does not feel teenagers who are balancing adolescence and AIDS are being properly addressed. She is still waiting for the mainstream magazine advertisements, the commercials, and the brochures depicting people living with, not dying of AIDS. Hydeia is looking for those national campaigns that promote fear of HIV, but not fear of those who are living with it. To educate society about both prevention and compassion is a delicate, but necessary task, according to Mrs. Broadbent.

In 2002, the Millennial Adolescents Survivors of the AIDS Epidemic was founded by Mrs. Broadbent to educate society about accepting HIV positive youth. Self-esteem, friends, and acceptance dominate the lives of teens living

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Photograph © Carol Friedman

with HIV, as they do other teenagers. Dating is as much a part of Hydeia's life as it is for most 19-year-olds. However, Pat Broadbent is not sure if her daughter is prepared for the harsh reality, when she is older and ready for something more serious.

"Can you imagine not having a future, or thinking that you are going to be by yourself your whole life and the only thing you're going to have is a friend?" asked Mrs. Broadbent. "Hydeia dates boys occasionally. Their mothers like her. I try to get her ready for the day when she's getting really serious and older. She might be a threat, not the cute little girl that everybody sees today. When she's 21, no one's going to see her like that. They may see her as someone out to hurt their son," said Mrs. Broadbent. "So she's got to be upfront. Let the guy go talk to the doctor so he understands everything."

Hydeia learned from her mother that life does not stop if you are still living. Mrs. Broadbent told Hydeia to view living with AIDS the same as she would view being an African American. People might not expect much from you, so you have to work harder. She set out to make sure Hydeia knew she was OK and assured her that there were no limits to what she could do. She did not, however, expect her to latch on to the public speaking and educating, like she has, but Mrs. Broadbent is not complaining.

"It's most pleasurable when I can sit in the audience and I see my daughter

actually speak for herself. That's a good feeling," said Mrs. Broadbent. Speaking for herself and speaking her mind, is one thing Hydeia does not have a problem doing. In 1996, at age 12, she addressed the Republican National Convention in San Diego, CA with a profound message.

"I am the future, and I have AIDS. I am Hydeia L. Broadbent. I can do anything I put my mind to. I'm the next doctor. I'm the next lawyer. I'm the next Maya Angelou. I might even be the first woman president. You can't crush my dreams."

*For more information on "You Get Past The Tears" contact your local bookstore.* ♦

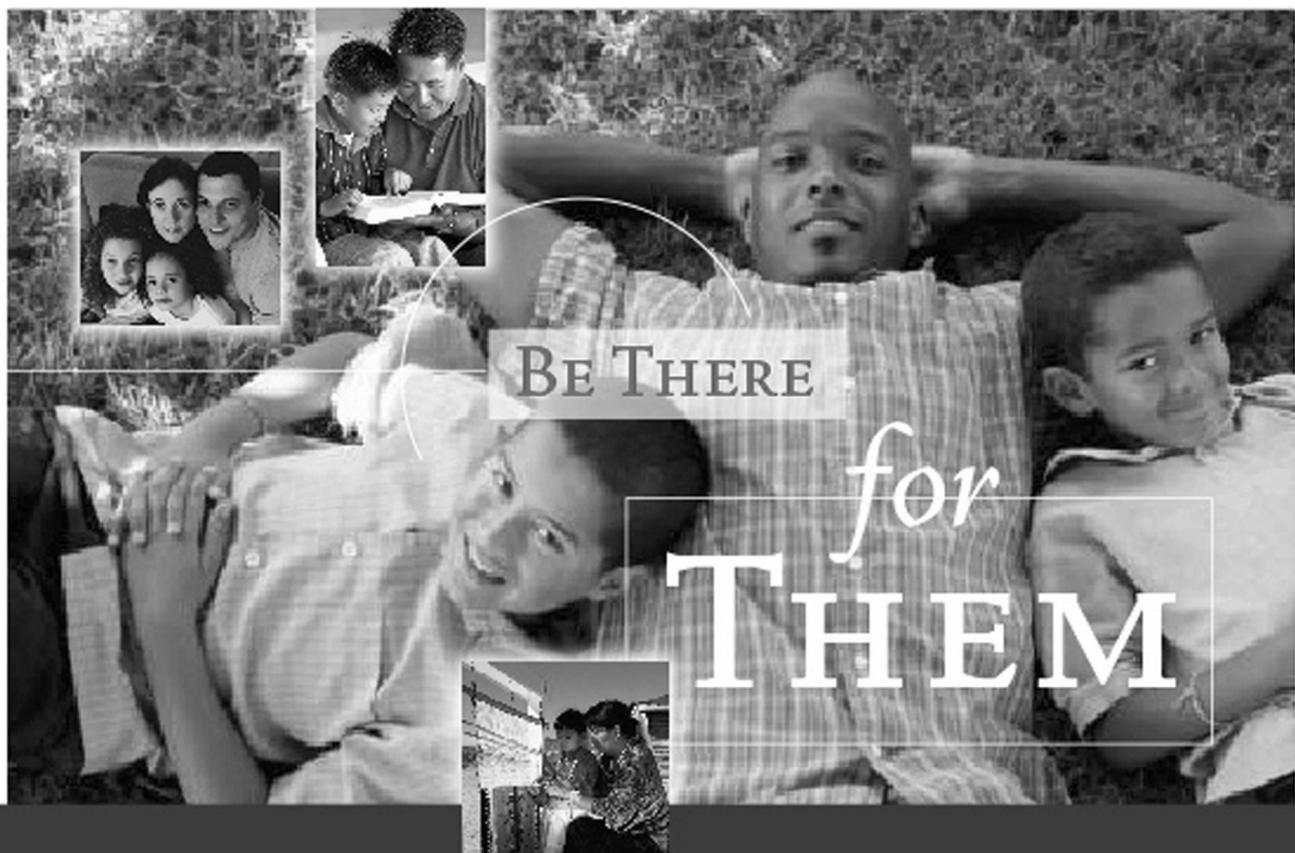
*For more information on the Hydeia L. Broadbent Foundation, call 323-874-0883.* ♦

*For more information on the Millennial Adolescents Survivors of the AIDS Epidemic (M.A.S.A.E.), write to M.A.S.A.E. Inc. 5841 E. Charleston Boulevard, Suite 230, Las Vegas, NV 89142.* ♦

*For more information on the CDC 2001 Statistics on Minorities and HIV go to <http://www.cdc.gov/hiv/stats/hasr1302.htm>* ♦

*For more information on adolescence and HIV/AIDS, contact the Office of Minority Health Resource Center at 800-44-6472 or <http://www.omhrc.gov>* ♦

*For more information on the 2003 United States Conference on AIDS, go to <http://www.nmac.org/conferences/USCA2003/default.htm>* ♦



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# “The Spoken Word on HIV/AIDS”

## *National Black AIDS Awareness Day*

Aimee Swartz & Kauthar B. Umar, MA

**M**ore than 150 community organizations and civic groups in more than 60 cities across the U.S. marked National Black AIDS Awareness Day on February 21, 2003, with educational and outreach programs in their communities. These activities sought to call attention to the disproportionate effect AIDS is having on the African American community and to explore solutions to halt the epidemic.

“Although African Americans make up only about 12 percent of the United States population, they account for more than half of new HIV diagnoses reported in the U.S. each year,” said U.S. Department of Health and Human Services (HHS) Secretary, Tommy Thompson, in a press release urging public support of the event.

According to HHS, AIDS is the leading killer of African American women ages 25-34 and African American men ages 35-44, and since the beginning of the epidemic, more than 168,000 African Americans have died of the disease.

The National Black HIV/AIDS Awareness Day (NBHAAD) was launched three years ago by the Community Capacity Building Coalition (CCBC),—a group of national organizations funded by the Centers for Disease Control and Prevention through the National Minority AIDS Initiative. The Coalition is comprised of Concerned Black Men, Health Watch Information and Promotion Service, Jackson State University - Mississippi Urban Research Center, National Black Alcoholism and Addictions Council and National Black Leadership Commission on AIDS.

The vision of the CCBC is to see that the National Black HIV/AIDS Awareness Day will contribute to an ongoing effort that would continuously utilize, build on, and link HIV/AIDS prevention networks that were initially established when the AIDS crisis emerged.

“Twenty years ago HIV/AIDS was a disease of White, gay men,” said Maceo Thomas, Health Education Director of the National Organization of Concerned Black Men (NOCBM). “Today HIV/AIDS is a devastating disease that’s affecting our community every single day,” Thomas added.

### **Washington, DC, Speaks out Against AIDS**

NOCBM’s Washington, DC-based chapter hosted its own unique event recently to address soaring rates of HIV and AIDS in the district’s community. More than 60 people attended the fete called, “The Spoken Word on HIV/AIDS”.

AIDS is definitely affecting us here in Washington, DC and the focus of this Day is to keep us as Black people mobilized,” Thomas said.

“If you take a look at the percentage of people who actually acquired HIV just within the last year, Washington, DC, ranks above any major city in terms of the increase of people being diagnosed with HIV/AIDS,” echoed Leroy Hughes, director of operations at NOCBM.

“We feel it’s our responsibility to the Black community here in Washington, DC, to address this particular problem since it’s an epidemic within the DC area,” Hughes explained.

The first annual spoken word on HIV/AIDS was hosted by Hughes and his colleagues at the local NOCBM. The event featured more than 20 local poets who performed their creative works that addressed the issues of HIV/AIDS in the community.

“The spoken word really helps to appeal to expression. I think that it appeals to the heart and it appeals to the mind and it inspires people to really think about this as opposed to other types of approaches that have been used,” Hughes explained. “We think it’s going to be a more direct approach to helping people to really appreciate what’s going on in the community with HIV/AIDS.”

“With the ‘spoken word’, it’s always important to have a message that people can feel. That’s the big thing these days, you have to get messages across in a way that people can hear,” said Thomas.

“HIV/AIDS is affecting our youth at an alarming rate, and we must be better parents, examples, and role models in a society where television, radio, and movies glorify sex, violence, and drug-use on a daily basis,” said poet TrueLife, who read a poem challenging the thought process of promiscuous youth by reminding them of the reality of AIDS.

“If done in an informative but entertaining and interesting way, I believe the message [of HIV prevention] will be effectively received,” TrueLife explained.

With this event, which was twice postponed due to inclement weather conditions, NOCBM hopes to continue the tradition of Black AIDS Day throughout the country in years to come.

“We hope to have a larger event to really showcase other organizations that collaborate with us about this particular disease,” said Hughes. “We need to have an appropriate platform for awareness, discussion, and education, and we want to also use the day as a tool to send a message to Congress, and the powers that be, that they need to recognize, not only the impact this is having on the citizens of the U.S., but more specifically African Americans.”

*For more information about National Black HIV/AIDS Awareness Day, go to <http://www.blackaids.org> ♦*

*For information on HIV/AIDS and African Americans, go to <http://www.cdcnpin.org> ♦*

# Growing up Positive

## *Adolescence in The Wake of HIV*

Aimee Swartz

Stacie King is much like any other teenager, but one thing sets her apart from her friends: Stacie, 14, is HIV-positive. “I got HIV from my mom and I’ve been living with it ever since,” Stacie said. “She died when I was ten so my grandma takes care of me now. It’s been hard, but I guess I am getting more used to it.”

Stacie is not alone in her struggle. Before perinatal, or mother-to-child preventive HIV treatments were available, an estimated 1,000-2,000 infants each year were born in the U.S. who were infected with HIV. According to the Centers for Disease Control and Prevention (CDC), offering AZT during the perinatal period to infected women during pregnancy and delivery, and to the infant after birth, resulted in decreases in mother-to-child transmission of HIV from 20-25 percent to 5-10 percent.

According to the CDC, there were 9,074 reported AIDS cases in children through December 2001 in the United States—the majority of cases occurring in African Americans and Hispanics (5,337 and 2,060, respectively).

“Of course, these numbers miss out on the unreported cases. We really don’t know how many people are infected and how many of the children who were infected in the early 90s have lived,” said Dr. Kathy Painter, medical director of the Incarnation Children’s Center, a residential home, in Brooklyn, New York,

“But we do know that thousands upon thousands of children with HIV and AIDS are living well into their teens. Now that they’re in their teenage years, we are in uncharted waters as far as dealing with them as young adults,” Painter said. “We want them to have a normal teenage life, but we’ve not encountered anything like this before.”

“Growing up is hard enough, especially being Black and a girl and in a family where we can’t afford a lot of things,” Stacie’s grandmother said. “Add HIV to the mix and you’ve got some hard times. Thanks to the scientific advances that weren’t available to her mother, Stacie’s virus is under control.”

Stacie takes several antiretroviral medications twice a day, is well aware of her T-cell count and viral load, and schedules and manages her own doctor’s visits. Stacie is fortunate that HIV has caused her no cognitive disabilities.

“Many HIV-positive children and adolescents are somehow cognitively impaired or suffer from learning disability or emotional disturbances, either from the virus doing brain damage or because they were born out of pregnancies that weren’t optimal, such as exposure to drugs” explained Painter.

Stacie has been following a complicated treatment regimen consisting of nearly 20 pills for several years now. Taking her

medicine is just a bump in the road of a normal day for Stacie. The harder part comes with dealing with issues the pills don’t touch.

“Sometimes people still call me names or give me a hard time about it,” said Stacie. “Some people think you can get HIV from a hug or by sharing the same toilet, but that just isn’t true. They just need someone to tell them.”

“For a long time I lived a secret life; no one knew I had it. I told my best friend and when we got into a fight, she told everyone else,” Stacie said. “When she wanted to make up, we had to work twice as hard to explain to people what I was going through. At first, I stopped getting invited to sleepovers and one of my friend’s mom still will not let her hang out with me.”

“I wouldn’t say I’m educating anyone. I’m just being myself and that means talking about my HIV,” said Stacie.

“HIV-positive children and adolescents deal with the same issues as do other kids. They experience the same awkward phases and, unfortunately, the same cruelty from their peers,” Painter said. “There is definitely a need for specialized services for these kids, but we’re really in uncharted territories.”

### Support Groups Lend a Hand

“There tends to be a lot more ‘youth groups’ out there that are geared towards prevention of HIV, rather than living with the disease,” said Adam Tenner, executive director of Metro Teen AIDS in Washington, DC. “We certainly address this population and do link our youth to treatment and care services, but the thrust of our efforts lies in prevention.”

Many hospitals that serve children have specialized support groups for children and youth who are HIV-positive or who have AIDS. Some AIDS organizations also have pediatric or adolescent components, but these services are often overshadowed by the need for more specialized adult services.

“Most families of HIV-positive children are not accessing social services for their kids outside of the hospital due to privacy concerns,” said Penny Trieb, a social worker at the Albany Medical Center, who co-runs a support group for HIV-positive kids. “If they’re accessing social services at all, it’s generalized services, such as an after school group or a mentoring program. Most of the time, HIV would not even be brought up.”

Trieb’s support group, called Kids Club, has been serving HIV-positive children and adolescents in 23 counties surrounding Albany, New York, since 1995. All of the kids in the group, ages 10-15 were perinatally infected. About 60 percent are African American, 20 percent are Hispanic, and 20 percent are White.

*Positive continued on 13*

Like Stacie, many of these children have already lost their mother to AIDS. Many have also lost friends who had AIDS.

“This is an incredibly vulnerable population and a lot of time these kids are dealing with tremendous sadness and uncertainty, wondering if the same thing will happen to them,” Trieb explained.

“It’s a safe environment where they can ask questions or get information about growing up with HIV,” Trieb said. “For that one hour every other week, they get to be in the majority, being around other kids who are HIV-positive or who have AIDS.”

The group covers a range of issues stemming from basic HIV education, and medical compliance, to difficulties they’ve had growing up with the virus.

“These kids have been hearing about HIV their entire lives, so by the time they get to us they’re tired of talking about it,” said Trieb. “They think they know all there is to know, but they don’t know what to do with the new issues they’re facing as youth, such as their first sexual experience, drinking or drugs.”

“When these kids were first born, we had little hope that they would even make it through grade school. Now that there’s all these medications for them, we have to start talking about dating and relationships and the futures we didn’t think they would have,” Trieb said.

No one knows this better than Stacie’s grandmother. “As an adolescent, Stacie’s faced with a host of new challenges. And, as an adolescent, she’s going to have a certain amount of rebelliousness,” Stacie’s grandmother said. “But she’s really just a normal teenager.”

*The Advocates for Youth website lists several resources for young people, including a database of nationwide support groups. For more information, go to <http://www.advocatesforyouth.org/> ♦*

*For information on support groups, go to <http://www.youthhiv.org/> ♦*

*For more information about teens and HIV, go to the HIV/AIDS Surveillance Report on AIDS Cases in Adolescents and Adults, by Age—United States, 1994–2000 at <http://www.cdc.gov/hiv/stats/hasrsupvol9No1.htm> ♦*

## What Now? *AIDS Vaccine Trial Results Disappointing*

Kauthar B. Umar, MA

**T**wenty years of HIV/AIDS research. More than 21.8 million deaths worldwide. More than 36 million currently infected worldwide. Approximately 40,000 new infections in the United States annually.

It is no surprise that VaxGen Inc.’s attempt to create a successful HIV vaccine was met with overwhelming disappointment. Despite AIDSvax’s (the trial vaccine) inability to protect the overall population studied, VaxGen claims that its results showed a statistically significant reduction of HIV infection in certain vaccinated minority groups, causing a whirlwind of controversy.

“Trial data indicate that Black and Asian volunteers appeared to produce higher levels of antibodies against HIV. White and Hispanic volunteers appeared to develop consistently lower levels of protective antibodies following vaccination,” stated VaxGen Inc. in a February 24, 2003 press release. “This is the first time we have specific numbers to suggest that a vaccine has prevented HIV infection in humans,” added Phillip Berman, PhD, VaxGen’s senior vice president of research and development, and inventor of the vaccine. “We’re not sure yet why certain groups have a better immune response, but these preliminary results indicate that a surface-protein vaccine that stimulates neutralizing antibodies correlates with prevention of infection.”

Critics however, do not share VaxGen’s optimism. Of the 5,403 participants, only 349 were Black, 77 Asian, 367 Hispanic and 121 categorized as “Other” or mixed race. Many question whether findings from such a small number of trial participants, in a study not designed to determine efficacy in subgroups, are worth publicizing, better yet considering statistically significant.

“The problem with the trial was that it was based on a mostly ‘white, gay, male’ model and the other participants posed a variance within data,” said George Bellinger, Jr., associate executive director, AIDS Action Council. “I believe if we could account for age, education, resources, support systems, and health status, in addition to the other factors that were considered, the results may have come out differently. Most people have little knowledge of the trial and with the abundant media attention, it gave credence to incomplete data.”

The AIDS Vaccine Advocacy Coalition, in a special update, “*Understanding the Results of the AIDSvax Trial*” quoted Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, as advising the public not to jump to conclusions without further analysis. According to Dr. Fauci, warnings from professional statisticians about doing subset analyses, when the main result of a study indicates no effect, prove that without “careful scrutiny of the data and the statistical analysis of the data,” it cannot be concluded that the vaccine is effective in Blacks or Asians.

Despite criticism, Dr. Berman argued at the March 31, 2003, VaxGen Keystone Symposia Presentation that even though the numbers of minorities tested are small in comparison to the overall population studied, additional data collected since the February 24 announcement support findings suggestive of efficacy in certain racial subgroups.

### Understanding AIDSvax

Since 1998, VaxGen Inc. has recruited volunteers for its three-year study of the world’s first large-scale human trial of a vaccine designed to prevent HIV in-

VaxGen continued on 14

fection. Tested in the first Phase 3 clinical trial, AIDSVAX, made with genetically engineered proteins, was administered in a series of seven injections to recruits from communities at high risk for HIV infection—mainly men who have sex with men.

“I think everybody’s disappointed that it [AIDSVAX] wasn’t a potential vaccine that would have worked,” said Daniel C. Montoya, director of government affairs with AIDS Project Los Angeles. “The community felt like what VaxGen was trying to do was spin bad news, which was that the vaccine wasn’t what they thought it would be. We all have been disappointed about it. We all wanted VaxGen to succeed, but to mislead individuals into thinking that there may be a vaccine to work in one population over another population, we felt was very concerning.”

AIDSVAX was designed to work only against the strain of HIV circulating in the United States and Europe. In order to eliminate further confusion, experts maintain that although VaxGen’s results showed an efficacy of 66.8 percent, in groups labeled “Black, Asian and other,” it will not lead to tackling the current AIDS epidemic in Africa and Asia.

“If the racial subgroup analysis is taken to suggest that the vaccine may be effective in Africa, or in the absence of any supporting data, in Asia, one should keep in mind that the envelope vaccine tested was from the most variable protein of the virus, and represents only two particular strains of HIV subtype B, which is prevalent (in many variations) in the U.S. and Europe. The vaccine does not represent subtypes A or C, which are prevalent in Africa and India, nor the A/E recombinant of Southwest Asia,” wrote Dr. Laurence Peiperl, director of the Center for HIV Information, in a February 24, 2003, issue of *HIV Insight*, a project of the University of California San Francisco, Center for HIV Information.

VaxGen Inc. says it’s nearing completion of its Phase 3 trial in Thailand, testing AIDSVAX against infection acquired by injection drug use, and is currently in the early stages of developing a vaccine against HIV subtype C.

Despite the company’s additional trial attempts towards a vaccine, communities of color remain skeptical, confused and concerned about the AIDSVAX trial results and HIV/AIDS trials in general.

### Fear of History Repeating

The troubled history between minorities, especially African Americans, and the medical community has added to the frustration felt by those trying to decipher the VaxGen results. It isn’t uncommon for medical trials to recruit only a small number of minorities, according to Sheila McGee, communications director at the National Minority AIDS Council.

“There is a historical reference to low minority participation in medical trials,” said McGee. “Traditionally minorities, including women have been disproportionately underrepresented in all areas of medical studies.”

According to Debra Fraser-Howze, president and CEO of the National Black Leadership Commission on AIDS, many people have expressed concern that the VaxGen announcement was a ploy to begin widespread vaccinations on African Americans. “Some people have called us to ask why the vaccine worked differently among ethnic groups, and some were simply confused by the announcement altogether. But, no one has called to sign up for the trials—that’s for sure.”

Despite the very small numbers of minorities in the VaxGen study, trial results seem to suggest that a vaccine for minorities is a possibility in the near future. Critics however warn that these results give a sense of false hope.

While a vaccine might not be just around the corner, experts suggest a continued focus on proven strategies that have successfully tackled the HIV/AIDS epidemic, such as preventative education—advocating abstinence to all unmarried adolescents, being faithful in committed relationships and condom use—as well as successful treatment regimens that have resulted in improved quality of life for those persons living with HIV and AIDS.

“We are taking a wait and see approach,” said McGee. “We can’t speak for all minorities, but NMAC calls for further studies before any definitive conclusions can be drawn about the VaxGen vaccine. We hope for an effective vaccine, but those of us who work in the field of HIV/AIDS must stay vigilant in stopping the spread of the virus through effective prevention programs.”

*For more information on VaxGen Inc., additional trials, and press releases, go to <http://www.vaxgen.com/> ♦*

*For information on organizations mentioned in this article, see box below. ♦*

## ‘What Now?’ Organizations

AIDS Action Council  
<http://www.aidsaction.org.au/>

AIDS Project Los Angeles  
<http://www.apla.org/>

AIDS Vaccine Advocacy Coalition  
<http://www.avac.org>

HIV InSite at the University of California San Francisco (UCSF)  
<http://hivinsite.ucsf.edu/>

National Black Leadership Commission on AIDS  
<http://www.nblca.org/>

National Minority AIDS Council  
<http://www.nmac.org/>

# Organizations

## **Advocates for Youth**

1025 Vermont Avenue, NW  
Suite 200  
Washington, DC 20005  
202-347-5700  
<http://www.advocatesforyouth.org/>

## **Health Care for the Homeless Information Resource Center**

c/o Policy Research Associates, Inc.  
345 Delaware Avenue  
Delmar, NY 12054  
888-439-3300 ext. 247  
<http://www.hchirc.com/>

## **Hydeia L. Broadbent Foundation**

1425 N. Sierra Bonita Avenue  
Suite 411  
Los Angeles, CA 90046-4198  
323-874-0883

## **Kaiser Family Foundation**

2400 Sand Hill Road  
Menlo Park, CA 94025  
650-854-9400  
<http://www.kff.org/>

## **Metro TeenAIDS**

P.O. Box 15577  
Washington, DC 20003-5577  
202-543-9355  
<http://www.metroteenaids.org>

## **National Alliance to End Homelessness**

1518 K Street, NW  
Suite 206  
Washington, DC 20005  
202-638-1526  
[http://www.endhomelessness.org/  
index.htm](http://www.endhomelessness.org/index.htm)

## **National Institute of Allergy and Infectious Diseases**

Building 31, Room 7A-50  
31 Center Drive MSC 2520  
Bethesda, MD 20892-2520  
<http://www.niaid.nih.gov>



**P**resident George W. Bush discusses his Global HIV/AIDS Initiative in the East Room Tuesday, April 29, 2003.

“Today, on the continent of Africa alone nearly 30 million people are living with HIV/AIDS, including 3 million people under the age of 15 years old. In Botswana, nearly 40 percent of the adult population—40 percent—has HIV, and projected life expectancy has fallen more than 30 years due to AIDS,” said the President. White House photo by Paul Morse.

*For more information on the White House’s Global HIV/AIDS Initiative, go to <http://www.whitehouse.gov/infocus/hivaids/>◆*

## **National Black Leadership Commission on AIDS (BLCA)**

105 East 22nd Street  
Suite 711  
New York, NY 10010  
212-614-0023  
<http://www.nblca.org>

## **National Health Care for the Homeless Council, Inc.**

HCH Clinicians’ Network  
P.O. Box 60427  
Nashville, TN 37206-0427  
615-226-2292  
<http://www.nhchc.org/index.html>

## **The National Organization of Concerned Black Men, Inc.**

1816 12th Street, NW  
Suite 204  
Washington, DC 20009  
888-395-7816  
<http://www.cbmnational.org/>

## **New York City AIDS Housing Network**

80-A Fourth Avenue  
Brooklyn, NY 11217  
877-615-2217 toll-free  
718-802-9540  
<http://www.nycahn.org/>

## **U.S. Conference of Mayors**

1620 Eye Street, NW  
Washington, DC 20006  
202-293-7330  
<http://www.usmayors.org/>

## **U.S. Housing and Urban Development**

451 7th Street, SW  
Washington, DC 20410  
202-708-1112  
<http://www.hud.gov/>

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of Public Health and Science  
Office of Minority Health Resource Center  
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Washington DC 20013-7337

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## Conferences

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### May 29-31, 2003

**2003 National Health Care for the Homeless Conference**

Washington, DC  
Sponsored by the Health Care for the Homeless Information Center.  
Call 888-439-3300 ext. 247 for more information.  
Go to [http://www.hchirc.bphc.hrsa.gov/pdfs/Brochure\\_03.pdf](http://www.hchirc.bphc.hrsa.gov/pdfs/Brochure_03.pdf) for a conference brochure.

### June 2-6, 2003

**Knowledge Interaction Connection (KIC) Training**

San Francisco, CA  
Sponsored by the National Minority AIDS Council (NMAC).  
Contact NMAC for registration at [kictraining@nmac.org](mailto:kictraining@nmac.org) or call 202-483-6622.

### July 9-11, 2003

**The National Black Religious Summit VII on Sexuality**

Washington, DC  
Sponsored by the Black Church Initiative Religious Coalition for Reproductive Choice.  
Contact the Coalition at 202-628-7700 for more information.

### July 27-30, 2003

**2003 National HIV Prevention Conference**

Atlanta, GA  
Sponsored by several agencies. For more information and registration, go to <http://www.2003HIVPrevConf.org/> or call the toll-free conference hotline at 866-277-6313.

