

OAA NEWSLETTER



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We Are Dying for Justice

By Kabir Hypolite, OAA Director

Last year George Ayala, Executive Director of the Global MSM Forum shared with me this photo of a Ugandan Pride March participant taken in August 2012. It has haunted me ever since. LGBTQ people struggle here at home and abroad against HIV stigma, homophobia, police oppression, hate crimes and a laundry list of other social determinants of health. It is sobering to pause and take note of the struggles our LGBTQ brothers and sisters confront every day. Last July, the demand for social justice and an AIDS free generation was heard in every corner of the International AIDS Conference in Washington D.C. President Barack Obama echoed that call a few days ago in his eloquent State of the Union address.



In many ways AIDS has propelled the injustices against LGBTQ people toward the forefront of our attention. This photograph of a hand full of brave Ugandan gay activists and the tragic profiles below illustrate the ways in which our courage to be ourselves openly can be met with ignorance, brutality and injustice. Around the world queer folks are harassed, arrested, exiled and even murdered simply for daring to be visible and outspoken. To illustrate our reality that so often go unnoticed, I spent some time researching the fate of LGBTQ activists. Here are just a handful of stories of courageous individuals I read about.



In 2011, David Kato, a Ugandan gay rights campaigner was beaten to death with a hammer in his own home. Prior to Mr. Kato's murder, Uganda's Rolling Stone newspaper published his photograph in an expose of allegedly gay people under a headline "Hang them". He had received death threats following the publication. Subsequent press stories announced that his killer was a male prostitute. The international reaction was intense. President Obama condemned the murder and European Leaders threatened to disrupt financial support because of repressive policies in the country. Uganda government criminalizes gay people who are active with imprisonment for up to 14 years and recently considered increasing penalties to include the death sentence.

Nigerian LGBT activist Spectra was critical of the heightened media coverage following Kato's death. She noted that the Western media failed to highlight and mention organizations such as Nigeria's Women's Health and Equal Rights (WHER), South Africa's queer human rights visual media organization Iranti-Org and the Gay and Lesbian Coalition of Kenya. She advocates for "authentic stories" to reach the public.

Last June according to Jabu Pereira, a spokesperson for a South African gay rights group, Thapelo Makutlea a 23-year-old gay rights activist was decapitated and castrated in his home. Police say they are investigating the crime as a murder, and that a motive is unknown, but Jabu Pereira argues that the killing was a hate crime. Ms. Pereira pointed to the facts Mr. Makutle's body was mutilated and that nothing was stolen from Makutle's home.



In July 2011, Christian Ivan Sanchez Venancio a gay rights activist was stabbed to death at his Mexico City home, a Party of the Democratic Revolution, or PRD,



commission said. He served as the leftist PRD's sexual diversity commissioner in the Federal District. Authorities should investigate Sanchez Venancio's killing "as a hate crime" since he sustained "brutal wounds," the head of the commission, Diana Sanchez Barrios, said. Officials should not make "the mistake of considering this criminal act a 'crime of passion,' the explanation long used to close

investigations of killings of members of sexual minorities," Sanchez Barrios said.

On May 4, 2011, 36-year-old Quetzalcóatl Leija Herrera was found murdered in the central square of Chilpancingo, a half-block from city hall. According to press reports Mr. Herrera had been beaten in the face with a rock. He served as president of the Centre for Study and Projects on Integrated Human Development and was an outspoken LGBT rights activist. As part of his work, he organized six Pride marches, reported homophobic crimes and lobbied for legislative change. According to media reports Herrera's murder was followed shortly thereafter by three more murders of gay men under similar circumstances in the same city.



In April 2011, Noxolo Nogwaza, a 24 year old lesbian activist in South Africa's Ekurhuleni Pride Organizing Committee was killed after what appeared to be a so-called "corrective rape", a common crime in which lesbians are raped to "turn" them straight or "cure" them of their sexual orientation. She had organized pride marches for Kwa-Thema and nearby townships in Gauteng province since 2009. Ekurhuleni members have faced harassment and attacks because of their visibility.



Dipika Nath, a researcher said: "Nogwaza's death is the latest in a long series of sadistic crimes against lesbians, gay men and transgender people in South Africa. The vicious nature of the assault is a potent reminder that these attacks are premeditated, planned and often committed with impunity." Ms. Nogwaza's face and head were reportedly disfigured by stoning and she was stabbed several times with broken glass. More than 2,000 people attended Nogwaza's funeral last weekend. Some carried posters that read: "Love me or hate me I will continue to be a lesbian," and "Raping me won't change me."

Another activist, international footballer Eudy Simelane, also in Kwa-Thema was also murdered three years before. Both were "out" as lesbians in the community, both were apparently tortured and sexually assaulted before being killed, and the bodies of both were dumped in public places. According to media reports 31 lesbians have been murdered because of their sexuality in the past decade and more than 10 lesbians a week are raped or gang raped in Cape Town alone.



Raymond Taavel was a former chairman of Gay Pride week events in Halifax, Canada and an editor of Wayves magazine. He was found lying in the street by a passing motorist and died at the scene. Police ruled his death a homicide. According to police investigation Mr. Taavel attempted to break up a fight between two men outside of the Menz

Bar, a gay nightclub and one of them assaulted him by slamming his head into the street. The attacker used homophobic slurs during the beating.

Sierra Leone's FannyAnn Eddy, was a gay and lesbian rights activist who, in 2004, was repeatedly raped and then brutally murdered in the offices of the Sierra Leone Lesbian and Gay Association, which she had founded. The association continues to operate under new leadership.



Rosanna Flamer-Caldera is an activist in the struggle for queer rights in Sri Lanka and internationally. She founded Women's Support Group, the only organization for lesbians, bi women and trans people in Sri Lanka and Equal Ground a mixed LGBTQ organization in Sri Lanka. According to Flamer-Caldera Sri Lankan lesbians are mostly invisible. They face forced heterosexual marriages, violence from family members, family imprisonment, ostracism, unwarranted sexual

advances by men, harassment, and so on. Suicide is also high amongst lesbians and bisexual women due to families tearing apart couples and forcing the women into heterosexual marriages or preventing them from being together.

Brandi Martell was a transgender outreach worker for Tri-City Health Center in Fremont, California. She was approached by one or two men while sitting behind the wheel of her car in the early morning hours. Though a witness told the news station the 37-year-old Martell's conversation seemed cordial, one of the men eventually became enraged and fired into the car where she was sitting when he realized she was trans. Witnesses reported that the shooting was a hate crime.



Gwen Araujo was an American teenage pre-operative trans woman who was murdered in 2002 in Newark, California by four young men who beat and strangled her after discovering she was transsexual. Two of the defendants were convicted of second-degree murder, but not convicted on requested hate crime enhancements. The other two defendants pleaded guilty or no contest to voluntary manslaughter. In at least one of the trials, a trans panic defense—an extension of the gay panic defense—was employed.



The stories go on and on...

What will change the social environments in which these brutal tragedies occur? Education about LGBTQ individuals lives and contributions to our society in schools and in the media, greater visibility and courageous activism, religious and political leadership, legislative protections in housing and employment, advocacy and inclusion in public health institutions and vigorous prosecution of assaults and hate crimes whenever and wherever they occur.

Reducing Late HIV Diagnoses in Oakland through Social Network Testing

Karen Shiu and Dr. Sandi McCoy

In the United States, 1 in 5 people living with an HIV infection do not know that they are infected. Additionally, an estimated 32% of people diagnosed with HIV in 2009 received an AIDS diagnosis simultaneously or within one year of their first positive test ("late diagnosis"). Undetected HIV infections are an important public health issue as these individuals forgo the benefits of treatment and care and they may unknowingly transmit the virus to their sex and/or needle-sharing partners. Given that HIV testing and counseling is the gateway to both prevention and care services, poor uptake of HIV testing and counseling is an important driver of undetected HIV infections and late HIV diagnoses in the US. This is particularly important among African Americans, who are disproportionately affected by the HIV/AIDS epidemic and who represented 46% of all late diagnoses in Alameda County from 2006-2010.

In an attempt to increase demand for HIV testing and counseling among African American adults in Oakland, our research team at the UC Berkeley School of Public Health piloted Oakland Connect, a community-based HIV testing and counseling study that combined 2 up-and-coming strategies to increase demand for HIV testing: social networks and financial incentives. Our research team partnered with Get Screened Oakland, CAL-PEP, Volunteers of America, HEPPAC/Casa Segura, and the AIDS Healthcare Foundation. In the study, each of the 4 community agencies identified 8-10 individuals (30-60 years-old) to serve as initial recruiters. These individuals were asked to invite up to 3 other people in their social network – sexual partners, friends, family, coworkers – to get tested for HIV and to participate in the study as secondary recruiters. Secondary recruiters were also asked to recruit 3 others in their social network for HIV testing and study participation. These waves of peer recruitment continued from March 2011 until March 2012. In exchange for their participation, participants were

given \$10 for receiving an HIV test and between \$10-\$35 per individual they successfully recruited into the study.

The study began with an initial group of 38 HIV-negative and 10 HIV-positive recruiters. By the end of enrollment, the community agencies had tested and enrolled 243 additional participants. Of these 243, 71% were considered at high risk for HIV infection and 9 (3.7%) received a positive HIV test result. After crosschecking with Alameda County data, we learned that 7 of the 9 people testing HIV-positive had been previously diagnosed, and 4 had no evidence of care for at least 6 months prior to enrolling in Oakland Connect. Compared to current HIV testing and counseling strategies that were ongoing during the same time as Oakland Connect, social network testing identified more people living with HIV infections. For

example, using the Oakland Connect model, 1 HIV infection was detected for every 27 tests performed. Comparatively, with conventional HIV testing during the same period, 154 individuals need to be tested in order to identify 1 HIV infection. We concluded that social network HIV testing strategies combined with financial incentives are a promising and efficient way to increase demand for HIV testing.

Encouraged by the results of Oakland Connect, the Office of AIDS Administration adapted the study's model for a larger scale implementation and launched its own social network HIV testing program - East Bay Connect - in February. This program is currently being carried out at CAL-PEP, HEPPAC, the AIDS Healthcare Foundation, and La Clínica de la Raza until June 30th.

For more information about Oakland Connect, visit <http://www.ncbi.nlm.nih.gov/pubmed/23403860>.



When it comes to HIV stigma, our work is cut out for us

Sheila Hall
East Bay Community Law Center

A few weeks ago, one of my clients called me in tears. When she was out sick from her job as a clerk in an Oakland clothing store, a “friend” of hers called and told her manager that she was HIV-positive. Upon returning to work, my client was called into the manager’s office and told that she may not return to the job until she provided medical proof that she was not HIV-positive. As soon as I heard this, I went into full advocacy mode, telling her this was an illegal violation of her rights and offering to intervene on her behalf. But for her, the whole experience was so painful and traumatic that she just wanted to walk away from the job. She felt overwhelmed and ashamed, and mad at herself for having told her friend she had tested positive. The last time we spoke, she told me she had learned her lesson and would never reveal her HIV status to anyone again.

Living in the Bay Area, it is easy for many of us to think that discrimination against people living with HIV is a thing of the past – that HIV is now no different than any other chronic illness that can be controlled with medication. But a call like this serves as a reminder that we are not there yet – and in fact we have a long way to go. Despite remarkable medical advances that have improved quality of life for most HIV-positive Americans, ignorance and fear about HIV continue to fuel stigma, subjecting positive individuals to discrimination in all walks of life, including employment, housing, and access to medical care and insurance coverage. As noted in the US National HIV/AIDS Strategy issued by the White House in July, 2010, “the stigma associated with HIV remains extremely high, and fear of discrimination causes some Americans to avoid learning their HIV status, disclosing their status, or accessing medical care.”

A 2009 national survey conducted by the Kaiser Family Foundation shows that a surprisingly high percentage of Americans are still very misinformed about how HIV is transmitted. 27% of respondents believed that HIV could be transmitted by sharing a drinking glass; 17% believed that HIV could be transmitted by touching a toilet



seat, and 14% believed one could be infected by swimming in the same pool with someone who is HIV positive. In addition:

- 51% reported that they would be very uncomfortable having their food prepared by someone who is HIV-positive
- 42% would be very uncomfortable having an HIV-positive roommate
- 35% would be very uncomfortable with their child having an HIV-positive teacher
- 23% would be very uncomfortable working with someone who is HIV-positive

Reading these numbers had me double checking that this survey was conducted in 2009, not back in 1989. Yet, surprising as these results may be, they are not out of line with some of the heartbreaking stories I still hear from clients and fellow HIV/AIDS advocates. While many individuals share their HIV status with others and are met with acceptance, a significant number are still fired from jobs, barred from sharing bathrooms or kitchens, denied housing, medical and dental care, and admission to nursing homes.

Further evidence that HIV discrimination is still occurring all too frequently can be found in the summary of recent compliance actions handled by the US Office of Civil Rights. In one case, an HIV-positive patient filed a complaint against a Kaiser doctor in South Sacramento who refused to insert an ear tube to treat an ear infection, out of fear that fluid leaking from the tube could transmit HIV. The hospital apologized to the patient and agreed to increase HIV training for staff. In another case, a veteran recovering from hip surgery was denied admission to a skilled nursing facility in Northern California because of his positive HIV status. After OCR investigated, the facility agreed to make more nursing beds available for people living with HIV.

Given the very real risk of discrimination people living with HIV face, it comes as no surprise that many individuals keep their HIV status a secret, even from close family, relatives and friends, or refuse to get tested in the first place. Because of this, many individuals living with HIV struggle with depression and substance use. It is extremely challenging to live with a chronic, possibly life-threatening illness, especially when telling anyone about it may result in rejection, discrimination and social isolation.

“... a boarding school for disadvantaged youth in Pennsylvania rejected an HIV-positive 13 year-old for admission, calling his HIV status a “direct threat to the health and safety of others.”

Recently, a boarding school for disadvantaged youth in Pennsylvania rejected an HIV-positive 13 year-old for admission, calling his HIV status a “direct threat to the health and safety of others.”

Reading about this, I could not help but think back to Ryan White, the American teenager who was not allowed to return to school after he tested positive for HIV in 1984. Who would have thought that a child in 2012 would face the same discrimination Ryan White fought against more than a quarter century ago?

Fortunately, the response to the school’s discriminatory decision was swift and effective – the AIDS Law Project of Pennsylvania sued in federal court and the school settled quickly, agreeing to pay damages to the boy’s family, change its admissions policies and increase its HIV education and training for staff and students. AIDS Law Project of Pennsylvania executive director Ronda Goldfein stated that the settlement “sends a clear message that we can stop asking the question of whether people with HIV are a risk in these casual settings. That science has been clear and remains clear they present no risk. We don’t need to have this conversation anymore.”

She’s right. We shouldn’t have to have this conversation anymore. But we still are, and it looks like we will continue to do so, over and over, until people are no more concerned about having an HIV-positive roommate, co-worker, or teacher for their children than they would about a person living with diabetes

or any other chronic illness. But this is not going to happen unless we continue to push for increased public education about HIV, and for strict enforcement of anti-discrimination laws that protect the civil rights of people living with the virus.

The need to continue these efforts is as important as it ever was. HIV is still spreading at a steady rate, especially among young people of color. Recent CDC statistics show that people between ages 13 to 24 make up the largest age group of newly diagnosed individuals, comprising 39% of all new infections, with 65% of them being African American. These teens and young adults, like all HIV-positive individuals, are entitled to live their lives free of the stigma and discrimination that so many have faced for the past 30 years.

Maybe someday we will no longer need to have governmental agencies, legal services and advocacy organizations devoted to protecting the rights of people living with HIV. But we are not there yet. For now, we’ve got our work cut out for us.

Sheila Hall is Director of
EBCLC’s Health Law Clinic.

*This article was previously published
on EBCLC’s blog: <http://ebclc.tumblr.com/post/45756551432/a-long-way-come-and-a-longer-way-to-go>*



Crossbay Collaborative

by Adriann McCall

HIV/AIDS Regional Resource Coordinator

U.S. Department of Health and Human Services, Region IX

For the past year, staff from the U.S. Department of Health and Human Services/Regional Resource Network Program (RRNP)-Region IX, Alameda County Office of AIDS Administration and the San Francisco Department of Public Health/HIV Prevention Section have been meeting to discuss ways to better collaborate and provide services to Persons Living With HIV AIDS (PLWHA) that commute for services between jurisdictions.

There are many individuals who live in one area but get services in another, for various reasons. Often times, it is difficult for the jurisdictions to keep hold on the linkage to care for these individuals if they report a certain zip code, but get services in another, specifically in areas like San Francisco or Oakland. This partnership is developing the

means to be able to ensure linkages to care for these individuals in addition to ensuring that service is optimal.

The collaborative is looking at ways to bring more funding into the region that can be shared between jurisdictions. Also, an intern will be hired during the summer months to help staff epidemiologists gather data on crossbay commuting PLWHA to ensure that they are linked into care and are getting the services that they need.

The first collaboration of the collaborative is the Bay Cares Test for a Ticket initiative. (See article on Bay Cares - page 9) Both agencies have committed funding and staffing for the initiative. Look for more updates, events and outcomes of the Crossbay Collaborative in the coming months. It is truly a model for other shadow cities to adopt to obtain more resources, services and collaboration with larger resource-rich jurisdictions.

Renaissance Man, Keith Waltrip, joins Alameda County Office of AIDS

By Erica Pan, MD, MPH, FAAP
and Eva Mourad, MPH

Originally from Chicago, and still has the nasally accent to prove it, Keith graduated from Northern Illinois University in 1992 with a Bachelor of Science degree in Communication and from National-Louis University in 1996 with a Masters of Science degree in Human Services. Keith maintains his license as a Professional Counselor through the State of Illinois. When he was a practicing counselor he worked in the following areas: anxiety disorders, victims of domestic violence, suicide and those newly diagnosed w/ HIV.

Keith began volunteering in the field of HIV/AIDS in 1993, which led to over 20 years of service in the HIV/AIDS community. He worked at some of the larger ASO/CBOs in Chicago (Stop AIDS, Howard Brown Health Center, Test Positive Aware Network and Access Community Health Network) and then at Abbott Laboratories first as an Advocacy Relations Manager in the Virology Division and then as a Regional Manager in the Immunology Division (Dermatology/Psoriasis and Psoriatic Arthritis) before coming to the Office of AIDS Administration.

While in Chicago, he started the first HIV/STD testing in a local bath house (which may have been the first in the US), started a PEP and LGBT domestic violence program and provided on-going HIV/AIDS training for two colleges and Rape Victim Advocates. Keith also served on the Chicago HIV Planning Council and held the positions of Co-Chair of the Priority Setting and later Co-Chair of the Council. When he was still in Chicago he volunteered with the Broadway Youth Center as a mentor to a young gay man w/ HIV and at their Saturday drop-in program; and volunteered with various city, state and national HIV/AIDS advocacy groups.

Keith Waltrip moved to the Bay Area in 2008 with his partner, Orlando. They currently live on Mare Island, in Vallejo, with their two boxers, Pandora and Apollo. Keith loves to swim, snorkel, water ski, and in the warmer months enjoys



reading under the sun. His favorite reads are vampire novels and comics, especially "Storm of the X-men".

He is active in his church, Christ Lutheran and is on the Board of Directors of Shanti in San Francisco. Shanti is a non-profit organization whose mission is to enhance the quality of life, health and well-being of people living with life-threatening illnesses, including Breast Cancer and HIV/AIDS. Once he gets his feet wet in the new job he will be auditioning for either a chorus or a community theatre. In Chicago he sang with the Chicago Gay Men's Chorus and was in several musicals including CATS (he is looking forward to jabs for that one). His favorite vacation spot is Puerto Rico due to the people, weather, beaches, culture, food and the in-laws (who still get upset w/ Keith for not learning Spanish after 12 years of being with Orlando).

Keith extends his commitment to helping those with HIV by serving as Manager to the Contracts and Prevention Programs within the Office of AIDS Administration. He has also previously served on our Alameda County Office of AIDS Administration Planning Council previously as well. Now you know why he is our Renaissance Man.

Off the Plate and In the Bag

By Pam Casey

This is the third of four articles that explains how you can apply the healthy eating guidelines from MY Plate to your bag. So far you know that 3/4th of your plate should be fruits and vegetables, and that protein should make up 1/4th. The last fourth of a healthy, balanced plate should be reserved for grains. Grains, just like the other food groups, can easily go from your plate to your reusable bag, purse or backpack. Here are some suggestions on which foods are the easiest and safest to tote around while you're out and about, and which ones give you the most nutrients for your money.

No matter what you hear about shunning carbohydrates or "carbs", ignore it! The exception may be for those of you who are living with diabetes or who have gluten sensitivity. And even with these conditions, carbohydrates do not have to be totally eliminated from the diet. Carbohydrates, such as foods made from grain, are good sources of energy, B- vitamins, folic acid, and iron. Ideally, you should find grain products that contain at least 3 grams of fiber per serving. Fiber helps with digestion and elimination, and can help control your cholesterol level. Although some grain products are not always low in sodium, they are made from plants, which mean they are usually cholesterol-free.

A peanut butter and jelly sandwich is easy to carry in your



bag. Just make sure it is on whole grain bread. Crackers are easy to carry in your bag, too, and will maintain their freshness for weeks. Look for whole grain crackers that contain at least 3 grams of fiber per serving such as Triscuit™, or the store brand version of it, and Ak-Mak™. Prices range from \$1.50 to \$2.50 a box when on sale. Avoid the Saltine™ type crackers, which do not have fiber.

Dried cereals are easy to carry in your bag. Again, look for those with at least 3 grams of fiber per serving such as Raisin Bran™, Cheerios™ or oatmeal. All of these are sold in little cups for about \$1.00. Since it's not safe to keep milk unrefrigerated, buy some right before you plan to eat your cereal. Use the hot water provided at your favorite convenience store's coffee counter to mix with your oatmeal.

Cereal bars, such as Special K™ or Quaker™ brands are not good sources of fiber. Check out some of the protein bars such as Clif Bars™, PowerBars™, or Balance™ that contain fiber and a lot of other nutrients. CVS, Walgreen's, and even neighborhood convenience stores sell these items for about \$1.00.

Look for salads that contain whole grains. Trader Joe's has a salad that includes greens, chicken and a fiber-rich grain called quinoa, (pronounced keen wah), for around \$3.50.

Look for the article on dairy foods in our next newsletter



OAA NEWS BRIEFS

- Ryan White Part A contract negotiations are in progress.
- Ryan White Part A initial Site Visits will start soon.
- The deadline for State Prevention budget revisions is April 30, 2013.
- Third Quarter Progress Reports for Ryan White Part B are due Monday, April 15th, 2013 to your program manager.
- Don't forget, invoices are due on the 15th of the month following the end of the invoicing period.

PLWHA Spotlight on

Nydia Morales

By Pam Casey

Nydia spent her childhood in Puerto Rico. At 16-years old, she arrived in South San Francisco. She did not know a word of English. At that time there was no such thing as ESL classes, so she learned English by watching TV and listening to the news.

When Nydia was first diagnosed with HIV, she thought her life was over. She felt alone and afraid. There was a lack of support for HIV+, Spanish-speakers, and hardly no Spanish-speaking providers that she could connect with. Instead of getting into care and taking the medications she needed, she stayed in denial while partying and abusing drugs. When she got pneumonia, a friend of hers, who she calls "her angel", encouraged her to seek the care she needed. At first, none of the medications seemed to help. Side effects including seizures, caused her to start and stop HIV medications. Finally, her doctor found a regimen that worked for her.

Nydia has two lovely daughters who cared for her when she was ill. She has three grandchildren 15, 11 and 9 years old. She recently disclosed her HIV status to her 15-year old granddaughter. "It's important



for young women to know how to protect themselves". She says that her granddaughter, just like her children, still loves her despite her condition.

"Without challenges you cannot grow, without challenges you stay stuck", says Nydia. She certainly did not stay stuck in denial, and has met many of her challenges. Since becoming HIV+ 25 years ago, Nydia has taken charge of her health. She stays in care, and boosts her immunity by eating a healthy diet and taking vitamin/mineral supplements. On top of that, Nydia single-handedly kicked her drug habit and has been clean and sober for 15 years.

Nydia is determined to support mono-lingual Latino clients who are going through what she went through 25 years ago. She is determined to help them get the services they need to lead healthy lives. "I believe I had to go through what I did to be the person I am today." Today, Nydia is a certified substance abuse counselor, currently studying for a degree in human behavior. Her ultimate goal is to become a clinical psychologist. She currently serves on our Community Collaborative Planning Council.

Alameda County 2013 AIDS Housing Needs Assessment

By Tom Mosmiller

An AIDS Housing Needs Assessment (HNA) is underway to update our understanding of the housing and service needs of People Living with HIV/AIDS (PLWHA) in Alameda County. Incorporating the varying viewpoints of clients, service providers, program administrators and other key informants, it will assess current circumstances on-the-ground and recommend policies and programs to address present conditions as well as projected future needs

The final report and presentations, in October 2013, will put forward the HNA findings in the context of Alameda County's AIDS housing policy and program history and build on:

- background information on housing and housing services for PLWHA and
- estimates of the number of PLWHA who are homeless or marginally or precariously housed.

KEY HNA TASKS include:

- Establish HNA Work Group
- Review literature
- Summarize HIV/AIDS epidemiology and housing data
- Identify issues for Client Focus Groups and Client Survey
- Identify issues for Service Provider Survey
- Determine Client needs
- Develop program and policy recommendations
- Present results



The HNA will be conducted by Speigman Associates for the Alameda County Housing & Community Development Department. The AIDS Housing Needs Assessment Team is made up of Richard Speigman, Tom Mosmiller, Jesse Brooks and two Spanish-speaking Outreach Workers to be named.

For more information, you can contact them at: Speigman Associates(510) 654-7148 or rspeigman@sbcglobal.net

Bay Cares

by Adriann McCall

HIV/AIDS Regional Resource Coordinator

U.S. Department of Health and

Human Services, Region IX

Bay Cares Cross-Bay HIV Advocacy Collaborative is between Oakland/East Bay and San Francisco Bay Area AIDS Service providers and advocates to engage the entire community to promote HIV/AIDS awareness, education, prevention and intervention efforts. Partners include the Alameda County Public Health Department/Office of AIDS Administration and San Francisco Department of Public Health/HIV Prevention Section, U.S. Department of Health and Human Services-RRNP (Region IX), AIDS Service providers, hospitals, clinics, academic institutions and faith and community-based organizations. Bay Cares strives to ensure that all Oakland-San Francisco Bay Area residents know their status and routinely test.

Bay Cares works to promote, protect and improve the overall health of our entire community by working in partnership to address the AIDS epidemic in the Oakland-San Francisco Bay Area. Through this strategic partnership we aim to ensure comprehensive and well-coordinated service delivery to better and more efficiently serve the needs of our community by promoting routine HIV screening/testing, education, awareness and linking those who are positive to care.

The vision for Bay Cares is:

- To eradicate HIV/AIDS
- To eliminate stigma around HIV and AIDS
- Ensure access to comprehensive services and resources to all residents in Oakland-San Francisco Bay Area.

The first project from Bay Cares was the Test for a Ticket (T4T) Campaign which offered youth ages 14-29 the opportunity to get a free HIV test at various locations

in Oakland and San Francisco starting December 2012 in commemoration of World AIDS Day. The Test for Ticket campaign officially began in January and went through March 10, 2013. Testers who got their results from the HIV test were given a ticket to a Hip Hop concert on March 10, 2013 at the Fox Theater in Oakland. Local AIDS service organizations who provided testing participated in the "Test for a Ticket" campaign. The goal was to test over 2,000 youth and young adults and to increase HIV education and awareness among young people in the Oakland – San Francisco Bay Area. Additionally, each youth that was tested took a short survey on their sexual health. Results will be published in the coming months.



The concert, attended by over 700 youth, offered an opportunity for testers to be entertained by headlining Hip Hop acts including E-40, Los Rakas, the Hieroglyphics, Erk tha Jerk Kev Choice, spoken word artist Roxanne, and Culture

Shock dance group plus other local artists. Radio Personalities Chuy Gomez and DC hosted the event. Sponsorship opportunities are available to support this initiative. Current and potential sponsors include Walgreen's, the Regional Resource Network Program – Region IX, Office on Women's Health, San Francisco Public Health Department, Alameda County Office of AIDS Administration, Clear Channel Radio & Outdoor, Levi Strauss, AIDS Healthcare Foundation, Get Screened Oakland, Biolytical Laboratories and others. Proceeds for this event will support on-going collaborative efforts to increase HIV/AIDS screening, education, awareness, prevention and intervention in Oakland-San Francisco Bay Area.

The Policy Education and Review Committee (PERC) of the Community Collaborative Planning Council Presents:

HEALTH CARE REFORM FOR PLWHA'S

How the Affordable Care Act will affect your HIV Care Services

Thursday

April 25th, 2013

3:30 to 4:30 PM

Alameda County Office of AIDS

1000 Broadway Suite 310 Conference Room

Oakland CA 94607

Presenters include:

Anne Donnelly from Project Inform

Sheila Hall from the East Bay Community Law Center

Join us for a discussion of the impact of the Affordable Care Act on HIV Care Services.



Article or Announcement Submissions

The Office of AIDS Administration encourages community members to submit articles relevant to HIV/AIDS in Alameda County

- Approximately 250 words (one double spaced page)
- Include contact information
- Submit by email only
- Submit as word document or in the body of email
- Due to space constraints, not all submitted articles may be published
- For more specific guidelines, contact Lorenzo Hinojosa at Lorenzo.Hinojosa@acgov.org

For a subscription to the OAA Quarterly Newsletter, please send email to Lorenzo.Hinojosa@acgov.org



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