Recognizing the Needs of HIV-Infected Mothers: Children As Social Support (ABSTRACT)

With the incidence of AIDS rising 37% in women in the U.S. between 1990 and 1991, women are the fastest growing groups of people with AIDS in the United States. Even as the rate of female AIDS cases rises, women's needs do not get the attention they deserve. In order to overcome these limits on women's treatment, it helps to first pinpoint their needs and the major obstacles to such care. A woman's experience with AIDS entails both the stigma of the role as transmitter and the burden of the role as caretaker of the community. The responsibility expected by these positions and the isolation encountered through them combine to create an incredible pressure on these women. Such conditions jeopardize the health of these women and, correspondingly, the well-being of those in their care. "AIDS cannot be conceptualized as an illness that strikes lone individuals, but rather mothers, wives, families, and communities" (Chung & Magraw, 1992). Although society expects the mother to continue to provide support to the rest of the family, without support for herself, an illness with the social implications of AIDS will contribute to her physical and mental destruction, and her eventual death. This role of support in the lives of HIV+ women comprises the focus of this research.

The principal research study examines the social support needs and health services received by HIV infected mothers. This descriptive and analytic study aims to provide a theoretical framework for the development of a nursing and social service intervention which will increase utilization of health services by these women. My paper focuses specifically on the role children play in the social support network of HIV infected mothers. Veering away from studies that concentrate solely on the woman's pregnancy and moment of reproductive decision making, my research explores the entire path of interactions between the woman's experience with the disease and her support network. By studying these women's attitudes and relationships as measures of their social support, the research illuminates where society must situate its response to this epidemic.

The first section of the paper lays out the demographics of the population being studied, reviews the stigma and social support incorporated in these women's experiences, and acknowledges the relevance of this research in the larger social sphere. The literature review has four sections, examining psychological models of social support, the impact of AIDS on women and children, current reproductive counseling methods for HIV infected women, and the role of children as social support to mothers. Next follows the methodology, results, and data analysis of the actual study. The paper concludes by addressing the implications and limitations of the study. In trying to understand the role of social support in the lives of HIV-infected women, this paper aims to reconceptualize the response to women's experience with AIDS. Providing support to these women instead of attacking their decisions can help reduce the stigma and blame felt by HIV infected mothers. Confidence in their decisions and the assurance of support may encourage these women to increase their utilization of health care. In order to curb the immense influence of this disease, redirection of this focus is imperative.
The Mother-Child Relationship in the HIV-1 Positive Family

Susan Andrews, Anne B. Williams, Kristin Neil

Qualitative data (N=80) from a larger study of HIV-1 positive mothers have revealed mother-child relationships, that is, a strong attachment along with a bond of secrecy. The relationship is described as a strong attachment along with a bond of secrecy. Children are perceived by the mothers as sources of support as well as sources of stress in the relationship. We conclude that practice and policy decisions concerning HIV-1 positive mothers should include emphasis on maintaining the health of the mother-child dyad, providing respite to mothers and providing support for future planning.

[Keywords: AIDS; mother-child relationship]

Women compose the fastest growing population of AIDS cases in the United States. In 1991, the number of U.S. AIDS cases among women increased by 37 percent. Current sources estimate the number of American women with AIDS at more than 20,000 (Centers for Disease Control [CDC]), and 105,000 women may be currently infected with HIV-1 (CDC, 1990). Nearly 85 percent of all cases of AIDS in women occur during their childbearing years (ages 15 to 40) (CDC, 1991c). The CDC reports that the majority of women with AIDS have been injection drug users (51 percent) or the heterosexual partners of injection drug users (20 percent), (CDC, 1991a).

These statistics are alarming. The epidemic spread of a fatal disease among the portion of the population responsible for child care in this country provokes a complex set of social problems. The majority of women in the U.S. with HIV/AIDS (72 percent) are of African-American or Hispanic-American descent. Thus, the United States is presently home to more than 75,000 minority, poor and socially disadvantaged women infected with the HIV-1 virus. Most of these women are mothers attempting to raise their children with minimal resources and with the added stress of dealing with a substance abuse problem, their own or that of intimate family members.

The diagnosis of HIV-1 infection is a stunning blow to the individual. Shock and denial are normal reactions to receiving the news. Associated with the diagnosis is the stigma of AIDS, a disease not yet viewed by society as a commonly shared tragedy. Infected individuals may delay seeking care out of denial or out of fear of stigmatization. This is appalling because advances in the use of anti-retroviral medication have appreciably slowed the natural progression of the disease and improved quality of life. If U.S. women and children are to benefit from these advances in the management of HIV-1 disease, women need to receive care.

Women's response to AIDS has received relatively little attention from the medical profession to date. HIV/AIDS services have for the most part addressed the needs of gay men, intensifying HIV-1 positive women's feelings of isolation. Their isolation is increased as a result of the stigma and shame associated with HIV-1 infection. Women experience both implicit and explicit characterization (as mothers and prostitutes) as carriers of the disease (Chung & Magraw, 1992).

Women with AIDS frequently have limited resources and experience abandonment, loss of friends, family, jobs and apartments. "In this context, it is important to remember that poor minority women generally suffer from inadequate quality or inaccessible health care. Poor women with AIDS often experience a profound sense of isolation and are desperate for support from family, friends, and community." (Shayne & Kaplan, 1991).

The objective of our ongoing study of HIV-1 infected mothers is to examine the relationship between the amount of social support reported by the mothers, their use of clinical services and clinical outcomes for themselves and their children. This article will briefly describe the preliminary descriptive findings of the study, and the focus on the unique character of the mother-child relationship in an HIV-1 positive family, and how that relationship affects the mother's reaction to her seropositivity.

Contemporary feminist scholarship suggests that a woman's sense of self is forged through attachments to and dependence upon others (Chodorow, 1985, Gilligan, 1982, Jack, 1992).

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filler, 1986). Jean Baker Miller (1988) explored the impact of
disconnections on a woman's relational experience and suggested
that emotional dysfunction occurs when women are severed
from their primary relationships.

In a report on a study investigating knowledge about perinatal
transmission of HIV and perceptions of childbearing role
among women at risk, children were the most important
connections described by these women. Often children were the
only familial relation, as all other relations had been cut off as
a result of stigma or drug use (Williams, 1990). We began the
current analysis by looking for elements that characterize this
mother-child relationship.

Methods

Target enrollment in the study is 125 HIV-1 seropositive
mothers. To be eligible for the study, the women must be known
HIV-1 positive and have completed at least one pregnancy
while seropositive. Subjects may have discovered their serostatus
after delivery. They need not be living with their children.
Although most of the women enrolled have been English
speaking, a few Spanish speakers have consented to attend the
interviews with a trusted interpreter.

The primary study recruitment site is a pediatric AIDS clinic
at the time of a regular scheduled visit for an identified child.
Eligible women who accompany their children to clinic are not
approached to participate in the study if their child is very ill or
if there are major social issues which clinic staff feel would be
adversely affected by the introduction of a new professional
face. To maintain confidentiality and trust, we elected not to
contact women by phone or mail even with a circumspectly
worded invitation to participate in the study. This means that we
must wait to approach them until they present in pediatric clinic
or another neutral and “safe” location such as the adult AIDS
clinic, the women’s health clinic or the drug treatment program.
Some subjects volunteered to enter the study when they heard
of it from friends and acquaintances already enrolled. In addition,
the project director has made several visits to the state
rectoronal facility for women. Twenty incarcerated women,
or 25 percent of the present sample, have been enrolled so far.

The mothers enrolled in the study take part in two interviews
at four- to six-month intervals. The majority of interviews are
conducted by the project director, a nurse-midwife. The
interviews take place in a private office, enabling the guarantee
of complete confidentiality and anonymity. At the first interview,
three separate instruments are administered. The first is a
general questionnaire, including demographics, information
about when the subject knew of her diagnosis in relation to her
child’s or children’s birth, and indicators of her present health
status, including CD-4 counts if known, hospitalizations and
current treatment. Later medical chart reviews will confirm
clinical services received. CD4+ cell counts and clinical status.

Secondly, the Norbeck Social Support Questionnaire is
administered. The subject is asked to “list all the significant
people in your life. Think about each person who provides
personal support for you or who is important to you.” (Norbeck,
1981) Through a series of questions about amount of support
provided and amount of loss over the past year, subjects can be
rank ordered as to amount of affective, affirmative and aid
support they receive. These three areas of support add up to the
total functional support score.

Lastly, each subject answers the Addiction Severity instrument,
which yields scores not only for relative severity of substance
abuse, but for severity of stress levels in the areas of medical
problems, employment/financial problems, family/social
conflict, and mental health.

While conducting the first interview, the interviewers have
listened for any unique comments made by the mothers, recording
direct quotes as qualitative data. During discussions of the data
from the first interviews, we noted that most of the women were
relatively healthy, and that almost all of them had mentioned
struggling with issues about deciding whether to reveal their
serostatus to others. These observations led us to the design of
the open-ended interview questions for the second interview.

During the second interview, changes in health status or
health care engagement are noted, as well as changes in amounts
of social support (the Norbeck instrument is readministered).
Finally, an open-ended interview schedule, consisting of four
general questions is administered. These questions are: 1) Give
three reasons why you remain as healthy as you are; 2) What are
reasons to tell someone you are HIV positive?; 3) What are
reasons not to tell someone you are HIV positive?; and 4) What
does support mean to you? The open-ended interview allows the
researchers to analyze the content of the mothers’ responses.
Data generated in this manner is used to describe the general
experience of being a seropositive mother. The analysis moves
from individual responses toward a collective description of
experience.

Responses are first assigned a category label. Examples of
categories are: “guilt over neediness,” “faith,” “protecting
others,” “children raising self-esteem,” “feeling lonely.” Next,
these categories are collapsed when possible into broader
thematic descriptors, for example, “children supportive” or
“isolation and secrecy.” Finally, these descriptors guide our
research questions and are used to sort responses into thematic
groups.

Results

As of February 1, 1993, 80 mothers have completed the first
interview, with 20 having completed the second. Seventy-two
of the first interviews have been entered into the data set for
preliminary descriptive analysis. All 20 of the second interviews
have been analyzed for content. Since the target enrollment for
this study is 125 women, recruitment continues. Preliminary
data analysis has revealed the following characteristics of the
study participants.

The mean age of subjects is 30.3 years (R=19-43). Racially,
the sample consists of 18 Whites (25 percent), 40 African-
Americans (56 percent), 13 Latinas (18 percent), and one of
another race (1 percent). Seventeen women (24 percent) are
high school graduates, with 18 women (25 percent) having
training or schooling beyond high school. The majority, however,
have not graduated from high school (37 or 51 percent).
Twenty-five women (37 percent) are currently using drugs and/or alcohol. Seven (10 percent) are on methadone, 26 (38 percent) used drugs only in the past, while 15 (15 percent) have never used drugs or alcohol. Four subjects are missing from the drug use data due to time constraints during their first interview.

Sources of social support and HIV disclosure are shown in Table 1 and Figure 1. Table 1 also shows to what extent the women reveal their serostatus to individuals perceived as supportive. For example, 65 percent of the sample (47) listed their parents as supportive, and 74 percent of these 47 subjects had revealed their serostatus to their parents.

Twenty-nine women (40 percent) live alone with their children, and 27 (38 percent) women list young children (under age 16) as important sources of social support.

**Mother/Child Relationship**

The fact that more than one-third of the current sample of mothers depend on support from children under 16 years of age is striking. We expected to find parents, partners, siblings and friends as sources of support, but were surprised at the degree of reliance on young children. Many mothers list children eight years old or younger as sources of support.

Content analysis reveals a strong attachment between these mothers and their children. This mother-child engagement may form the underlying matrix of life for many of the women we have interviewed. As one mother stated, “My daughter...she’s my heart.”

A typical seropositive mother’s life is described by the 37-year-old mother of four children, ages eight to 19. She suffers from chronic hypertension, heart disease and renal insufficiency. She lives alone with her three youngest children. For the past eight months she has remained abstinent from a six-year cocaine habit. Six months ago, she discovered her seropositivity. When asked to respond to the Norbeck Support Questionnaire, she listed her four children first as sources of support. She proclaims the importance of her children by asserting: “If I didn’t have my kids, I’d be dead by now.”

Even when the child does not live with the mother, the mother may express a feeling of strong attachment, viewing herself as part of the child, or the child as part of her. Incarcerated women are necessarily separated from their children, yet many list children as sources of support. These women seem to deal with the isolation of prison life by maintaining a psychological contact with their children. One woman’s words poignantly describe this strong connection:

“I was back in jail a week after my C-section. My daughter came early and they had her in intensive care. Those nurses said I should come back to see her whenever I could. I got permission to visit her three times a week, but they always had some excuse...no driver to take me, no time. I had to get hysterical, scream, cry, throw my tray across the room before they would take me. I just needed to be with my baby.”

Another mother voiced the intense connection between herself and her son, describing her plans to test his medication on herself.

“They want to put him on DDI. The AZT is making him too anemic. I’m going to try the DDI dose they want him on first, before they give it to him. My thinking is that he and I are almost the same, you know, with the same genes, so I’ll know what side effects he’ll get from the DDI.”

Along with the strong psychological and even perceived physical attachment to their offspring, these mothers are also bound to their children through secrecy. Mothers perceived that secrecy is necessitated by the social stigma surrounding HIV and AIDS. The mothers interviewed universally struggle with whether to disclose their own diagnosis to young children. Most have decided against this disclosure, citing the inability of young children to understand or to deal with the anxieties related to knowing their mother may die within a few years. Although this dilemma is viewed as stressfult, the decision not to disclose to children ensures that the mother will not have to spend time and energy soothing their worries.

One mother of three young children described how she dealt with disclosure to the oldest. She also revealed how her words began a series of lies with which both she and her daughter will have to contend.

“I’m taking AZT every day. My daughter (age 10) sees me taking the pills, and she kept asking me what they’re for, why I’m taking them. So I told her finally that I have cancer. I smoke, so I told her I have lung cancer, and the pills are for that. Now she makes me stop every time I light up! She’s too young to deal with AIDS. I just can’t tell her that now.”

Decisions about disclosure are extremely difficult, since results of such decisions have many ramifications. The young child’s ability to keep a secret may waver, so that disclosure to
the child will probably mean unwanted disclosure to neighbors, friends and acquaintances:

"Soon I tell her (an eight-year-old daughter), I just know everyone will know. I know how she'll talk."

If the child is also seropositive, mothers are concerned about how the child will be treated by other children and adults, especially if the child is school-age:

"I think about Ryan White...what his mother did to get him accepted in school. And still nothing's changed. When my son was going to kindergarten, I told the principle about him. I figured what if he gets hurt and is bleeding? Well, the kindergarten teacher said she wouldn't take my son in her class. People are so ignorant!

For the family where both mother and child or children are seropositive, the burden of secrecy is very heavy. Mothers must reassure their children about their own health as well as their mother's health, in a situation where both are vulnerable to decline.

One mother described the complexity of maintaining this secrecy, and its impact on her relationship with her son.

"I won't tell anyone at school about Louis (seven-year-old son). I don't want him made fun of or anything. When I went to the parent-teacher conference, the teacher wanted to refer Louis to a psychiatrist. She said Louis keeps saying, 'My mom's going die.' Then he misses a lot of school because of his appointments, and I have to write notes about why he missed. I hate lying...it's like I'm back on the street conning again. I tell Louis he has anemia. He even asked me, 'Mommy do I have AIDS?' I said, 'Do you see the word AIDS when you go to the doctor? Why do you think you have AIDS?' Then he won't ask for a while."

Mothers also voice concern over exactly when their own physical condition will make it impossible to avoid disclosure of terminal illness to their children, and whether it might be preferable to discontinue contact with children before the mother's condition becomes difficult for the child to bear:

"I've seen friends dying of this. I don't want my son to remember me sick and wasting away."

All mothers experience both positive and negative feelings toward their children. In addition, HIV-1 positive mothers perceive both supportive and burdensome aspects in their relationship with their children.

Mother/Child Relationship Perceived as Supportive

Mothers in this study revealed several mechanisms by which a child or children can provide support for a seropositive mother. Firstly, the child's presence in the mother's life may decrease the feelings of isolation associated with the diagnosis. It is difficult to feel alone in the presence of young children needing care and affection. Children not only take, but also are often good at offering affection to their caregivers.

"They give me hugs when I'm down."

"If I'm crying, he'll come up to me and ask me 'What's wrong mommy?'"

Although the outside world offers little sense of belonging to these women, their children provide a sense of strong attachment to the world. Mothers who might otherwise detach themselves from support networks due to feelings of social stigmatization are forced by their children to engage with others. Because the have dependent children living with them, these women cannot choose to run away from their lives. They must stay with whatever support network they have in order to ensure the well-being of their children. Offers of unconditional love from the young children buffer the sense of isolation which an unacceptable society can produce.

Secondly, children can force these mothers to approach life positively. Certainly one temptation for the individual facing a life-threatening diagnosis can be to give in to, or become overcome by, despair. Caring for children ensures to some extent that mothers will remain positive about their own lives, at least while they are well enough to provide this care. When asked about what factors they attribute their current health, mothers respond:

"I'll be here as long as they (the children) need me."

"I don't want to leave my kids."

"I have to take care of my kids."

"My son made me promise not to kill myself."

Thirdly, child care activities, along with the mother-child bond, provide a source of self-esteem for the mothers. James (1988) hypothesized that the role of motherhood allows women to meet unfulfilled self-expectations through heightened self-esteem and through the promise of the child's accomplishments. Our society's largely negative view of HIV-1 positive individuals can increase feelings of low self-worth leading to feelings of being undeserving of help or attention. Many of these mothers, however, seem to feel better about themselves for their ability to provide adequately for their children, especially when these children are also seropositive.

"I have to stay alive, because I'm the best person to take care of him the best."

"I can't imagine letting my mother take care of Danny. She'd have him dead in a few months!"

"I know she'll live a long time, because she's so strong, just like me."

The child, through its existence as a vulnerable, needy human being may distract these mothers from focusing on their own vulnerability. Instead of being overcome by the fears, anxieties and negative self-image often brought on by the diagnosis, these mothers are able to use their relationships with their children to alleviate tension and to develop a self-image of strength and value:

"Sometimes when I feel worried, I just think about Jimmy (two-year-old son) and remember why I'm here... to take care of him. Chasing him around all day, I forget about worrying."

A fourth method by which children provide positive support is their ability to prevent mothers from engaging in high risk behaviors. Many substance abusing mothers have reported that only through the birth and raising of their child have they found the strength to stop abusing drugs:

"Without my kids, I'd just get high and figure I was dying anyway."

"They (my children) keep me home, not wild in the street."
Mother/Child Relationship Perceived As Burdensome

Seropositive mothers express increased feelings of anxiety in relation to their children, and also can view the role of motherhood as especially burdensome, whether or not the child is seropositive. Anxieties center upon two related concerns. First are concerns about the eventual placement of surviving children. Although the mothers try heroically to maintain a hopeful attitude, ("Even though I’m tired, I make myself go to work every day. If I just lie on the couch, it won’t be long before I’m part of the couch!") the fact remains painfully clear to them that they are infected with a fatal disease. They face the awful fact that they may die before their children are grown. If the mother is part of a large extended family, her child may already be partially cared for by relatives. This can ease the burden of thoughts about the future, but does not seem to decrease the guilt mothers feel over having to leave their children, thereby withdrawing the special motherly care they feel they are providing. One woman who is a member of a large extended family, and whose child is also HIV-positive, expressed these feelings eloquently:

"I want something from my family, but I can’t say exactly what it is…. When I first told them about me and my son, my sister and brother said, ‘Don’t worry. We’ll take him.’ So I had some serious talks with them. I said, ‘Look, you’ve gotta know what it means to take care of him. His needs have to come first, because he’s sick. He would have to come even before your own kids.’ Ever since I said that, they don’t bring it up anymore. It’s like everything’s normal and we’re not sick.”

The second area of concern is fear for seropositive child’s health and anxiety about long hospitalizations and eventual death.

"She’s (nine-year-old daughter) doing OK now, but I know it’s a matter of time. I don’t know when she’ll get real sick and not make it. I really want to get this insurance thing straightened out. I want there to be enough money for her funeral.”

Mothers of seropositive children spend much time and energy caring for their ill children. This energy, along with the energy needed for worry, is a heavy drain on mothers who are themselves immunocompromised.

"When Sam (two-year-old son) was in intensive care, I stayed with him the whole time. By the time he got out of there I thought I was going to lose it!”

Along with these anxieties, the mothers see their children as burdensome in at least three other ways. First, having a child or children to care for decreases mothers’ available privacy. The availability of privacy may facilitate a mother’s turning inward to reflect on her seropositivity and its meaning in her life, or it may just be a necessary stress reducer. In any event, privacy is not available to single mothers who are the sole care providers for their children. This child may also suffer from too much time spent with the same adult:

"I have to take her (four-year-old daughter) with me wherever I go. I’m not going to NA (Narcotics Anonymous) meetings anymore because I just don’t want her always hearing about people being sick. They say, ‘Just leave her in the back of the room with her toys. She won’t pay any attention.’ But I know she does pay attention. When I’m sick with a fever at home, she has to stay with me. That’s enough for her to deal with. Even if I’m sick, I have to do the laundry and shop for food, and she has to come with me.”

“If I just want to go into the bathroom and cry, to get it out of my system, she’ll open the door and find me!”

Second, obtaining child care when needed, for instance, to go to a medical appointment, is a problem for seropositive mothers, especially when the child is also seropositive:

"I can’t just leave her with anybody. Whoever takes care of her should know she’s positive. You know, for when they change her diapers, or if she gets a cut.”

“She (14 month-old daughter) takes up all my time. I have no one else to help me with her. I’m thinking sending her to Puerto Rico for a while so my mother can have her and I can get some rest.”

Lastly, children are viewed as burdensome when their reactions to their mother’s diagnosis are expressed in anger and hostility. One mother of a teen-aged son describes a painful relationship:

"He knows about my being positive. I haven’t been able to get him to listen to me for awhile and now it’s even harder. He’ll have his friends over and if I tell him something he’ll say, ‘Why should I listen to you? You’re dying of AIDS!’ That really hurts me.”

Discussion

Living with HIV seropositivity requires a constant search for balance between attachment and loss, hope and despair, engagement and withdrawal. For the subjects of this study, children are inevitably partners in the dance between life and death.

Women who are mothers have a built-in source of engagement with the world. A young child’s life is full of energy and enthusiasm. Through acts of caring for children, mothers are unavoidably swept up in living. Keeping up with a young child’s activities leaves little time for pensive deliberations.

On the other hand, children add stress to the already stressful lives of mothers. The mothers sometimes feel overwhelmingly guilty for eventually abandoning their children. They are often overwhelmed by the amount of care required by a young child and by the relentless neediness of an healthy child. Mothers of HIV positive children spend energy fiercely protecting their children from stigmatization and discrimination. Guilt, grief, and exhaustion can engulf the lives of these women, leaving little resources for self-care.

Implications of the Work

As the research continues, we will elaborate further upon data which reveal what life is like for mothers living with HIV. It is also our hope to discover ways by which the health care system can facilitate mothers receiving support from a social network while at the same time ease the burden of care these mothers must shoulder. It seems clear from the data presented here that children are central forces in the lives of many HIV positive women. These women simply cannot be treated in isolation from their children and families.
Seropositive mothers tell us of their desire to maintain relationship with their children, despite the burdensome aspects of that relationship. Data presented here suggests several avenues upon the future may enable them and other family members to make contingency plans with which all can feel comfortable. Family therapists, again housed within primary care centers, can help mothers and other family members with the hard task of deciding when and how to disclose the diagnosis, and the even harder task of planning for the possible placement of dependent children. If help can be available on a routine basis to these families, instead of on a crisis basis, they may be able to achieve healthier, happier family lives during the time they have together.

Maintaining the good health of HIV-1 positive mothers and children requires exquisite coordination between health care services and social services. Appointments with health care providers in a primary care setting must be coordinated so that both mothers and children can receive care expeditiously, without having to spend different days at the clinic. The mothers' concerns voiced in this report reveal child care as a major stumbling block to obtaining self-care. Other needs besides health care can be met in the same setting whenever possible. It is clear from the data presented that many HIV-1 positive mothers desire a strong, enjoyable relationship with their children. Services to facilitate and enrich seropositive mothers' lives, like parenting classes or groups to discuss mothers' hopes and dreams for their children, should be made available within the clinic setting.

In order to provide respite to these mothers, more funding and effort can be put into providing day or evening child care. Primary care clinics may become sites for children's play groups, where mothers may leave their children in the care of knowledgeable adults, thus obtaining much needed time away. On the other hand, since many mothers feel strongly attached to their children, all sites providing care to HIV-1 positive mothers must have close ties with visiting nursing services, so that care can be provided at home whenever possible.

Counseling for mothers struggling with issues which impinge upon the future may enable them and other family members to make contingency plans with which all can feel comfortable. Family therapists, again housed within primary care centers, can help mothers and other family members with the hard task of deciding when and how to disclose the diagnosis, and the even harder task of planning for the possible placement of dependent children. If help can be available on a routine basis to these families, instead of on a crisis basis, they may be able to achieve healthier, happier family lives during the time they have together.

References


The Virginia Henderson International Nursing Library
Providing Information Services

Bringing information to remote areas of the country and the health care professional worldwide is now possible through the technological advances in telecommunications and personal computers. Sharing in the development of a better knowledge and information exchange process in Sigma Theta Tau International.

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It is possible through online searching on the Sigma Theta Tau databases to locate information that has not been published. Information for the databases is collected from a survey that researchers complete and return with an abstract. The databases include the Directory of Nurse Researchers, Research Conference Proceedings, Sigma Theta Tau International Grant Recipients and Projects, Information Resources Database, and IMAGE: Journal of Nursing Scholarship Table of Contents.
PLEASE FOCUS YOUR PRESENTATION ON THE FOLLOWING QUESTIONS.

1. What does your agency do to provide services for women?

2. How is your agency affected by budget cuts?

3. What can activists do to help your agency retain valuable services for women?

Each Panel Member will speak for 7-10 minutes, with the exception of Marj Plumb and Celinda Cantu who, in addition to panel presentations, will talk briefly about the budget process. Marj Plumb will facilitate questions from the audience after the panel presentations.
WOMEN'S AIDS NETWORK  
BOARD OF DIRECTORS  
June 1, 1994

ABSENT:  M.Friedman, E.Hansen  
FACILITATOR:  S.Almond  
MINUTES:  C.Lyons

1. Minutes of 4/27/94 were approved

2. Accounting system: Theresa will put one together. Susyn has a program, Quicken, which could be used.

3. Administrative assistant report:
   -Trip to Israel was very successful, personally and professionally. A grant proposal was submitted to an organization there for $2,000; one thought is to use it to create a resource list.
   -Office sign: We need a logo. Ami and Susyn will work on it and bring samples to the board.
   -Ami has an article which lists the top funding organizations for women.
   -Volunteers: We (Catherine) will write up a job description for a resource center volunteer. We will post it where students will see it.

4. Forum speakers:  
   June - Ruth Greenblatt  
   July - Staff from Baker-New Place  
   August - Health care reform policy with some attention to the current climate and how women with HIV are/will be affected.

5. Policy committee:
   -AIDS lobby day workshop was very successful. 16 women attended. Pat Dunn and Tomiko Connor presented. Packets were distributed. We want to do this every year.
   -Lobby Day: A meeting with the legislative assistant to the woman's caucus was held. The plan is to get a meeting with the full caucus. A follow up letter has been sent.
   -Re: the AIDS Walk grant: A meeting was held with Danny Sauro from the SFAF to understand why the grant was rejected. He went over their review process and shared some evaluations; the grant got high numerical scores but were not recommended to be funded with sketchy comments as to why. A written response critiquing the process will be sent to the SFAF.
   -There is a new statewide women's health advisory council to the secretary of health and welfare; Helen has been appointed to it!

6. Women's fund: A flyer has been created for women who come for the fund. The board approved it.
7. Education committee: The forum on women and pregnancy will be July 13 from 6-9pm in Toland Hall at UCSF. The committee has several possible speakers including a panel of women. Childcare will be provided.
We have a topic for a subsequent forum - issues affecting women with HIV who have children.

8. The BUDGET! A few changes were made: the amount for the women's fund was decreased to 16,000. This figure was reached by taking the first four months of this year, adding July and August of last year (big months) and adding a little. We agreed to eliminate the amount for tokens.
Theresa will look into eliminating the bank charges by linking accounts.
We want to revise our grant to WORLD to make it 15 retreat scholarships to be made directly by WAN (the amount remains unchanged).
THE BUDGET WAS APPROVED!
In order to avoid the process we went through this year, we will convene a budget committee in November.

9. The 3 year strategic plan was approved. This will be for discussion at the next retreat.

10. AIDS Funding: A Guide to Giving by Charitable Foundations will be purchased for $90.
NEXT WAN MEETING
June 7, 1994

LYON MARTIN WOMEN'S HEALTH CENTER
1748 MARKET, SUITE 201

9:00-11:30AM
(9:00-9:30 Social Hour)
(9:30-11:30 Business/Educational Forum)

Guest Speaker: Ruth Greenblatt, MD
"Report on Women & HIV: Research Update"

The Newsletter contains the following:
- Minutes from General Membership Meeting on May 3rd
- Kristin Neil's Report on HIV Infected Mothers
- May & June Events
- Current Job Listings

Reminder: AIDS LOBBY DAY on May 16, 1994

Facilitator: Marta Friedman, Social Services Coordinator-Homeless Advocacy Project.

Guest Speaker: Kristin Neil, Iris Center "Recognizing the Needs of HIV Infected Mothers: Children as Social Support"


* Introductions & Announcements
* Policy Committee Update- AIDS Lobby Day update
* Executive Committee Board Reports
* Specials Women's Fund update
* Fundraising Committee update
* Educational Forum about AZT, Pregnancy, Treatment
* WAN Volunteer Recruitment & Sign-up
* Guest Speaker: Kristin Neil on "Mother & Child Relationships"

General Announcements:

- The General Membership Meeting Time is changed to 9:00am.
  - 9:00-9:30: Socializing & Networking
  - 9:30-11:30: 1 Hour of Business & Reports from Board
    - 1 Hour of Educational Forum (Guest Speaker)
- Suggestions for Guest Speakers are Welcome!!!
- Ami Ann Becker, Administrative Assistant, will be out of the office from May 16-25. Susan Almond, President of WAN will be doing follow-up calls.
- AIDS Lobby Day Workshop for Women was held on May 3rd. The topics addressed included de-mystifying lobbying, particular Bills, Budget cuts, "caution", organizing women into teams in order to become more comfortable with lobbying. The workshop was an overall success and empowering to those women who attended.

- Board Recruitment is in full swing. Our goal is to increase the potential pool of candidates to be nominated for the new Board positions. The election will be held on July 5th!!! A Board evaluation was developed in order to assess who is currently on the Board and who the Board needs. Present skills include organization, trainings, knowledge of HIV/AIDS, administration, compassion about Women & HIV/AIDS, development, fundraising skills. The skills needed
include HIV+ women, diversity in service providers, racial and ethnic contribution, sexual diversity (Bi-sexual & heterosexual), access to potential donors and especially fundraising skills. The priorities include ethnic diversity, HIV+ women, fundraisers and access to resources. Board commitments include:

* 2 Year Term
* Monthly Board Meeting: 1 1/2 hours
* Active participation on a committee.

(Special Women's Fund, Policy, Education & Fundraising)

**Board Nomination Process:** During our next General Membership Meeting on June 7th please bring a paragraph describing yourself, your organization, and what contributions you are currently making. If you are unable to attend, please send your information to 584 Castro, Suite 321 SF, CA 94114. The June mailing will announce the candidates & include Ballots.

- The Educational Forum on "HIV+ Women- Discussion of pregnancy, testing and treatment" is being planned for mid-July. The Forum will serve as a springboard for community discussion. The forum's strength will come from the participation and discussion, as well as the guest speakers & Honorariums. The following are co-sponsors: WORLD, ALRP, Coalition + Families, Lyon Martin, BAPAC. If you would like further information or would like to be involved please contact:
  * Marta Friedman (415) 974-6541
  * Karen Topakian (415) 648-3159
  * Catherine Lyons (415) 476-0828
  * Ami Ann Becker (415) 621-4160

- **Correction:** Last month's minutes incorrectly stated "Rebecca Dennison, WORLD, strongly feels that we need an alternative to the National Women & HIV Organization."

  The corrected statement reads: "There is a new organization called the National Women & HIV/AIDS Project (NWAP) based in Washington D.C. The Founder & Director Toni Young, wants to organize a women & AIDS conference in the Fall. I had concerns that the organization had been formed without any input from many of the already existing women's AIDS organizations around the country. At the same time I was pleased that Toni along with other women and Broadway cares had initiated a series of calls to talk about the process of developing NWAP and ensuring a voice for more women with HIV (and organizations that have been doing this work. We still have not really answered the question of whether or not there needs to be a separate formal network of women's AIDS organizations (informally this is already happening), or whether NWAP could fill that role. We are also talking about how to involve women with HIV and organizations already working in this field in the Fall conference. If
anyone is interested in joining this process (by participating in the conference calls) please contact NWAP at (202) 289-4349. For further questions please contact Rebecca at #(510) 658-6930.

May Events:
- May 17th: General STOP AIDS Volunteer Meeting at 6:30pm. Call Louis at (415) 621-7177 ext. 234.
- May 17th: HIV Public Education Forum at Kaiser Permanente from 6:30-8:00pm, 280 W. MacArthur Blvd., 12th Floor Rm 1200C in Oakland. Contact Joe DeMilia (510) 596-6848.
- May 18th: Integral Health Studies Program is holding an informational meeting from 6:30-8:00pm at CIIS, Room 8. Call (415) 753-6100 ext. 270.
- May 18th: HIV Monthly Update addressing "Issues in the Clinical Care of HIV & Pregnant Women". Located at 240 Shotwell at 16th street in the conference room, second floor from 9:00-10:30am. Call Horacio (415) 552-1013 ext.270.
- May 19-20th: Conference on Corporate Leadership Development & Innovation in Women's, Maternal & Child Health at the Hyatt Regency in San Francisco. Call (800) 872-0094.
- May 21st: 10th annual AIDS Bike-a-Thon. Call (415) 664-0247.
- May 24th: Spring AIDS Agency Management Assistance Project is holding a workshop on "Program Evaluation for HIV Service Providers" from 9:30-4:30pm at 145 Guerrero St, between 14th & Duboce. Call (415) 552-7584.
- May 25th: AIDS/ Public Health Monthly Grand Rounds at 101 Grove St., Room 300 from 3:30-5:00pm. Call (415) 554-9000.
- May 25th: Center for Health Training is holding a "Safer Sex" Training all day in San Mateo. Call Amanda Newsstetter at (415) 929-9100.

June Events:
- June 1-4th: HIV/AIDS 6th Annual Conference on Social Work & HIV/AIDS. To be held in New Orleans, Louisiana. Call Dr. Vincent Lynch (617) 552-4038.
- June 2-5th: AIDS, Medicines & Miracles 7th Annual Conference. Call (800) 944-1001.
- June 30th: Alternative Performance/Alternative Care "In Her Flesh". A Benefit Concert for the Charlotte Maxwell Complementary Clinic located at the New Performance Gallery. Call (510) 482-0880.

Current JOB Listings: Please call or come to our office to receive more detailed information. (Deadline=D)

- San Francisco AIDS Foundation: Project Director HIV Prevention Project Prevention Point Needle Exchange (D: 5/27).
- San Francisco AIDS Foundation: Client Services Director Client Services Department (D: 6/3).
- Project Open Hand: Distribution Sites Monitor, Department of Volunteer Services (D: 5/20).
- Project Open Hand: Manager, In-Kind Donations, Department of Operations (D: 5/20).
- Project Open Hand: SF Delivery Coordinator, Department of Volunteer Services (D: 5/20).
- City & County of San Francisco Human Rights Commission: 2996 Representative HRC (D: 5/27).
- Mission Neighborhood Health Center: Client Advocate/Case Manager (D: open).
- National Lle go (Lesbian Latinas Organization) seeks consultants.
- National Organization for Women (NOW) seeks a Board Member.
- UCSF AIDS Programs on Ward 86, SFGH: Clinical Social Worker (D: open).
- Bay Area Coalition for our Reproductive Rights (BACORR): Canvass Director.
- Department of Health & Human Services seeks candidates for Consumer Representative members on FDA Advisory Committees.
- American Society on Aging: Circulation & Membership Assistant.

For More Information, Please Call WAN (415) 621-4160!!!
The Office is now located at 584 Castro!!! There are 2 Binders which are available to the community a.) Red Binder Includes: Current Job Listings, Events, Ongoing support Groups, Conferences, Classes and Community Resources. b.) Yellow Binder Includes: Current Research, Newsletters, AIDS Treatment News, and Bulletins. If you would need any additional support, Please do not hesitate to make an appointment with Ami Ann Becker, Administrative Assistant, after May 25th. Thank you for your Support!!!
Recognizing the Needs of HIV-Infected Mothers: Children As Social Support (ABSTRACT)

With the incidence of AIDS rising 37% in women in the U.S. between 1990 and 1991, women are the fastest growing groups of people with AIDS in the United States. Even as the rate of female AIDS cases rises, women’s needs do not get the attention they deserve. In order to overcome these limits on women’s treatment, it helps to first pinpoint their needs and the major obstacles to such care. A woman’s experience with AIDS entails both the stigma of the role as transmitter and the burden of the role as caretaker of the community. The responsibility expected by these positions and the isolation encountered through them combine to create an incredible pressure on these women. Such conditions jeopardize the health of these women and, correspondingly, the well-being of those in their care. "AIDS cannot be conceptualized as an illness that strikes lone individuals, but rather mothers, wives, families, and communities" (Chung & Magraw, 1992). Although society expects the mother to continue to provide support to the rest of the family, without support for herself, an illness with the social implications of AIDS will contribute to her physical and mental destruction, and her eventual death. This role of support in the lives of HIV+ women comprises the focus of this research.

The principal research study examines the social support needs and health services received by HIV infected mothers. This descriptive and analytic study aims to provide a theoretical framework for the development of a nursing and social service intervention which will increase utilization of health services by these women. My paper focuses specifically on the role children play in the social support network of HIV infected mothers. Veering away from studies that concentrate solely on the woman’s pregnancy and moment of reproductive decision making, my research explores the entire path of interactions between the woman’s experience with the disease and her support network. By studying these women’s attitudes and relationships as measures of their social support, the research illuminates where society must situate its response to this epidemic.

The first section of the paper lays out the demographics of the population being studied, reviews the stigma and social support incorporated in these women’s experiences, and acknowledges the relevance of this research in the larger social sphere. The literature review has four sections, examining psychological models of social support, the impact of AIDS on women and children, current reproductive counselling methods for HIV infected women, and the role of children as social support to mothers. Next follows the methodology, results, and data analysis of the actual study. The paper concludes by addressing the implications and limitations of the study. In trying to understand the role of social support in the lives of HIV-Infected women, this paper aims to reconceptualize the response to women’s experience with AIDS. Providing support to these women instead of attacking their decisions can help reduce the stigma and blame felt by HIV infected mothers. Confidence in their decisions and the assurance of support may encourage these women to increase their utilization of health care. In order to curb the immense influence of this disease, redirection of this focus is imperative.

Further Questions: (415) 864-2364.
WOMEN’S AIDS NETWORK

We invite you to join our organization. Your dues cover minimal office costs and mailings. At present, meetings are held the first Tuesday of each month in San Francisco. For more information, please call and leave a message at (415) 864-4376 ext. 2007. Thank you for your interest and support.

Both women and men are welcome to join the Women's AIDS Network and receive mailings. In general, the Network is a working group of women. Men are invited to attend meetings for specific purposes, and are asked to request this in advance.

**DUES:**
- People with AIDS/HIV: no dues
- Individual membership: $20.00
- Organizational membership: $30.00*
- Low-income membership: $50.00
- * Additional amount will be placed in WAN's Emergency Fund for women living with HIV who are in emergency situations.

Please make checks payable to the Women’s AIDS Network and mail them, along with the tear-off below to:

**WOMEN’S AIDS NETWORK**
584 CASTRO, SUITE 321
SAN FRANCISCO, CA 94114-2500
(415) 621-4160

Your dues cover membership for one year, January 1 – December 31. Payments received after September 1 cover dues for the upcoming year.

Name/Organization __________________________
Address ___________________________________ Zip __________
Organization you are employed by __________________________
Other organization/affiliation(s) __________________________
Are you interested in volunteering for our Speakers Bureau? ______
If yes, what is your topic(s) of expertise? ________________________
Can you volunteer time at the office? _________________________
Do you have special skills to offer? _________________________
Do you have special interests related to women and AIDS? (Please describe) __________________________

Telephone: Day ___________________ Evening ___________________
Dues $ __________ Renewal? ______ New membership? ______
Additional contribution to WAN’s Emergency Fund $ __________
Total enclosed $ ___________________
Facilitator: Susyn Almond, President of WAN Board.

Guest Speaker: Ruth Greenblatt, MD "Report on Women & HIV: Research Update"

Public Attendance: (N=22) WAN Board Members: Marta Friedman, Homeless Advocacy Project; Susyn Almond; Barbara Garcia, Planned Parenthood; Eileen Hansen, ALRP; Karen Topakian, Agape Foundation; Catherine Lyons, Ward 86 SFGH. Ami Ann Becker, WAN & Project AHEAD; Kristin Neil, Legal Services for Children; Mary Beth Brounback, SF AIDS Foundation; Lisa O'connor, Walden House; Yvonne Littleton, Haight Ashbury HIV Outreach; Linda Gonzalez; Joanne Cominos; Vanessa Clark, YES Center; Susan Morrow, Health Initiatives for Youth; Robin Roth, Health Education Dept. City College; Glenda Thornton, WORLD; Lorene Romero, Baker Places; Johanna Gendelman, Baker Places; Amanda Newstetter, Center for Health Training; Olivia Baldain, ASAP SFGH.


I. Introduction & Announcements

II. Board Reports
   A. Strategic Plan
   B. Budget
   C. Committee
      1. Education
      2. Policy
      3. Fund
      4. Membership

III. Board Election

General Announcements:

1.) Marta Friedman is collecting articles, books, videos and posters concerning Women & HIV to send to a sister organization in India. If you have any materials that you could donate please call WAN’s office (415) 621-4160.
2.) Barbara Garcia is on the community Advisory Board for an Interagency HIV study for Women. She is a representative for a National Committee. Those interested on being on the Board are Welcome!! Please call (415) 202-7430.
3.) Glenda from WORLD has information on the next Retreat for HIV+ Women. Limited Scholarships are available. For more info. call (510) 658-6930.

4.) The next Public Policy meeting will be held July 19th at SF AIDS Foundation, 25 Van Ness, 3rd Floor from 3:30 -5:00. Call WAN for more Information (415)621-4160.

Committee Reports:

1.) Education Committee: The Community Forum addressing "Women, HIV & Pregnancy" will be held on Wensday, July 13th from 6:00-9:00pm at Toland Hall, UCSF- 513 Parnassus Ave., San Francisco. Two ASL interpreters will be present and childcare will be provided. For more information please call WAN (415) 621-4160.

2.) Policy Committee: Karen Topakian reported on the successful AIDS Budget Lobby Day Workshop for Women held on May 3. Thirteen women attended!!! Pat Dunn and Tomiko Connor from the Bay Area HIV Advocacy Network (BAHAN) of the SF AIDS Foundation distributed educational materials and presented information on current bills pending in the legislature, the Govern's budget, do's and don'ts about lobbying and much more. This was the first pew-lobbying training session held. Participants felt that they acquired skills and knowledge. This workshop will be used as a model for the future. WAN will sponsor the workshop again next year because more women need to be part of the lobbying process.

At AIDS Budget Lobby Day held on May 16, Eileen Hansen facilitated the meeting with speaker of the House Willie Brown. Susyn Almond facilitated a 90 minute session with Leah Cartabruno, the legislative aide to the Women's Caucus where many women raised questions about the lack of services and treatment for women. The group requested a meeting with the full Women's Caucus in January or February of 1995.

Eileen Hansen attended a National lobbying session in Washington D.C. entitled AIDS Watch '94. She addressed issues of health care reform and funding allocations for HIV/AIDS. This was a key opportunity to meet with national contacts. Eileen met with an aide to Representative Connie Morella from Maryland. Ms. Morella has introduced two bills on women and HIV. She also met with Representative Caroline Maloney from New York about her state's Standby Guardianship legislation. WAN would like to see similar legislation passed nationally. (Standby Guardianship allows parents to designate a legal guardian while they are alive for their children after they die.) Eileen also met with Patsy Flemming, an aide to Ms. Donna Shalala, the Secretary of Health and Human Services to discuss issues concerning women and HIV. According to Eileen, more
women need to be represented at a national level discussing issues relevant to women.

3.) Fund: The Special Women's Fund is a success!!! The New Year will begin in July 1994. You are eligible for $50 annually if you are a woman who is HIV+, a San Francisco resident and has an income less than $1300/month. For more information please call (415) 202-7430. A new flyer is being developed and distributed among the recipients to encourage them to attend general meetings and keep informed about WAN's activities.

4.) Membership: A campaign drive is being developed by Susyn Almond and Ami Becker. The initial membership drive began in 1983. Any suggestions or support are welcome. Please call the WAN office. September will begin the new calendar year for 1995 membership.

Guest Speaker Report: Ruth Greenblatt, MD.

Ruth Greenblatt is a Faculty member at UCSF involved in the AIDS & Women's Clinic. She is a Co-investigator of BARCWA which is an ongoing Pilot Study and part of the National Research on Women & HIV.

The epidemic of HIV/AIDS among Women is 5 years behind men. Research is way behind. Women are under-represented in Clinical Trials. Cohorts are typically comprised of gay, white, middle class men. There is little diversity. Women infected with HIV/AIDS reflect diverse cultures, ethnicities, Socio-economic and political status. Studies produced on Women need to be collaborated with the CDC. Currently there are 4 cohort studies involved in the HER STUDY which are located in 1.) Detroit 2.) Providence, Rhode Island 3.) Baltimore, Maryland and 4.) New York City. The NIH has a SISTER study group focusing on the Natural History of the course of HIV among Women which is called the WISE Study which a consortium of 6 sites including San Francisco, Los Angeles, Washington D.C., Bronx, Chicago and Brooklyn. The goals of the WISE Study include; progression, indicator, slow vs. rapid transmission, associations to Human Papilloma virus and cervical cancer, behavioral risk factors, morbidity and care issues. The main goal is to link research with additional support services and direct care. Increased collaboration will have a direct increase of potential target groups including women at risk.

The WISE Study has multiple test sites, a full executive committee and chief investigators. There are specialized working groups, involving local and national community advisory boards. The New York Branch coordinates all the data. The WISE study has a formal enrollment of approximately 500-600 women (400 HIV+ women and 100-200 women at risk). The participants the WISE study have an enrollment visit which includes a complete physical. The women are
compensated for their time, given food vouchers, reimbursed for travel and provided with childcare. They have a visit every 6 months. The research has been ongoing for 2 1/2 years. The study population in San Francisco is n=170. The Bay area has a broad representation from diverse ethnic, socio-cultural, and risk factors different from the east coast sites.

Preliminary findings reveal that women are not taking anti-viral therapy at appropriate stages, have no standard care and have fluctuations in their menstrual and ovulation cycles. One third of all women have irregular menses including skipping periods, spotting and varied durations. Attributable factors include substance abuse (crack, heroine) weight loss, and body mass. Substance abuse has not been found to be significant among preliminary findings. Neurologic symptoms include; memory loss, visual change, T cell counts, amount of HIV proteins and progression of illness. An unusually high rate of hysterectomies have been reported among the participants, roughly 15-16%, mean age 35. Specific sexually transmitted disease tests are done with relatively little reports of chlamydia and gonorrhea. STD's seem to be age related, teens are at higher risk for chlamydia. Yeast infections are not any more prevalent in the target community than the larger community. However, bacterial vaginosis is more significant. The frequent recurrences lead to developed resistance. The level of HIV in the blood seems to be an indicator for events later on. For comments, questions and more information, please call WAN!!!

**June Events:**

- **June 21-25:** Sixth National Lesbian and Gay Health Conference in New York at the George Washington University Medical Center. Contact Daniel Reichard (202) 994-4285.
- **June 22nd:** Monthly AIDS Public Health Grand rounds at 101 Grove Street, Room 300, from 3:30-5:00pm. The topic will be Mortality Among San Francisco.
- **June 22nd:** Kaiser Permanente will sponsor Positively on the Air- a live interactive video teleconference designed to present medical information for People Living with HIV/AIDS. At 6pm at 10 Kaiser Permanente centers throughout the Bay Area. Contact Joe DiMilia (510) 596-6848
- **June 24th:** Teens At Risk Workshop Part II: Helping you Help Them In San Francisco from 9:00-12:30. For more information contact Patrick Barresi at (415) 441-7858
- **June 26th:** New York Stonewall "March with A Buddy". Call 1 800 313-8485
- **June 28th:** Shanti Project's Board of Directors warmly invites you to attend an open house and tour of the new location from 3:00-5:00 at 1546 Market Street (near Van Ness Avenue).
- **June 28th**: The National Gay & Lesbian Task Force will sponsor "Health Care Reform Call-in Day". Call your Legislators through the Capitol Switchboard (202) 224-3121 or (202) 332-6483 ext. 3410 for updates on health reform bills.
- **June 30th**: Alternative Performance/ Alternative Care "In Her Flesh". A Benefit Concert for the Charlotte Maxwell Complementary Clinic located at the New Performance Gallery. Call (510) 482-0880.

**July Events:**

- **July 6th**: Workshop on *Stress Reduction and Management With an Empowerment Perspective* at the Women's Building from 2:00-5:00pm. Call (415) 431-1180 for more information.
- **July 6th**: Cross Cultural HIV/STD Counseling sponsored by the UCSF AIDS Health Project. Please call Diane K. Haas (415) 476-7853.
- **July 8-10th**: PLUS Seminar. A free weekend workshop for those who have tested HIV positive at the Life Conference Center. Call (415) 403-3806.
- **July 9th**: ABC Television Network has dedicated two hours of prime time to "IN A NEW LIGHT '94", a highly acclaimed AIDS outreach and entertainment special from 8:00-10:00pm.
- **July 13th**: Community Forum WOMEN, HIV & PREGNANCY from 6:00-9:00pm at Toland Hall, UCSF, 513 Parnassus Ave. San Francisco. Please call WAN (415) 621-4160 for more information.
- **July 20th**: Workshop on *Organizational Development* at the Women's Building from 2:00-5:00pm.

**Current JOB Listings:** Please call or come to our office to receive more detailed information. (Deadline=D)

- San Francisco AIDS Foundation JOBLINE (415) 864-5855 ext. 3411.
- Project Concern International opens Medical Students International Volunteering Options. Contact Debbie Luican at (619) 279-9690.
- Women's AIDS Network has a Volunteer Opportunity. Please contact Ami Becker at (415) 621-4160.
- Clinical Social Work Position assigned to the Women's Specialty Clinic. Call Tina Clark, FNP at (415) 476-3226.
- DramaDIVAS - summer jobs if you're 17 or younger lesbian, bisexual or gay & live in SF. Call (415) 641-7684 for details.
- Psychiatric Social Worker for UCSF AIDS Health Project. Job #: JD4E94454
- Project Open Hand needs an **Administrative Assistant P/T** (D:6/20). Send resume ATTN Ms. Edwards Project Open Hand 2720 17th St. SF, CA 94110.
- Project Open Hand needs an **Receptionist/Client Services Assistant P/T** (D:6/17). Send resume ATTN Ms. St. John Project Open Hand 2720 17th St. SF, CA 94110.
- Legal Services for Children HOPE Project needs **Social Worker for HIV affected Families**.
- Marin AIDS Project needs **Clinic Site Supervisor, Community Education Coordinator & Health Information Specialist**. More information call Barry Zach (415) 457-2487 (D: 7/15).
- AIDS Benefits Counselors needs Executive Director. Call (415) 703-9942 (D:6/30).
- Mission Neighborhood Health Center: **Information Analyst** (D: open).
- Mission Neighborhood Health Center: **Client Advocate/ Case Manager** (D: open).
- National Llego (Lesbian Latinas Organization) seeks **consultants**.
- National Organization for Women (NOW) seeks a **Board Member**.
- UCSF AIDS Programs on Ward 86, SFGH: **Clinical Social Worker** (D: open).
- Bay Area Coalition for our Reproductive Rights (BACORR): **Canvass Director**.
- Department of Health & Human Services seeks candidates for Consumer Representative members on FDA Advisory Committees.

For More Information, Please Call WAN (415) 621-4160!!!
The Office is now located at 584 Castro!!! There are 2 Binders which are available to the community a.) **Red Binder** Includes: Current Job Listings, Events, Ongoing support Groups, Conferences, Classes and Community Resources. b.) **Yellow Binder** Includes: Current Research, Newsletters, AIDS Treatment News, and Bulletins. If you would need any additional support, Please do not hesitate to make an appointment with Aml Ann Becker, Administrative Assistant. Thank you for your Support!!!
The Women's AIDS Network (WAN) is an organization advocating for and providing the public policy, educational, and service needs of women with HIV.

WAN members include:
- Women with HIV
- Care providers
- Health educators
- Community activists
- And anyone else concerned with issues of women with HIV.

WAN activities:
- Monthly general meetings for networking, education, discussion, and socializing
- Quarterly educational forums
  Past forums include:
  △ Report back from the International AIDS Conference
  △ HIV and Pregnancy
- Resource library
- Employment listings
- Up to date listing of events, meetings, conferences
- Women's fund:
  $50 a year grant to HIV + women
  △ In the first 2 years 400 women received grants.
Please join us for a community forum:
Women, HIV & Pregnancy

If you have questions or concerns about Women, HIV and Pregnancy, please come to our educational community forum. (It's Free!)

When: Wednesday, July 13, 1994, 6:00-9:00 pm

Where: Toland Hall, UCSF, 513 Parnassus Ave., San Francisco
Enter through the Medical Sciences Building—Look for signs!!
Buses: 43 Masonic, 6 Parnassus, or
N Judah (enter the building, take elevator up to Parnassus)

Information will be presented about:
- Women, HIV & pregnancy—Basics about transmission & women’s health
- Diagnosing HIV in children
- Results of a study of AZT in pregnant women (“ACTG 076”, looked at whether AZT would stop transmission of HIV from mother to baby)
- Legal, ethical & policy issues* affecting pregnant women & their partners
- Making choices about pregnancy when you are (or your partner is) HIV+

Confirmed Speakers:
- Dan Landers, MD
- A panel of HIV-positive moms
- Cheri Pies, PhD
- Maureen Shannon, FNP, CNM
- Mindy Benson, PNP

For women with HIV, health care providers, activists & concerned others...
Everybody is welcome!!

Refreshments provided (yum, yum!!)

For more info, please call WAN, 415/621-4160.

Childcare is available. Please call WAN at 415/621-4160 if you need it.
If you need a ride, please call WORLD, 510/658-6930.

ASL Interpreted
Wheelchair Accessible
Co-sponsored by the Women's AIDS Network (WAN), Women Organized to Respond to Life-threatening Diseases (WORLD), the Coalition for Positive Families with Children, Bay Area Perinatal AIDS Consortium (BAPAC), AIDS Legal Referral Panel (ALRP), Bridge for Kids, Social Work AIDS Network (SWAN), ACRC, Deaf AIDS Center at UCSF Center on Deafness, and others.

*Health officers around the state are considering mandatory HIV testing of pregnant women in some communities (including Alameda County). For more information attend this meeting or contact Sharone Trammell at Black Coalition on AIDS, 415/346-2364.
WOMEN'S AIDS NETWORK
EXECUTIVE COMMITTEE
FEBRUARY 17, 1994

PRESENT:  S.Almond, E.Hansen, C.Lyons, T.Swanick
MINUTES:  C.Lyons

1.  Workers comp. policy is in place.

2.  Next years budget is the focus of the next meeting.
   -Each should come prepared with list of needs for each committee.
   -We will need to establish process for each committee to access money allocated.

3.  WAN address and telephone number:
   -We will have our own phone line with voice mail. Theresa will set this up.
   -We will change our official address to our new office.
   -We will need to keep our voice mail and mailbox at SFAF to receive incoming stuff.
   -When the new staff person starts she will need to create a list of people/
     organizations/publications etc. to send cards with our new address.

4.  We will move general meeting location to Lyon-Martin Clinic beginning April. We will
     not change the time now but in the future will consider changing to 4:30-6:30pm.

5.  The applicants for staff person have been narrowed down to 2; they will come to the next
     board meeting and each meet with the board for 15 minutes.

6.  The board meeting will be extended to 7:30 to discuss strategic planning. The outline will
     be mailed ahead. The strategic planning meeting was very successful; the proposal will be
     completed tonight.

7.  New board elections are in June. We will announce this at the next general meeting and
     in the newsletter. We will emphasize that we are looking for women of color, providers,
     women with fund raising skills, etc.

8.  We will make sure we are computer independent. This may involve purchasing a printer.

NEXT MEETING:  MARCH 17 9:30-12:00
              CAFE NIDAL
FAX

DATE: 8/20/93

TO: ms. kitz

FAX #: 554-4885

FR: eileen iansen

FAX: 415 285-5066* (after dialing number press * for FAX tone)

RE: HIV task force

COMMENTS:

nancy:

enclosed are the resumes i told you about.

antone just turned 25; has been HIV+ for 3 years;

was born in SC; is white.

teresa is about to turn 27; has known she's HIV+ for

e year; grew up in SC; has a son (10 years old);

is latina (chicano).

teresa thinks antone would be a better choice...

i've worked a tiny bit with teresa and not at all.

Call 415 824-8884 should there be problems with FAX transmittal.

with antone, but they both come highly recommended

by many and i think either would be a good choice

for barbara to make. (let me know if you have questions.

thanks for being open to my suggestions. talk to you soon.)
FAX COVERSHEET

AIDS Legal Referral Panel

To: tji anthony

Telephone 554-4885

Date 4/20/95

From: eileen hansen

Subject: HIV task force

Number of Pages (including this cover sheet) 6

ALRP FAX number: 291-5833

If you had problems receiving this FAX, please call 291-5454.

this is what i sent you previously - 4/1/94.

Time ______ am/pm
teresa is 27; has a 10 year old son; grew up in sf; has known she is HIV+ for about a year and a half; is chicana. I'd ask her first because she's great and she'll be more available than anyone.

anyone is 25; has known she is HIV+ for 3½ years; born in sf; white. please let berhara know I recommend them both. (I've worked with both) 

thanks!
HIV/AIDS COMMUNITY INVOLVEMENT

9/92 - Present
SPEAKERS BUREAUS, San Francisco/East Bay
- Participate on HIV Speakers Bureaus by sharing personal experiences of living with HIV for education and prevention targeted at youth, health care providers, schools and special forums. Programs: PROJECT AHEAD, R.A.P. (Real Alternative Program), WEDGE, WORLD and Y.P.P. (Youth Prevention Program)

8/93
EDUCATIONAL VIDEO, New York (Title Unknown/In Production)
- Spoke out for youth prevention and education of HIV.

10/92
NOT ME ... Innocence in a Time of AIDS, Video (National)
- Educated youth on HIV and AIDS.

9/92 & 4/93
SPEAKERS TRAINING
- Participated in training for HIV and AIDS education.

5/92 - Present
WORLD (Women Responding to Life-Threatening Diseases), Oakland
- Active monthly mailing volunteer

BOARD APPOINTMENTS

BAY POSITIVES (HIV Positive Youth Organization), Board of Directors
WORLD (HIV Positive Women's Organization), Board of Directors/Chairperson of Volunteer Committee
HIV YOUTH ADVISORY COMMITTEE (HIV Youth Task Force), Appointee

EDUCATION

4/92 - 5/93
UNIVERSITY OF PHOENIX, Northern California Campus
- Enrolled in Bachelor of Arts in Management program (Presently on Leave of Absence)

9/90 - 5/91
SAN FRANCISCO CITY COLLEGE, San Francisco
- Completed various computer courses

4/84 - 6/85
HEALD BUSINESS COLLEGE, San Francisco
- Acquired Advanced Secretarial Degree

1/84
SIMPATICO HIGH SCHOOL, San Francisco
- Received High School Diploma and Honors.
WORK EXPERIENCE

12/89 - Present  JOHNSON & HIGGINS OF CALIFORNIA, San Francisco
Senior Technical Assistant
- Account maintenance - constant telephone contact with clients, check policies and endorsements for accuracy, bill clients, provide insurance coverage verification for clients.
- Prepare proposals - create and compile graphics, spreadsheets and renewal data for presentations to insurance companies and clients.

1/86 - 12/89  STEWART SMITH WEST, INC., San Francisco
Office Manager/Senior Technical Assistant
- Administrative duties involved dealing with suppliers, light bookkeeping, equipment maintenance, employee supervision and training.
- Maintenance of accounts involved steady telephone communication in providing quotes to retail brokers, checking policies and endorsements for accuracy and billing.

1/85 - 1/86  HEALD COLLEGES, San Francisco
Assistant to Executive Secretary
- Clerical support to President’s Secretary
- Maintained and shipped supplies to all schools
Experience

Assistant Director

January, 1992 - present

*Project AHEAD, San Francisco, California*

- Coordinate Speakers Bureau comprised of HIV infected youth
- Recruit and train speakers to effectively share their stories
- Train community service providers about issues relating to youth and HIV
- Plan and coordinate retreats for youth with HIV disease
- Create and be editor of a newsletter for youth
- Fiscal administrator of Speaker's Bureau and Special Projects
- Represent project on a national level

Facilitator

January, 1992 - February 1993

*Bay Positives, San Francisco, California*

- Facilitate a weekly peer run support group for HIV+ young people ages 16-25

Consultant


*The Center for Health Training, San Francisco, California*

- Train service providers state wide, on youth, substance abuse and HIV issues

Educator


*Wedge Program, San Francisco, California*

- Provide basic HIV and AIDS Education, "AIDS 101"
- Facilitate self exploration of sexual values and reactions to meeting a person with HIV Disease in a safe, pro-active environment
- Train WEDGE educators in skills needed to effectively intervene with youth

Video Coordinator


*Special Programs for Youth, San Francisco, California*

- Produce Reality Check, a peer made video for youth on HIV testing and counseling
- Recruit a group of young people to produce the video
- Train video team in HIV prevention, transmission, and testing
- Successfully raised $2,500 for video project
- Wrote and produced discussion guide for Reality Check

Peer Educator

December, 1990 - July, 1991

*City Clinic, Department of Public Health, San Francisco*

- Train youth educators to effectively present personal oral histories
- Develop and coordinate prevention programs for diverse populations
- Facilitate groups for high risk youth. Topics include: sexuality, reproductive issues, sexually transmitted diseases, HIV/AIDS, condom/dental dam demonstrations, and safer sex negotiations
- Assess needs of target audience and implement appropriate use of curricula
- Represent youth issues at HIV Adolescent Coalition meetings
January, 1989 - December, 1990
Manager
* Vogue Theater, San Francisco, California
  - Personnel administrator, budget development, training, ordering, banking

Education
June, 1988
University of California at Santa Cruz
Women's Studies Major, Creative Writing minor

Publications
* Young women and HIV. HIV and Adolescents: Spread the word not disease. San Francisco Department of Public Health, Special Programs for Youth, 1991
* Young, Sober and HIV Positive. Serene magazine, April, Vol. 3, No.1
* What they didn't tell me in high school. How to Avoid AIDS. Johnson, Magic., April 1992, Times Books

Video Appearances
- No Rewind: Paula Mozen 1991
- Reality Check: Special Programs for Youth 1992
- Antigone's Story: Viacom, Channel 6 1992
- Not Me: Sedwith Pictures, Scott Evers 1993
- Sexuality in America, Adolescents and AIDS: Jeanne Blake 1993

Television Appearances
- Helping Hands 1991
- People Are Talking 1991
- The Dr. Dean Edele Show 1992
- Home Turf 1992
- The Jane Pratt Show 1993
WOMEN'S AIDS NETWORK
BOARD OF DIRECTORS
FEBRUARY 24, 1994

ABSENT: S. Almond, C. Lee
FACILITATOR: M. Friedman
MINUTES: C. Lyons

1. ADMINISTRATIVE ASSISTANT:
The committee reviewed their process with the applicants thus far.
Each of the two final candidates met with the board for 20 minutes each.
The board discussed the candidates and start dates.
Letters will be sent to all people who were not interviewed.

2. STRATEGIC PLANNING:
4 members were not present for the discussion and 2 who were present had not received the
document in time to read it.
At the next meeting the proposal will be presented to be accepted as a 3 year plan. The
strategic plan should be a regular agenda item for both the board and executive meetings.
Whatever projects we take on in the next 3 years should reflect this statement.

3. ACORN RESTAURANT:
We need to make a decision about this soon - it will be on the agenda for the next board
meeting.

4. AMFAR GRANT:
The letter of intent was accepted. If we write the grant we would hire someone to write it.
The concern is does WAN want to take this on as the primary provider of this project?
Those present had concerns regarding WAN being the only service provider in this project at
this time. We are open to being part of a group.
NEXT WAN MEETING
MAY 3, 1994

LYON MARTIN WOMEN'S HEALTH CENTER
1748 MARKET, SUITE 201

9:30-11:30AM

The Newsletter contains the following:
***April 5th 1994 minutes
***Announcements
***April & May Events/ Services
***Current Job Listings

BIG Upcoming Event:
AIDS LOBBY DAY on May 16, 1994
The Women's AIDS Network:

General Public Meeting on April 5, 1994.

Facilitator: Barbara Garcia, Executive Board Member

Guest Speakers: Denise Hatfield, Lesbian Health Issues & Pat Dunn, Bay Area HIV Advocacy Network


Women's AIDS Network Update: The office is now located at

584 Castro, Suite 321
San Francisco, CA. 94114-2500
(415) 621-4160

Please feel free to contact Ami Becker, the new Administrative Assistant, if you or your organization needs any assistance. Anyone is welcome to visit our office and browse through our resources and library materials. There are now 2 current binders that contain the most recent literature (yellow binder) and new job listings, current events and ongoing support groups and services for HIV+ women (red binder). Please make an appointment with Ami to make sure that she is in the office to support you. Volunteers are needed to assist the resource/library development for WAN at 584 Castro. If you want to help by donating your time, enthusiasm and knowledge please call #(415) 621-4160 to make an appointment with Ami.

General Announcements:
1.) Rita da Cascia is now accepting HIV+ families. For more information contact Kathleen Manthe, Program Director at #415 387-1629
2.) Women STOP AIDS Project is on the go. Please call WAN office for information (415) 621-4160
3.) Marta Friedman is planning a Forum on AZT and Pregnancy, tentatively scheduled for mid-July.
4.) The WAN Policy Sub-Committee proposed a $20,000 budget from the AIDS WALK '94. The proposed budget was to be used for administrative and travel expenses so that more women's voices can be heard at National Policy meetings. The proposal was denied. New strategies need to be developed to ensure financial assistance to WAN.
5.) CDC supports prevention strategies, specifically for women and young women. Need for more representation in the FORUM. Call Rebecca Dennison at WORLD for more information (510) 658-6930.
6.) National Conference on Women & HIV issues is in the works. Challenge the existing National Women's HIV Organization. Rebecca Dennison strongly
feels that we need an alternative National Organization. There needs to be a
greater role for HIV positive Women. Call WORLD for more information.
7.) World Retreat was attended by 80 women. A survey needs to be
developed to voice the opinions of women living with HIV/AIDS. So that there 
ultimately be more power from the people.
8.) Angela Alioto invited the community to a public hearing addressing the 
future prediction for HIV/ trends in SF, but the announcement was not received 
in time. Let's keep each other informed about current Events.
9.) The Special Women's Fund is a big success. New women are arising every 
month and currently over 400 women have been provided with cash grants. The 
number has doubled from the first year. Call Barbara Garcia at (415) 202-7430.
10.) BOARD Development: WAN has board elections in June. We are looking for 
4-6 new board members. The term is 2 years. Call WAN at (415) 621-4160 for 
more details. Candidates with the following skills are most needed: Fundraiser,
book keeping, HIV+ women, Women of Color.
11.) Donations for the Women's AIDS Network are always welcome especially 
shelves, organizers, printing services and any artwork for our walls. Of course,
fresh flowers are always needed.

GUEST SPEAKERS:
A.) Denise Hatfield attended the Lesbian Health Conference on February 28-
March 2nd in Washington D.C. The main activities included panel discussions,
work groups for service providers & policy/researchers and Lobby agenda with 
Christine–Gebby, National AIDS CZAR. Gebby was receptive and expressed that 
HIV+ lesbian women need to be counted as a separate risk group in the CDC so 
that the risk population may be tracked. Funding sources were identified to 
support HIV+ lesbian to attend national meetings. 70 women both providers and
consumers were present. The main goal of the national conference was to 
create a National agenda. Contact Denise Hatfield at #415 567-5325 to get an 
updated report.

B.) Pat Dunn “I am Happy to be Here.” She addressed AIDS Budget Lobby DAY 
which will be held in MAY. The time is to focus on the state budget for HIV 
programs. A focus on anti crime measures is shifting the states budget and
priorities. There is a major threat to cut HIV prevention programs, hotlines,
research and services. ALERT: Major cuts in medi-cal option benefits and 
AFDC** However, we should focus on the positive. Early women’s intervention 
programs received $600,000, but we need to sustain that funding source. MAY 
16th is THE DAY to get active and have your voice be heard. Willie Brown has 
agreed to meet with us as well as other legislators. WAN’s next meeting MAY
3rd will be a Pre- LOBBY DAY BRIEFING!!!
Every Thursday, from 6:30-7:30pm HIV+ Women’s Support Group at The Center for Living 4084 18th street near Castro. Info. (415) 252-1666
Coalition for Positive Families meets the second Tuesday of each month, from 8:30-10:30am at 333 Valencia, 4th Floor #(415) 621-1112

*The Last Drag* is a Free service connected to the Lyon Martin Women’s Health Services which is a stop smoking program for lesbians and gay men. Contact Gloria Soliz at 565-7676

*The Center for Attitudinal Healing* is offering ongoing support services for children dealing with Loss & Illness. Call (415) 435-5022

*Jewish Family and Children Services* has an AIDS Project which provides comprehensive support services for Jewish people with HIV/AIDS and their loved ones. Call Jody Reiss for more Info. (415) 561-1241

April Events:
1.) April 14th, Thursday at the Women’s Building, Sandra Hernandez will be speaking at 7pm.
2.) Empowering Women of Color Conference April 16th from 8am-6pm at UCB, contact Sharon Thompson (510) 642-2175
3.) April 18th Spring Quarterly meeting of the International Center for HIV/AIDS Research & Clinical Training in Nursing. The Topic is HIV/AIDS Prevention Education at 5:30-8pm School of Nursing UCSF Rm N517 RSVP (415) 476-6602
4.) April 19th, Restructuring Health care Delivery: Voices of Women Location 101 Grove Street, Room 300 at 4pm.
5.) Policy Committee Meeting April 19th, Tuesday 3:30-5:00 at 25 Van Ness/Market, 3rd Floor.
6.) April 20th or 21st, Ruth Greenblatt will be speaking at the Community Consortium about the new findings on AZT.
7.) April 21st, AIDS Volunteer Fair serving pre-dominantly African American Communities, (415) 882-7500
8.) WORLD Retreat April 20-22 is FULL!!! There are 10-15 women on the waiting list. Still send in your applications because there will be another retreat in August which will be held in Santa Cruz. Those who do not get to go this time, will rescheduled for our next retreat. The retreat is accessible for handicapped and disabled women. Contact Glenda at WORLD for new, updated support services.
9.) April 22nd Center for Health Training is sponsoring a Women & HIV Training from 9:00am-4:00pm, Call (415) 929-9100.
10.) April 23rd Celebrating Family Diversity Gay-parenting Conference Phone (510) 486-1662 or (510) 273-9926
11.) April 23 & 24 TOUCH /PRAYER, a public honoring of those living with HIV/AIDS. Special event utilizing puppets, stilt dancing, song, mask and movement... Dolores Park and 19th 7:30 pm. Also April 30 and May 1st at Lake Merrit in Oakland. Sliding scale $5-15, Info. (415) 905-5958
12.) April 20,21,22,25 & 26 Home care Skills, Free training for friends, partners and family who are caring for people with AIDS/ARC. Call Celi Adams (415) 824-3269. Also May 18,19,20,23 & 24
13.) Tuesday April 26 Public Policy Roundtable at 25 Van Ness, 3rd Floor Conference Room from 12:00 to 1:30pm

14.) April 27th Wondrous Voyages: A Forum for the Public presented by UCSF. For more information (415) 476-7082

May Events:
1.) May 1st Sexual Healing Workshop for lesbian incest survivors & partners (510) 428-2029
2.) May 1st Project Open Hand Flea Market at Herbst Pavillion, Fort Mason. Contact Linda (415) 896-5997
3.) The ***Next WAN meeting*** is May 3rd at Lyon Martin Women's Health Center, 1748 Market 9:30-11:30am. Special topic is AIDS Lobby Day which needs more female representatives, especially women with HIV/AIDS. Attend a pre-meeting on MAY 3 to learn the do's & don'ts and history of our victories (see flyer).
4.) AIDS BUDGET LOBBY DAY May 3rd workshop for women. See flyer for more information 6:30 -8:30 pm at 25 Van Ness, 5th Floor.
5.) May 4-5 Women at Risk: HIV/AIDS Training Training for care providers, contact Pat Holliday at (415) 864-4141 ext.820
6.) May 14 & 15 IMMUNE POWER A self empowerment workshop for patients, nurses and other healthcare professional Call (415) 922-5147
7.) AIDS BIKE-A-THON, Saturday May 21st, Call (415) 703-0288
8.) Lyon Martin Women's Health Center is sponsoring a retreat “Magnetic Couples” on May 22. Call Naomi (415) 565-7683 for details.
9.) May 22 Women and Cancer Walk at 12:30pm in Sharon Meadow of Golden Gate Park More information call (415) 487-6224

Current JOB Listings:
*Lavender Youth Recreation & Information Center- Program Coordinator, HIV Prevention Program. Call (415) 703-6152
*Coalition for Immigrant & Refugee Rights & Services- Program Director. Call (415) 243-8215
*Lyon Martin Women’s Health Services- HIV Counselor/ Case Manager. Call (415) 565-7667
*American Indian AIDS Institute- Practical Support Program Coordinator & Substance Abuse Counselor. Call (415) 626-7639
*Project Open Hand- P/T East Bay Van Driver. Call (415) 621-4160
*Mission Neighborhood Health Center- Internship Opportunites. Call (415) 552-3870
*AIDS Legal Referral Panel- Bookkeeper, Admin. Assistant, Outreach Assistant, Benefits Assistant. Call (415) 291-5454

FOR MORE INFORMATION, PLEASE CALL WAN!!!!
Beyond Red Ribbons
4th Annual
AIDS Budget Lobby Day

Monday, May 16th, 1994
10:00 am – 4:00 pm
State Capitol, Sacramento

Come and speak out against California’s continuing neglect of the AIDS epidemic. Meet with your elected officials to show that adequate funding for HIV/AIDS programs and no cuts to entitlement programs are the only ways to confront this epidemic.

PROGRAM (tentative)
10:00   Briefing on state HIV/AIDS budget
11:30   Rally on Capitol steps
1:00–4:00 Appointments and/or drop-in visits with your legislators and legislative staff

It is essential that you pre-register as soon as possible so that we can schedule legislative appointments. The final deadline for registration is Wednesday, April 27th. Limited seating will be available on buses leaving from San Francisco, Oakland, and possibly other areas.

AIDS Budget Lobby Day is organized by the AIDS Budget Coalition
• AIDS Project Los Angeles
• Bay Area HIV Advocacy Network
• California Association of AIDS
• LIFE AIDS Lobby
• Planned Parenthood Affiliates of California
• San Francisco AIDS Foundation

To register, please mail or fax the form below or call 415/864-5855, x2537 (Northern CA) • 213/993-1374 (Southern CA)

MAIL BY APRIL 27TH TO:
(Northern California) San Francisco AIDS Foundation
Lobby Day Registration
P.O. Box 426182
San Francisco, CA 94142-6182

(Southern California) AIDS Project Los Angeles
Lobby Day Registration
1313 N. Vine Street
Los Angeles, CA 90028

Name/Agency ____________________________
Address _________________________________________________________________
City: ____________________________ Zip: _______
County: ____________________________
Phone: (_____) __________ Fax: ____________________________
Do you want a seat on a bus? Yes No

Circle One
SIGN ME UP
WOMEN'S AIDS NETWORK and W.O.R.L.D. 
INVITE YOU TO

AIDS BUDGET LOBBY DAY WORKSHOP FOR WOMEN

If you are a woman who is infected or affected by HIV/AIDS...
If you are concerned about state funding for HIV/AIDS programs...
If you are thinking about attending AIDS Budget Lobby Day in Sacramento on May 16th...

DON'T MISS THIS EVENT!!

TUESDAY, MAY 3rd, 1994 
6:30 PM - 8:30 PM
AIDS OFFICE 25 VAN NESS AT MARKET 5TH FLOOR

SPEAK YOUR MIND ABOUT AIDS
OUR REPRESENTATIVES IN SACRAMENTO NEED TO HEAR OUR VOICES

For the past three years AIDS Budget Lobby Day has drawn people from the Bay Area around the State to Sacramento, to tell their elected representatives about the AIDS crisis in their community. This year it's time for women who are affected and infected to speak their minds with elected representatives. Transportation will be available from the Bay Area.

The AIDS Budget Lobby Day Workshop for Women will: give you an opportunity to speak about our concerns; inform you about the laws that are currently pending that could affect women and HIV; provide an opportunity to share skills on how to lobby and be an effective spokesperson. You are the expert on how AIDS is affecting you, your family, and your community. Please join lobbying teams to speak up for women HIV!!

PRESENTATION BY
Patricia Dunn, Director of BAHAN (Bay Area HIV Advocacy Network)
of the S.F. AIDS FOUNDATION

Wheelchair Accessible
On Muni Lines - J,K,L,M,N
Market Street and Van Ness Buses 3 Blocks from Civic Center BART

For more information on this event or childcare needs call Women's AIDS Network at 415/621-4160

For more information on AIDS Budget Lobby Day call BAHAN at 415/864-5855 ex 2537
WOMEN'S AIDS NETWORK
AGENDA for MAY 2, 1994

* Intros and Announcements
* Policy Committee Update - including update about AIDS Lobby Day
* Executive Committee/Board Reports
* Women's Special Fund Update
* Fundraising Committee Update
* Educational Forum about AZT, Pregnancy, Treatment
* WAN Volunteer Recruitment and Sign-Up
* Speaker - Kristen Neil - Mother:Child Relationships

*please note: the order listed here is tentative; Ms. Neil may speak earlier in the meeting
DATE: Wednesday, April 13, 1994
PRESENT: E. Hansen, C. Lyons, T. Swanick
ABSENT: S. Almond
MINUTES: C. Lyons

1. Money for forum: It was decided that the forum committee should work to obtain as much as possible for free, and to request a donation at the event.
   *space may be available for free
   *refreshments can be often gotten (e.g. Suzanne's Muffins, Just Desserts).
   *honoraria needs to be discussed for HIV+ women speaking

2. Bookkeeping responsibilities: The committee agreed the administrative assistant can take on the bookkeeping responsibilities; larger tax questions will be dealt with through the volunteer services of a CPA (Denise). This will save us $1,000 currently paid to the bookkeeper.

3. Theresa is willing to continue supervising the administrative assistant until board elections are held and a new president and vice president are elected to take on the role.

4. Logo: we would like to change the WAN logo and make a sign for outside the office. We will ask Amy to solicit logo ideas to present to the board.

Ami's Activities/Duties performed in APRIL

*Computer System Development: Database
*File: Current Newsletters, events, ongoing activities, conferences
*Develop Resource Materials for our Library
*Meetings: Board members & Graduate Students
*Phone Calls: Follow-up, Referral, Advice, Guidance

Students who utilized the Resource Materials:
2.) Meg Newman- Resident at UCSF, Service Providers in the Bay area for HIV+ women
3.) Kristina Leaney- UCB undergraduate degree, Thesis on Lesbians and HIV
4.) Candis Caymen- Broward Community College in Florida Women and HIV
5.) Martz- BU graduate student researching Latina women and HIV
6.) Harmony Goldberg- UC Berkeley activist, information on test sites
7.) Marian Castellucio- Graduate student in Social Work, lesbians and HIV

Proposal:
I am requesting your permission to attend a family affair in Israel the week of May 16th. My cousin is having an orthodox wedding on May 19th which I feel is a memorable occasion. My entire family will attend and I feel my presence is important. Another inspiration to go to Israel is to return to the School of Public Health at Hadassah Hebrew Medical School where I received my Master's. This would be a valuable time to present my fieldwork overseas and my present work with the Women's AIDS Network and Project AHEAD. This is a wonderful opportunity personally and professionally. I trust that you may understand my position. There are a few people that may fill in for me while I'm gone or I am open to discuss our options. My goal before I leave is to do the MAY Mailing and any other requests that the board may have. Thank you for considering my proposal.

Suggestions:

*Develop Volunteer List - “on-call” to represent WAN at public events, forums, support groups ...Also, volunteer list may include a regular support staff who can develop the library, organize the resource materials, file new/current research
*Stationary revision
*WAN sign for the Office
ABSENT: C. Lee, H. Miramontes
FACILITATOR: C. Lyons
MINUTES: K. Topakian

1. INTRO OF NEW ADMINISTRATIVE ASSISTANT
Amy Becker introduced herself to the Board. Everyone thanked her for her attending and congratulated her on getting the job. After a brief discussion the board agreed that Amy should continue to attend board meetings and possibly Executive Committee meetings as needed given enough advance notice.

4. BOARD ATTENDANCE POLICY
Caroline Lee’s absence prompted discussion about our board attendance policy. After some discussion the Board decided to amend the existing policy to read: After the second unexcused absence, the Secretary will notify the President of the Board member’s attendance record. The President will call the Board member to discuss the absences and determine if the Board member wants to continue serving.

5. TIME OF NEXT BOARD MEETING
Future Board meetings will continue to be held on the last Wednesday before the first Tuesday of the month but from 4:30-6 P.M. instead of from 5:30-7:00 P.M.

6. BOARD RECRUITMENT
At the April Board meeting, Karen will make a presentation about Board development and recruitment using an exercise she learned at a workshop she attended on "Grassroots Fundraising for Small Nonprofits." Those Board members whose terms are up in June were asked if they were willing to run again for office. Barbara and Catherine were undecided. Barbara insured the Board that if she decided not to run she would find another HIV+ woman to replace herself. Marta said her decision depended on whether or not she was admitted into law school in the Fall of ’94. Eileen Hansen agreed to run again.

7. PROPOSAL FOR WAN EDUCATIONAL FORUM
Marta submitted a written proposal for a forum to address the recently released interim results of a study done to evaluate the effectiveness of AZT (Sidovudine) in preventing maternal-fetal transmission of HIV. The Board was enthusiastic about the proposal and spent time brainstorming potential presenters. Catherine agreed to work on this project and to get speakers from BAPAC. A short list of organizations who might be interested in this are: Lyon-Martin, WORLD, ALRP, Community Consortium, Coalition for Positive Families, BAPAC, ACT UP GG, etc. The Board decided on holding the event during the week of July 18th. Amy will begin looking for a space for the event.
8. POLICY COMMITTEE
Eileen and Karen submitted a $20,000 grant to AIDS WALK'94 for travel, telephone and postage to increase our visibility and attendance at national and state HIV/AIDS policy meetings.
Karen presented a verbal proposal to hold an AIDS Lobby Day Pre-Meeting on Tuesday evening May 3rd 1994 in San Francisco. The purpose of the Pre-Meeting is to provide a safe and non-intimidating forum for women to learn about lobbying in general and AIDS Lobby Day in specific. (AIDS Lobby Day is scheduled for Monday May 16th.) WORLD has agreed to work with us on this project and to help provide outreach to their members. Karen will contact Pat Dunn to present the appropriate information at this event.

9. BUDGET
Two budgets have been prepared, one is a bare bones budget the other includes more expenses. The Executive Committee will bring a recommendation to the April Board meeting based on the fleshing out of the two budgets.

10. SPECIAL WOMEN’S FUND
Barbara and Karen submitted a grant of $41,000 to AIDS WALK'94 for staff time and grant disbursement money for the next year for the Special Women’s Fund.
WOMEN'S AIDS NETWORK and W.O.R.L.D.
INVITE YOU TO

AIDS BUDGET LOBBY DAY WORKSHOP FOR WOMEN

If you are a woman who is infected or affected by HIV/AIDS...
If you are concerned about state funding for HIV/AIDS programs...
If you are thinking about attending AIDS Budget Lobby Day in Sacramento on May 16th...

DON'T MISS THIS EVENT!!

TUESDAY, MAY 3rd, 1994
6:30 PM - 8:30 PM
AIDS OFFICE 25 VAN NESS AT MARKET  5TH FLOOR

SPEAK YOUR MIND ABOUT AIDS
OUR REPRESENTATIVES IN SACRAMENTO
NEED TO HEAR OUR VOICES

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The AIDS Budget Lobby Day Workshop for Women will: give you an opportunity to speak about our concerns; inform you about the laws that are currently pending that could affect women and HIV; provide an opportunity to share skills on how to lobby and be an effective spokesperson. **You are the expert on how AIDS is affecting you, your family, and your community.** Please join lobbying teams to speak up for women and HIV!!

**PRESENTATION BY**
Patricia Dunn, Director of BAHAN (Bay Area HIV Advocacy Network)
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For more information on AIDS Budget Lobby Day call BAHAN at 415/864-5855 ex 2537
Beyond Red Ribbons
4th Annual
AIDS BUDGET LOBBY DAY

Monday, May 16th, 1994
10:00 am – 4:00 pm
State Capitol, Sacramento

Come and speak out against California's continuing neglect of the AIDS epidemic. Meet with your elected officials to show that adequate funding for HIV/AIDS programs and no cuts to entitlement programs are the only ways to confront this epidemic.

PROGRAM (tentative)
10:00  Briefing on state HIV/AIDS budget
11:30  Rally on Capitol steps
1:00 – 4:00 Appointments and/or drop-in visits with your legislators and legislative staff

It is essential that you pre-register as soon as possible so that we can schedule legislative appointments. The final deadline for registration is Wednesday, April 27th. Limited seating will be available on buses leaving from San Francisco, Oakland, and possibly other areas.

AIDS Budget Lobby Day is organized by the AIDS Budget Coalition
• AIDS Project Los Angeles
• Bay Area HIV Advocacy Network
• California Association of AIDS
• LIFE AIDS Lobby
• Planned Parenthood Affiliates of California
• San Francisco AIDS Foundation

To register, please mail or fax the form below or call
415/864-5855, x2537 (Northern CA) • 213/993-1374 (Southern CA)

MAIL BY APRIL 27TH TO:
(Northern California)
San Francisco AIDS Foundation
Lobby Day Registration
P.O. Box 426182
San Francisco, CA 94142-6182

(Southern California)
AIDS Project Los Angeles
Lobby Day Registration
1313 N. Vine Street
Los Angeles, CA 90028

Do you want a seat on a bus? Yes  No
Circle One
EDUCATIONAL FORUM: HIV+ Women - Discussion of pregnancy, testing & treatment

A.) Space available for approximately 200 persons:
   - AIDS Health Project*
   - Women's Building*
   - Gazebo Room
   - Monadnock Building (Market & 2nd)
   - Yerba Buena Center*
   - Hastings Law School
   - New College* (50 Fell & Valencia Space)
   - Golden Gate
   - USF Law School*

B.) Coordination with the following organizations:
   - WORLD*
   - ALRP
   - Coalition for Positive Families w/ Children* 621-1112
   - Lyon Martin Women's Health Center*
   - Community Consortium
   - BAYPAC
   - ACT-UP*
   - UCSF: AIDS Health Project

C.) Speakers (Tentative):
   - BAYPAC
   - Diane Warra
   - Legal Services for Children
   - Nancy Milligan
   - ALRP
   - Panel Positive Women

D.) Funds needed for the following: Honorariums, food, rental space, and printing/mailings/Public Service Announcements.
E.) The issue of pregnant HIV+ women and AZT is controversial, innovative and cutting edge. The forum will serve as a spring board for community discussion about the following issues: 1.) The study itself, positive and negative implications 2.) mandatory testing 3.) confidentiality 4.) policy 5.) unknown factors 6.) family planning and counseling 7.) concerns that could lead to mandatory drug and mental health treatment 8.) concerns about mandatory testing 9.) disqualification from trials and access to other drug therapies 10.) the impact on future research and funding for issues relating to women and children. This FORUM is educational and may influence future public policy decisions. The FORUM's strength will come from the participation and discussion, as well as the guest speakers and Honorariums.

F. Contacts:
Marta Friedman (415) 974-6541
Karen Topakian (415) 474-4604
Catherine Lyons (415) 476-0828
Amy Ann Becker (415) 621-4160
HIV/AIDS IN WOMEN

A 1993 22-state CDC study indicated that the shape of the epidemic is shifting. Increasingly women, particularly women of color, are contracting the virus in numbers which are growing exponentially.

- While 10% of people with AIDS are women, 17% of HIV-positive individuals are women.
- Women constitute the fastest growing group of people with AIDS, with an estimated 80,000 women between the ages of 15 and 44 currently infected.
- Nationally, one in every four newly infected Americans is female.
- The World Health Organization estimates that, by the year 2000, more than half of newly infected adults will be women.
- AIDS has become the sixth leading cause of death among women 25 to 44 years old, killing ____ women every year.

Among women, women of color are being disproportionately affected as the virus becomes more entrenched in poor urban communities:

- More than 25% of female AIDS cases in California are among African American women while African American women constitute only 7% of the adult female population.
- A recent Department of Health study of childbearing women tested for HIV found a seroprevalence rate of 38.6 per 10,000 African American women. This rate is 11 times higher than that for white women (3.4 per 10,000).
- Prevalence among Latinas was 5.4 per 10,000. This is 1.55 times higher than the rate among white women.
- The HIV infection rate among Native American women of childbearing age nationally is one per 1,000. Fourteen percent of Native American AIDS cases are women, compared to 4 percent of cases among white women.
- African American women make up 53% of female AIDS cases and Latinas make up over 21% of female cases nationally.

The characteristics of the epidemic among women differs from other sub-groups of HIV infection in several significant ways:

- Women are more likely to learn their HIV status in an emergency room setting with a diagnosis of full blown AIDS.
- A recent national study estimates that a woman's chance of becoming infected with HIV because of their partner's sexual or drug-using behavior is twice that of her risk of becoming infected because of her own behavior.
Dear Eileen,

Thank you for the report on Prevention Reform. We found it to be comprehensive in scope and addressing national issues of importance.

As you may know, the HIV Prevention Planning Council for San Francisco has been selected and has begun tackling the tasks associated with the CDC guidelines for planning. You will be pleased to note that the Council membership is representative of the broad diversity of the epidemiological profile of San Francisco and includes 23 people of color and 15 women and 1 transgender female.

The document you have prepared will be used as one of many data sources to be considered during the planning process.

Regards,

Mitch Katz, MD
Director, AIDS Office

Valerie Kegebein, M.P.H.
Chief, Prevention Services
PROPOSAL FOR WAN EDUCATIONAL FORUM

At the membership meeting, 3/1/94, there was a long discussion in regards to the interim results published from ACTG 076, a study done to evaluate the effectiveness of AZT (Zidovudine) in preventing maternal-fetal transmission of HIV. Many positive and negative implications were raised. Most members were in agreement that this issue was not only provocative and controversial, but that it would provide an interesting springboard for community education and discussion.

A proposal was put forth suggesting that WAN coordinate and facilitate a community forum in this regards. WORLD and ALRP have agreed to be involved as well, and other community-based groups have also been approached (or will be soon). These groups include: Community Clinic Consortium (via Nicole Mandel), Lyon-Martin Women's Health Services, BAPAC, and The Coalition for Positive Families with Children (CPFC). The CPFC was hoping to sponsor a conference in June, to coincide with the national pediatric AIDS efforts, but have rescheduled the conference for the fall. The initial idea put forward was to have the WAN forum at about the same time, but we can discuss this further. It may be beneficial to have the forum as planned, in June-July.

Some of the issues noted for discussion include: 1) the study itself, positive and negative implications; methodology, sample representation, etc. 2) mandatory testing of (all pregnant) women and/or heel stick tests for newborns; 3) confidentiality/partner notification; 4) policy - enforcement, dangers, discrimination; 5) unknowns re: the long term effects of AZT exposure on the children (toxicity, side effects, development over time, etc.); and the benefits v. disadvantages; 6) implications for family planning, counseling, options; 7) concerns that could lead to mandatory drug and mental health treatment, with the usual concerns of "no exits"; 8) concerns about mandatory testing, contingency prescription of AZT or other drugs, drug withholding; 9) disqualification from trials and access to other drug therapies; and 10) the impact on future research and funding for issues relating to women, and children.

Possible speakers by invitation include: Diane Wara, Cheri Pies, Molly Cooke, Julie Gerbeding, a study participant (via Barbara Garcia), others involved in the HIV-positive, medical, research, legal, counseling/family planning, and women's communities.

Committed to organizing the forum thus far are: Karen Topakian, Marta Friedman, a WORLD representative, and possibly Margot Antonetty. Marta Friedman can be the primary Board contact, if approved; Amy Becker can be the principal staff responsible for coordination.
AZT Reduces Rate of Maternal Transmission of HIV

Zidovudine (AZT) therapy has reduced by two-thirds the risk of transmission of virus from HIV-infected pregnant women to their babies according to preliminary results of a trial sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), in collaboration with the National Institute of Child Health and Human Development (NICHD) and Institut National de la Sante et de la Recherche Medicale (INSERM) and Agence Nationale de Recherches sur le SIDA (ANRS) of France. Both NIAID and NICHD are part of the National Institutes of Health (NIH).

An interim review of the study, AIDS Clinical Trials Group (ACTG) Study 076, revealed a transmission rate of 8.3 percent when both mothers and their babies received AZT, in comparison with a transmission rate of 25.5 percent among those receiving a placebo.

"Although this treatment did not protect all the babies in the study, the news that the risk of HIV transmission to newborns can be significantly reduced is very promising," says Donna E. Shalala, secretary of the U.S. Department of Health and Human Services (DHHS).

Anthony S. Fauci, M.D., NIAID director, stresses "Long-term follow up of all of the children born to mothers in this study is essential to learn more about the risks and benefits of the treatment beyond these encouraging early results."

An independent Data and Safety Monitoring Board (DSMB) reviewed the ACTG 076 preliminary findings. As a result of the DSMB's review and recommendations, the study investigators have stopped enrollment of women into ACTG 076 and are offering AZT to all currently enrolled pregnant women who remain in the study, as well as to their infants for the first 6 weeks of life. The study investigators plan to follow the infants for a number of years because the long-term consequences of AZT therapy are unknown; in addition, they will follow the women in the trial for six months after delivery.

Researchers will monitor the growth and development and look for any unusual illnesses among the infants, according to the chairs of the ACTG 076 protocol Edward M. Connor, M.D., associate professor of pediatrics at the University of Medicine and Dentistry of New Jersey in Newark, and Rhoda Sperling, M.D., of the Department of Obstetrics and Gynecology at Mount Sinai School of Medicine.

Because long-term effects of therapy on the infants are currently unknown, no recommendations about treatment to prevent transmission of HIV during pregnancy and delivery are being made pending development of consensus on the balance between known benefit and unknown risk. In the meantime, more details about this study are included in a Clinical Alert to Physicians and in a Summary of ACTG 076 Findings. These documents are available from the AIDS Clinical Trials Information Service, 1-800-TRIALS-A. The ACTG 076 investigators are
preparing a report of the study that will be submitted for publication to a peer-reviewed medical journal.

HIV is the fifth leading cause of death in U.S. children younger than 15 years, according to the National Center for Health Statistics. As of Sept. 30, 1993, the Centers for Disease Control and Prevention have received reports of 4,906 AIDS cases in children younger than 13 years. Of these children, 4,328 had a mother with, or at risk of having, HIV and 2,615 have died. Annually in the United States, an estimated 7,000 HIV-infected women give birth to infants, of which approximately 25 percent are HIV-infected.

ACTG 076 began in April 1991, with a target enrollment of 748 HIV-infected women in their 14th to 34th week of pregnancy who did not need AZT as part of their medical care. The women received either AZT or a placebo during pregnancy and labor. Neither the researchers nor the women knew to which treatment arm the women had been randomly assigned. The length of treatment ranged from one to 29 weeks, based on the time of the women's enrollment.

Within 24 hours after birth and for six weeks thereafter, infants received the same treatment, either AZT or placebo, as their mothers.

The women received either a placebo or a standard adult dose of AZT during pregnancy. During labor, the women received a continuous intravenous dose of the placebo or AZT. The babies subsequently received a syrup of the placebo or of 2 mg/kg AZT four times a day for six weeks.

As of Dec. 20, 1993, 477 women had enrolled in the trial and 421 babies had been born. The results of at least one HIV culture test were available for 364 infants. Of these 364, 53 had HIV, of which 13 were born to mothers receiving AZT and 40 to mothers on placebo.

Investigators found that both mothers and infants tolerated the AZT treatment well, with no significant short-term side effects other than reversible mild anemia (low red blood cell counts) in some infants.

The women ranged in age from 15 to 43, averaging 25 years. Of the 463 women completing the trial, 50 percent were African-Americans and 29 percent were Hispanic. Of the 59 sites enrolling women into the trial, NIAID supported 35 and NICHD supported 15 in the United States; INSERM supported nine in France.

NIAID and NICHD, two of the 17 institutes at NIH, support scientists and scientific studies at universities, medical schools, hospitals and research institutions in the United States and abroad. NIH is an agency of the U.S. Public Health Service, part of DHHS. INSERM is the national biomedical research organization of France. Burroughs Wellcome Co. supplied the AZT for the study.
WE MOVED!
WE MOVED!
We moved to a permanent meeting place!!

COME MEET WITH US AT

Lyon-Martin Women’s Health Services
1748 Market St. Suite 201
First Tuesday of every month
9:30 am to 11:30 am

April 5th presentation:
Denise Hatfield reporting from DC
on the Lesbian Health Issues Conference

FOOD FOOD FOOD FOOD FOOD FOOD FOOD
will be generously provided
and warmly welcomed

ALSO NOTE
OUR NEW PHONE NUMBER:
415-621-4160

AND
NEW MAILING ADDRESS:
584 Castro St. Suite 321 SF, CA 94114-2500
Announcements

Lyon-Martin Women's Health Services is hiring part time HIV counselor case manager (Please see flyer attached).

Ferguson Place is hiring clinical supervisor (Please see flyer attached).

Lyon-Martin will offer a retreat for HIV+/HIV- couipes (See flyer).

WORLD will offer a retreat for HIV+ women in April (See flyer).

WAN’s Women’s Fund will be applying for an AmFar grant to expand.

Family Services now has 15 slots for counseling to MediCal eligible persons.

WAN hired a new Administrative Asst. AMY BECKER starts very soon and will attend next meeting....come and meet her!

DISCUSSION

The majority of meeting time was taken up with discussion of the new study released about pregnant women on AZT. The results are controversial and not entirely clear. We will try to publish information on the study in the next newsletter.

We agreed they raised several questions and that the topic would be a good one to use as an expanded evening forum later in the year. The questions we could arrange to focus on could be:

1. Are the study conclusions good?? Just how healthy were the babies born on AZT? What was the CD4 count of the mother when they started AZT?

2. What criticisms are there of methodology, geographical areas studied, etc?

3. What does it say about mandatory testing, before or during pregnancy?

4. What impact on women’s right to refuse AZT? Fetal right vs. woman’s??

5. What impact on future of research for perinatal HIV? Impact on funding?
AGENCY: Baker Places, Inc. is a non-profit, community-based agency founded in 1964 to provide residential treatment services for adult San Franciscans. Baker operates nine community mental health and substance abuse programs through contracts with the Department of Public Health.

PROGRAM: Ferguson Place will provide 24-hour, professionally staffed residential treatment for HIV infected substance abusers and a six-bed satellite unit for HIV infected substance abusers who are leaving residential substance abuse treatment.

RESPONSIBILITIES:

The Clinical Supervisor functions as an assistant program manager, working under the direct supervision of the Program Director. The duties include, but are not limited to:

> Ensuring effective provision of quality service to the client population, and quality control of clinical procedures and staff development.

> Providing direct weekly formal supervision of line staff.

> Directly supervising line staff in the maintenance of clinical/administrative records and files in accordance with state and local licensing and contract requirements.

> Assisting with staff training as appropriate and providing input to staff evaluations.

> Orienting and providing supervision of support counselors and relief counselors, and maintaining the schedule for coverage of houses.

> Assuring the maintenance of the house and supplies.

> Supervising the intake process to insure maximum utilization of bed capacity.

> Establishing a weekly education program for clients and arranging for outside presentations as appropriate.
Providing agency linkage and coordination with other Baker Places Programs by attending clinical supervisor’s meetings and other appropriate task forces or committees.

Represent the agency to substance abuse, mental health, AIDS, and other Department of Public Health agencies in order to enhance referrals.

Acting as Program Director in her/his absence, providing direct clinical and administrative supervision to line staff in all areas of their responsibilities.

QUALIFICATION:

This is a full time professional position, demanding a clinician with an understanding of recovery strategies and a commitment to community-based, residential substance abuse/AIDS services.

REQUIREMENT:

Professional training and substantial work experience on an alcohol/drug treatment provides in clinical management position in residential treatment setting.

PREFERRED:

Knowledge of and background in recovery, services to gay men and persons with ARC/AIDS, San Francisco community resources, and social rehabilitation treatment module. (Applicants who are recovering persons must have maintained 3+ years of sobriety.

SALARY: Negotiable with excellent benefits and step increases.

TO APPLY: Send resume and cover letter to:

Baker Places, Inc. (FP/CS)
310 Townsend Street
San Francisco CA 94107

BAKER PLACES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER, WITH AN AFFIRMATIVE ACTION PLAN TO REFLECT THE SAN FRANCISCO POPULATION WE SERVE WITH REGARDS TO RACE, SEX, SEXUAL ORIENTATION, RELIGION, PEOPLE WITH DISABILITIES, AND AGE.

BILINGUAL AND BICULTURAL APPLICANTS ARE ENCOURAGED TO APPLY.
Lyon-Martin Women's Health Services

JOB ANNOUNCEMENT

HIV COUNSELOR/ CASE MANAGER

Lyon-Martin Women's Health Services is a general medical non-profit community clinic. Our goal is to provide quality, affordable non-judgmental comprehensive primary care, gynecology, and health education to Bay Area women. The agency is committed to a multicultural philosophy which promotes access to health care and health education in a safe and empowering environment for all women.

We are seeking a part-time (24 hrs/week) individual to provide pre and post HIV antibody test counseling; case management and supportive counseling to HIV positive clients; and present HIV education programs and trainings for diverse populations. This position is likely to expand to 40 hrs/week by July 1, 1994.

Responsibilities include: provide pre- and post-test counseling, emotional support counseling, case management, data collection and reporting, present HIV education programs and trainings to diverse population groups.

Qualifications include: Bachelor's degree in psychology or social work and two years experience or master's degree and one year experience or one year comparable experience for each degree; HIV Counselor training or related experience; ability to provide supportive and respectful counseling with women of varying lifestyles individually and in groups; knowledge of HIV/AIDS services in San Francisco bay area; effective communication skills; and ability to set and achieve goals.

Salary: $18K ($30K FTE) + health insurance, vacation, sick leave and holidays.

SEND RESUME AND COVER LETTER TO:
LYON-MARTIN WOMEN'S HEALTH SERVICES
1748 MARKET STREET, SUITE 201
SAN FRANCISCO, CA 94102

PERSONS OF COLOR AND DISABLED CANDIDATES ARE ENCOURAGED TO APPLY.
Posted 3/7/94
LYON-MARTIN WOMEN'S HIV SERVICES

A SPECIAL RETREAT FOR WOMEN HIV+/HIV- COUPLES

Elegant San Francisco Bed & Breakfast Inn
Massage • Hot Tub • Meals

Saturday, March 19
9:30 a.m. to 5:30 p.m.

FREE

• safer sex information and demo
• building a loving partnership
• listening and communication skills
• conflict resolution
• meet other women couples

Space is limited
Pre-registration required
Call (415) 565-7683

funded by American Foundation for AIDS Research
How many times have you said, "I just need a little time for myself"?

Well, here it is...

WORLD's fifth Shangri-la

Retreat for HIV+ Women

Please join us for a supportive weekend away
rejuvenate & enjoy magnificent views and restful gardens & relax
see old friends & make new ones

April 20-22, 1994
(Wednesday-Friday)

$85 fee
includes
lodging
and meals

Spaces are limited and fill up quickly!
To request a registration application, call WORLD now: 510/658-6930.
Applications will be mailed after March 15 & available in person/by Fax after March 16
30 of the 80 spaces will be reserved for first-timers until April 10.
Phone reservations will not be accepted.

Activities include: art projects; massage; great food; info about vitamins and herbs; etc.
Support groups for: women in recovery, African-American women, moms, lesbians, and much, much more.

So we can be fully present for each other,
we will require that this be a drug & alcohol free environment

Donations for a scholarship fund to assist first-timers are needed and gratefully accepted.
NOTE: NEW LOCATION FOR MEETING

NEXT WAN MEETING

TUESDAY MARCH 1, 1994 FROM 9:30 TO 11:30 AM

LIFE CONFERENCE CENTER, 1675 CALIFORNIA ST. AT VAN NESS

PRESENTATION: REPORT FROM LESBIAN HEALTH ISSUES CONFERENCE IN DC

ATTACHMENTS:
Announcements
Announcements

The Chowchilla demonstration was a success! Thirty full car loads of women marched and demonstrated. The incarcerated women were in a yard, far away but close enough to see the support there. Betty Jo Ross has been released!!!

Rebecca Denison of WORLD announced a new column in the WORLD Newsletter for questions from readers. Readers can phone/fax questions to WORLD and both the question and answer will be published. If you know someone with valuable knowledge and good writing skills who would like to help answer questions (esp. re alternative therapies and vitamins) please have them call WORLD. The March issue of WORLD Newsletter will focus on Pediatric AIDS. If you have questions or want to contribute to the newsletter, please call Rebecca.

Margot Antonetty announced that Ferguson Place (of Baker Places) is fighting to keep beds open for women with HIV/AIDS who need residential treatment for mental health and substance abuse issues. There is an individual assessment conducted at intake for their 3 month program. Transitional as well as permanent housing assistance is provided.

Denise Hatfield announced that she will be going to Washington, DC to attend a national Lesbian Health Issues Conference. She wants any suggestions people have to take with her.

The National Lawyers Guild AIDS Network has closed due to scarce funding. The NY office of the NLG will continue some of its operations including publishing the AIDS Practice Manual.

Women's Fund Committee

WAN's Special Women's Fund for low income SF women with HIV/AIDS will continue for another year, as WAN has received another large donation to keep it going. WAN will explore writing for grant money to expand the fund project.

Policy Committee

Eileen Hansen reported the February meeting of the committee will look ahead at 1994 to put together an agenda of issues to be worked on. WAN's Policy Committee will meet with WORLD for their input.

One issue to work on is the battle to get a National Stand-By Guardian bill passed. WAN and WORLD will work together on this. Call Eileen or Rebecca.

The CDC Prevention Ad Campaign means to educate but has missed the boat in reaching high risk populations by using "universal" ads. The CDC met with local agencies in SF to get input and Eileen personally spoke to them regarding her Prevention Package re Women with HIV/AIDS. Eileen will attend the ongoing meetings re national strategy/local campaigns and would like ideas from anyone.

State AIDS Lobby Day is May 16, 1994 in Sacramento, CA. WAN and WORLD will mobilize women to be there!
HIV Seroprevalence and Risk Behaviors Among Lesbians and Bisexual Women: The 1993 San Francisco/Berkeley Women's Survey

Surveillance Branch, AIDS Office
San Francisco Department of Public Health
October 19, 1993

***** (PRESENTED TO WAN BY MELISSA JONES)
EXECUTIVE SUMMARY

This report presents the findings of a survey of 498 lesbians and bisexual women 17 years of age and older who were randomly sampled at 25 locations in San Francisco and Berkeley, CA during 1993. The survey was conducted by the San Francisco Department of Public Health AIDS Office Surveillance Branch, in collaboration with the Berkeley Department of Health and Human Services and the Division of HIV/AIDS, Centers for Disease Control and Prevention.

The study found that 1.2% of lesbians and bisexual women were infected with HIV, 5.4% had markers for hepatitis B, and 0.4% had markers indicating a history of syphilis. The prevalence of HIV infection did not differ significantly by age, race/ethnicity, or sexual orientation.

The prevalence of HIV infection in this population was more than three-fold higher than that estimated for all adult or adolescent women in San Francisco (0.35%; based on household and street-based surveys, surveys of childbearing women, clinic-based surveys, and screening of blood donors and military recruits).

Lesbians and bisexual women in this survey reported very high levels of injection drug use and unsafe sexual behaviors with male and female partners. A substantial proportion of women reported injection drug use since 1978 (10.4%), and 3.8% reported injecting drugs in the past three years. Among those reporting a history of injection drug use since 1978, 71% reported a history of sharing needles, and 31% reported sharing needles with gay/bisexual men.

Among the 405 women who reported a history of sex with men, many reported unprotected oral (56.3%) vaginal (39%) or anal (10.9%) sex with men during the past three years. Of particular concern, these women reported a high rate of unprotected oral, vaginal, or anal sex with gay/bisexual men (14.6%, 9.6%, 3.2%, respectively) or with male injection drug users (6.4%, 5.2%, 1.7%, respectively) during the past three years.

Among those reporting a history of sex with women, 91.9% reported a history of unprotected oral sex, 28.8% reported unprotected sharing of "sex toys" and 25.2% reported unprotected vaginal fisting during the past three years.

Sixty-eight percent of the women reported that they had been previously tested for HIV antibody. Among the 492 HIV seronegative participants, 32.3% had not previously been tested for HIV, whereas five of the six HIV-infected women had been tested before and were aware of their infection.
The study found no clear evidence of woman-to-woman transmission among the six HIV-infected women in the survey. All of these women reported either a history of injection drug use or a history of anal or vaginal sex with men. Despite the lack of clear evidence of woman-to-woman transmission in this survey, the high rates of injection drug use and unsafe sexual behaviors with male and female partners suggests a potential for continued transmission of HIV in this population.

Previous studies released by the Department of Public Health have shown that focused prevention campaigns have been very successful in San Francisco when targeted to populations at high risk through comprehensive community-based prevention efforts. Although the rates of HIV infection among lesbian and bisexual women are currently low, these rates may rise given the high levels of risk behaviors in this population. These studies suggest that targeted prevention programs should be expanded to address the needs of lesbians and bisexual women.
Objectives

The objectives of the Women's Survey were 1) to estimate the prevalence of HIV infection, and markers for hepatitis B virus and syphilis among women who have sex with women or with men and women, who frequent venues in San Francisco and Berkeley, CA, and who reside in the nine-county San Francisco Bay Area, 2) to estimate the level of risk behaviors in this population, and 3) to measure the association between HIV infection and various factors including sexual and drug histories, HIV antibody testing history, medical history, and demographic characteristics.

Methods

A total of 550 women were randomly surveyed from 25 venues located in San Francisco and Berkeley, CA between January and August 1993. Survey locations included bars, dance clubs, street locations, and special events identified through community-based focus groups as sites where lesbians and bisexual women congregate. The number of women selected from each venue was proportional to the estimated number of persons frequenting the venue. Volume estimates for all sampling locations were determined by field enumeration and adjusted as volume changes occurred.

During field visits, women were randomly selected as they walked down a pre-selected stretch of sidewalk, or as they entered a club or bar. Field investigators recruited women who were 17-years and older, and who resided in the nine-county San Francisco Bay Area. Selection of participants was not based on sexual orientation. Field investigators recorded the number of women approached for participation, their age, race/ethnicity, county of residence, and whether they accepted or declined enrollment. Of the 798 women eligible for the survey, 550 (69%) agreed to participate in the survey. Informed consent, interview, blood draw, and prevention counseling were performed in a specially-equipped van parked near the sampling venue. A trained interviewer conducted a structured face-to-face interview using a standardized questionnaire. Interview questions included demographics, sexual behaviors with both men and women, drug histories, HIV testing history, and medical histories.

Blood specimens were tested for HIV, present and past syphilis infection (VDRL and MHA-TP), and markers for hepatitis B (HBsAg and anti-HBc). Results and post-test counseling were offered two weeks after interview and blood draw. The analysis was limited to 498 women who had sex with women since 1978 or who self-identified as lesbian or bisexual.

The survey was conducted by a team from the San Francisco Department of Public Health led by Dr. George Lemp, Melissa Jones, Tim Kellogg, and Giuliano Nieri, in collaboration with researchers from the Berkeley Department of Health and Human Services and the Division of HIV/AIDS, Centers for Disease Control and Prevention.
Self-Identified Sexual Orientation of Survey Participants

- Lesbian: 68.1% (n=498)
- Bisexual: 21.7%
- Heterosexual: 19.0%
- Undecided/Refused: 4.8%
- Coming Out: 1.6%

Race/Ethnicity for Lesbians and Bisexual Women Who Participated in the Survey

- White: 54.0% (n=498)
- African-American: 16.9%
- Latina: 14.9%
- Native American: 1.8%
- Asian/Pac. Is.: 11.8%
- Other/Refused: 0.6%

Age-Group (Years) for Lesbians and Bisexual Women Who Participated in the Survey

- 20-29: 59.6%
- 30-39: 29.9%
- 40 and Over: 6.6%
- 17-19: 3.8%

Educational Level of Lesbians and Bisexual Women Who Participated in the Survey

- Some College: 35.5%
- High School: 33.5%
- College Degree: 14.1%
- Graduate School: 14.5%
- Less than High School: 2.4%
Annual Income of Lesbians and Bisexual Women Who Participated in the Survey

Less than $10,000 39.6%

$10,000 - $19,000 26.5%

19.1% $20,000 - $29,000

$10,000 - $19,000 26.5%

(n=498)

WS: 1993 San Francisco/Berkeley Women's Survey

Overall Seroprevalence of HIV, Hepatitis B, and Syphilis Among Lesbians and Bisexual Women

HIV Seroprevalence Among Lesbians and Bisexual Women by Age-Group

HIV Seroprevalence Among Lesbians and Bisexual Women by Race/Ethnicity

WS: 1993 San Francisco/Berkeley Women's Survey
HIV Seroprevalence Among Lesbians and Bisexual Women by Gender of Sex Partners Since 1978

Percent HIV Positive (%)

<table>
<thead>
<tr>
<th>Gender of Sex Partners</th>
<th>Women Only (n=90)</th>
<th>Men Only (n=27)</th>
<th>Men and Women (n=378)</th>
<th>No Partners (n=3)</th>
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<td>Women Only</td>
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</table>

WS: 1993 San Francisco/Berkeley Women's Survey

HIV Seroprevalence Among Lesbians and Bisexual Women by Sexual Orientation

Percent HIV Positive (%)

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Lesbian (n=339)</th>
<th>Bisexual (n=108)</th>
<th>Heterosexual (n=19)</th>
<th>Other (n=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>0.88</td>
<td>2.78</td>
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Seroprevalence of HIV by County of Residence Among Lesbians and Bisexual Women

Percent HIV Positive (%)

<table>
<thead>
<tr>
<th>County</th>
<th>Alameda (n=91)</th>
<th>Contra Costa (n=11)</th>
<th>Marin (n=4)</th>
<th>San Francisco (n=361)</th>
<th>San Mateo (n=17)</th>
<th>Santa Clara (n=6)</th>
<th>Solano (n=3)</th>
<th>Sonoma (n=4)</th>
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</thead>
<tbody>
<tr>
<td>HIV Positive (%)</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
<td>1.39</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</tbody>
</table>

WS: 1993 San Francisco/Berkeley Women's Survey

Seroprevalence of HIV by City of Venue Among Lesbians and Bisexual Women

Percent HIV Positive (%)

<table>
<thead>
<tr>
<th>City</th>
<th>San Francisco (n=435)</th>
<th>Berkeley (n=63)</th>
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</thead>
<tbody>
<tr>
<td>HIV Positive (%)</td>
<td>1.15</td>
<td>1.59</td>
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</tbody>
</table>

WS: 1993 San Francisco/Berkeley Women's Survey
Seroprevalence of HIV by Injection Drug Use (IDU) Among Lesbians and Bisexual Women

WS: 1993 San Francisco/Berkeley Women's Survey

Seroprevalence of HIV by STD History Among Lesbians and Bisexual Women

WS: 1993 San Francisco/Berkeley Women's Survey

Percent of Participants with Male Sex Partners at Risk for HIV (for women reporting sex with men)

WS: 1993 San Francisco/Berkeley Women's Survey

Percent of Participants with Female Sex Partners at Risk for HIV (for women who reported sex with women)

WS: 1993 San Francisco/Berkeley Women's Survey
Prevalence of Injection Drug Use and Needle Sharing Among Lesbians and Bisexual Women

Prevalence of Unprotected Sex with Women During the Past 3 Years

Prevalence of Unprotected Sex with Men During the Past 3 Years

Prevalence of Unprotected Sex with Gay/Bisexual Men During the Past 3 Years

WS: 1993 San Francisco/Berkeley Women's Survey
Prevalence of Unprotected Sex with Male IDUs During the Past 3 Years

Prevalence of Piercing, Cutting, or Whipping to the Point of Bleeding Among Survey Participants

Prevalence of Non-Consensual Sex Among Survey Participants

HIV Antibody Testing History Among Lesbians and Bisexual Women

WS: 1993 San Francisco/Berkeley Women's Survey
Percent of Participants Who Have Been Tested for HIV by Age-Group

<table>
<thead>
<tr>
<th>Age-Group (Years)</th>
<th>Percent Reporting (%)</th>
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<tbody>
<tr>
<td>17-19 (n=19)</td>
<td>52.6</td>
</tr>
<tr>
<td>20-29 (n=297)</td>
<td>64.9</td>
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<tr>
<td>30-39 (n=149)</td>
<td>75.2</td>
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<tr>
<td>40+ (n=33)</td>
<td>69.7</td>
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Percent Reporting (%)

WS: 1993 San Francisco/Berkeley Women's Survey

Percent of Participants Who Have Been Tested for HIV by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent Reporting (%)</th>
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<tbody>
<tr>
<td>White (n=269)</td>
<td>71.4</td>
</tr>
<tr>
<td>African-Am. (n=84)</td>
<td>76.2</td>
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<tr>
<td>Latina (n=74)</td>
<td>54</td>
</tr>
<tr>
<td>Asian/Pac. Is. (n=59)</td>
<td>54.2</td>
</tr>
<tr>
<td>Native Am. (n=9)</td>
<td>88.9</td>
</tr>
</tbody>
</table>

WS: 1993 San Francisco/Berkeley Women's Survey

THE WOMEN'S SURVEY TEAM AND COLLABORATORS

Principal Investigator: George Lemp, Dr. P.H.
Study Coordinator: Melissa Jones
Epidemiologist: Tim Kellogg
Operations Manager: Giuliano Nieri
Research Associates: Tia Martinez, Peou Lakhana, Sheri Storey

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Volunteer Research Assistant

<table>
<thead>
<tr>
<th>AIDS Office</th>
<th>Advisory Committee</th>
<th>Volunteer Research Assistant</th>
<th>Special Thanks To</th>
</tr>
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<tbody>
<tr>
<td>Yesenia Aguirre</td>
<td>Carol Dawson</td>
<td>Noeml Barreto</td>
<td>Berkeley Free Clinic</td>
</tr>
<tr>
<td>Marsha Amador</td>
<td>Alina Ever</td>
<td></td>
<td>Irene Carmona</td>
</tr>
<tr>
<td>Jason Bishop</td>
<td>Bonnie Faigeles</td>
<td></td>
<td>John Day</td>
</tr>
<tr>
<td>Susan Black</td>
<td>Lani Kaahumanu</td>
<td></td>
<td>Diane Haas</td>
</tr>
<tr>
<td>Susan Buchbinder</td>
<td>Valerie Kegebein</td>
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<td>Lyon-Martin Clinic</td>
</tr>
<tr>
<td>Vincent Fuqua</td>
<td>Caroline Jean Lee</td>
<td></td>
<td>Kevin McKinney</td>
</tr>
<tr>
<td>Delia Garcia</td>
<td>Lori Lee</td>
<td></td>
<td>Maree Kay Parisi</td>
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<tr>
<td>Danny Givertz</td>
<td>Yvonne Littleton</td>
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<td>Naomi Prochovnick</td>
</tr>
<tr>
<td>Sandra Hernandez</td>
<td>Steve Mills</td>
<td></td>
<td>Lea Sanchez</td>
</tr>
<tr>
<td>Laura Hormel</td>
<td>Amanda Newstetter</td>
<td></td>
<td>Rita Shimmin</td>
</tr>
<tr>
<td>Harry Mar</td>
<td>Marj Plumb</td>
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</tr>
<tr>
<td>Mitch Katz</td>
<td>Lisa Stanley</td>
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<tr>
<td>Bob Kono</td>
<td>Pat Stevens</td>
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<td>Sean Nguyen</td>
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<tr>
<td>Rufina San Juan</td>
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</table>
December 29, 1993

Dear Colleague:

Several months ago a number of individuals representing organizations of women and people of color gathered together to begin a dialogue about prevention reform. We came together out of a strong belief that prevention efforts to date have not come anywhere close to addressing the critical needs of people of color and women - in particular, gay and bisexual men of color, women of color and youth.

As Co-Chair of the Policy Committee of the Women’s AIDS Network, I convened the meetings. The group, representing eight national organizations, decided to produce a brief document addressing our concerns and issues regarding prevention. This decision was made out of the experience we have all had for many years now regarding the lack of attention to women and people of color in the HIV pandemic. It also was made specifically out of our particular concerns with the lack of focus on women and people of color in H.R. 1538, The Comprehensive HIV Prevention Act of 1993 (Pelosi, D-CA). As much as we believe that the thrust of H.R. 1538 is a solid one, we remain concerned that the needs of women and people of color are not specifically dealt with. Our document - focused generally on prevention reform, rather than on any one bill or effort - is attached for your information.

As someone involved in community-based policy work, we ask that you read the enclosed document and address these issues in any future discussions regarding national or state/local prevention reform. On behalf of the group of organizations signing off on this document, I offer our assistance in any of the areas covered. We thank you for your attention to these crucial matters.

Very truly yours,

Eileen Hansen
Women’s AIDS Network
PREVENTION REFORM: EXECUTIVE SUMMARY

People of color and women - in particular, gay and bisexual men of color, women of color and youth - are hard hit by AIDS. We are populations that have burgeoning and particular needs with regard to HIV. Those needs have not been acknowledged or targeted with funding proportionate to our emerging, undercounted and at-risk numbers. *Any* HIV prevention effort must take special care to meet the requirements of these populations. Without that attention, people of color, gay and bisexual men of color, women and youth do not trust that our concerns will be addressed. We refuse to remain invisible in this epidemic.

Effective prevention strategies aimed at modifying behavior must take into consideration cultural and behavioral patterns, socioeconomic factors, social norms and the unique infrastructures of differing people of color communities and differing women's communities. Because the needs of communities of color and women have been so often overlooked, any comprehensive prevention planning efforts must specifically address the priorities and prevention needs of women and people of color, including specific groupings within those populations - as defined by those affected populations.

In order to adequately address the needs of people of color, gay and bisexual men of color, women and youth, these populations must be specifically targeted throughout *all* reform efforts. This does not mean that a "laundry list" must be developed. However, there are several ways in which we see this concern being addressed. For example, linguistically relevant and culturally competent approaches to prevention must be mandated. In addition:

Membership in any advisory councils, as well as any state, regional and local planning councils, must be inclusive of people of color, gay and bisexual men of color, women and youth ("people of color" should be defined to include the various ethnicities *within* particular categories of people of color - for example, the 29 distinct sub-groups within the grouping of "Asian" and the 20 distinct sub-groups within the grouping of "Pacific Islanders"), and inclusive of individuals *at risk* for HIV (including "emerging populations at risk" and populations traditionally undercounted). Among others, lesbian and bisexual women must be named, as must transgenders and transsexuals, sex industry workers and out of school youth. When we focus on "empowerment of communities," the variety of communities *within* diverse geographical communities should be acknowledged, thus noting the significance of class, gender, race, ethnicity, age and sexual orientation differences. We need to create the best possible climate for people of color, gay and bisexual men of color, women and youth - people who have expertise regarding their particular issues and communities - to fully participate in planning and fully compete for funding.

We must not continue to assume that when the needs of any one population are addressed, the needs of all others affected by HIV have been addressed. For example, meeting the needs of gay, white men - needs that everyone agrees are critical - does not mean that the needs of gay men of color have been met. To this end, on behalf of eight national organizations serving women and people of color, we offer a number of collective concerns and suggestions regarding five areas of prevention reform:
1) **Resource Allocation**
Funding allocations for primary HIV prevention must be directly linked to locally conducted needs assessments and must prioritize activities and/or interventions that are designed with the specific goal of preventing new HIV infections, especially those targeting populations that have been affected by HIV infection, yet have traditionally been excluded from policy and programmatic planning on all governmental levels. This prioritization calls for the shifting of prevention dollars from counseling, testing and reporting toward meaningful primary prevention efforts that are developed and implemented by and for communities of color, women, gay and bisexual men of color, women of color, gay and bisexual men and youth.

2) **Direct CDC Funding**
The legacy of discrimination against communities of color obstructs cooperative agreements with government bodies. In addition, organizations that focus specifically on the needs of women have not even begun to be included - for the most part - in the network of federally funded prevention initiatives and technical assistance. Therefore, direct CDC funding, as well as funding allocated through state or local health departments must continue to be made available to these affected communities, with a process of evaluation and recommendations to be developed and developed among both management and community advisory boards as to the CDC's future funding plans.

3) **Needs Assessment**
Any prevention reform should mandate a local needs assessment - *with uniform standards and methodologies* - as an integral part of any planning process, prior to the allocation of any funds. We believe that tying funds to needs assessments will result in more local dollars going in the same direction as the epidemic. To ensure that the local needs assessment be as inclusive as possible, uniform standards and methodology must specifically require that data be collected on populations such as women and people of color who are at increased risk of becoming HIV-infected. Community input is essential in developing appropriate needs assessments. Further, local health agencies must look to other data which may be more accurate indicators of the risk factors for specific populations, e.g. statistics from local family planning clinics on rates of teenage pregnancies; statistics from local women's health centers on lesbian/bisexual-identified women; statistics from local hospital emergency rooms and community-based clinics on the relationship of poverty rates to HIV; or such data as may be obtained from STD clinics. If the data is not available, funding must be provided to obtain such critically important data.

4) **Prevention Planning Council Structure**
Federal HIV prevention reform must recognize that the nation's HIV epidemic is made up of many local HIV epidemics which vary greatly depending on the geographical area. Reform must also recognize the diverse populations within geographical areas. While we support an approach that allows local and state coalitions to select appropriate prevention strategies and providers, it is also necessary to incorporate safeguards into local planning and decision-making processes regarding funding that will ensure that women from diverse racial and ethnic communities, youth and all people of color are able to equitably participate in planning and equitably compete for prevention funds. Contrary to the myth, rarely have individuals from low-income, disenfranchised communities been represented on planning councils because they are not politically empowered to begin with. The Ryan White Care Act Title I planning council model...
must not be adopted wholesale for the purposes of prevention planning. It must be analyzed for its weaknesses and strengths and then a new model developed for prevention.

5) Counseling and Testing
HIV prevention activities would be furthered if counseling and testing responsibilities were removed from the CDC’s jurisdiction and placed within HRSA, where they can be linked to health services. It is within HRSA that we can see counseling and testing become an effective tool in early intervention. Counseling and testing, by themselves, must not be viewed as primary prevention or counted as prevention dollars. Counseling and testing must be linked to services. Additionally, we oppose mandatory name reporting. It is essential that anonymous testing be as readily available as confidential testing to any person requesting it.

We refer you to the longer document attached, along with supporting background information, for more detail on these issues. We urge you to make time to read the complete document and to take these issues seriously in any future prevention efforts at the national or state/local level. As women and people of color, we are absolutely convinced that our communities’ needs for prevention can not be met without full attention to these issues. We would be more than happy to discuss any or all of these areas with you at your earliest convenience and look forward to lending our voices to the ongoing discussion regarding prevention reform.

Signed,

Eileen Hansen, Women’s AIDS Network
P.O. Box 426182, San Francisco, CA 94142-6182
415 824-8884

Rafael Chang, Asian/Pacific AIDS Coalition
995 Market Street, Suite 1112, San Francisco, CA 94103
415 243-8909

Gerald Lenoir, Black Coalition on AIDS
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415 346-2530

Steve Lew, Campaign for Fairness
1841 Market Street, San Francisco, CA 94103
415 575-3939

Leslie R. Wolfe, Center for Women Policy Studies
2000 P Street NW, Suite 508, Washington, DC 20036
202 872-1770

Helen Fox, National Minority AIDS Council
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202 544-1076

Ron Rowell, National Native American AIDS Prevention Center
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510 444-2051

Kerrington Osborne, National Task Force on AIDS Prevention
631 O’Farrell Street, San Francisco, CA 94109
415 749-6700
PREVENTION REFORM

1) RESOURCE ALLOCATION
Funding priorities must be directly linked to locally conducted needs assessments. Along with projections of seroprevalence among various groups, these assessments must also identify and document the socioeconomic factors such as gender, sexual orientation, nativity, language, ethnicity, race, age, income and indigence that impact upon the risk of HIV infection among groups characterized by these factors. This approach is essential to achieving a comprehensive prevention needs assessment that does not generalize the risk of infection based on transmission categories alone, but also includes the socioeconomic realities which further impede HIV prevention efforts among certain groups.

Resource allocation and the methods used to determine the same must recognize the existing - or sometimes just emerging - infrastructure within indigenous community-based organizations serving people of color, women, gay and bisexual men of color, women of color and youth, and provide funding for capacity building and community development within these communities.

Funding allocations for primary HIV prevention must prioritize activities and/or interventions that are designed with the specific goal of preventing new HIV infections, especially those targeting populations that have been affected by HIV infection, yet have traditionally been excluded from policy and programmatic planning on all governmental levels. This prioritization calls for the shifting of prevention dollars from counseling, testing and reporting toward meaningful primary prevention efforts that are developed and implemented by and for communities of color, women, gay and bisexual men of color, women of color, gay and bisexual men and youth.

2) DIRECT CDC FUNDING
The legacy of discrimination against communities of color obstructs cooperative agreements with government bodies. Lack of demonstrated commitment by state and local health departments to secure access to health care for communities historically burdened with poverty, addiction, infant mortality and premature morbidity exacerbates that trust. Moreover, communities of color traditionally have received an inadequate fraction of HIV-related funds channeled through state and local health departments because of 1) general neglect of community-based organizations serving communities of color; 2) inappropriate and inadequate mechanisms for determining need; 3) an unwillingness to expand the service delivery system to include harder to reach, disenfranchised people; and 4) absorption of funds through government administrative costs.

Therefore, it is unacceptable that the funds targeted directly to organizations serving people of color from the Centers for Disease Control and Prevention now be allocated through state and local health departments. Both streams of funding - direct CDC funding, as well as funding allocated through health departments - must be available to people of color. Organizations targeting specific populations within communities of color such as gay men of color or women of color must be specifically included in this plan.
As important as direct CDC cooperative agreements are with community-based organizations serving people of color, organizations that focus specifically on the needs of women have not even begun to be included - for the most part - in the network of federally funded prevention initiatives and technical assistance. Special prevention program funding must be developed for organizations that specifically target women, including organizations whose mission is to target specific populations of women - for example, African Americans, Latinas or lesbians. Efforts must be made to ensure that women are also reached within any overall prevention effort - whether it be direct CDC funding or funding allocated through state or local health departments - so that prevention for women is not limited to or capped through direct women-specific agreements.

Therefore, direct CDC funding, as well as funding allocated through state or local health departments must continue to be made available to these affected communities, with a process of evaluation and recommendations to be developed and developed among both management and community advisory boards as to the CDC's future funding plans.

3) NEEDS ASSESSMENT

As previously noted under the section on Resource Allocation, it has been proposed in many forums that any prevention reform should mandate a local needs assessment as an integral part of any planning process, prior to the allocation of any funds. We believe that tying funds to needs assessments will result in more local dollars going in the same direction as the epidemic. Theoretically, we would then see an increase in prevention efforts targeting people of color, women, gay and bisexual men of color, women of color and youth, given that the epidemiological data reflects these trends. This makes sense, and the concept is a very good one; however, there are some concerns about the framework for the needs assessment.

Uniform standards and methodologies must be mandated in guidelines for needs assessments. These standards must include the various population groupings and sub-groupings (noted in the Executive Summary) and provide strong guidance to localities seeking to conduct a needs assessment. To ensure that the local needs assessment be as inclusive as possible, uniform standards and methodology must specifically require that data be collected on populations such as women and people of color who are at increased risk of becoming HIV-infected. Community input is essential in developing appropriate needs assessments. Further, local health agencies must look to other data which may be more accurate indicators of the risk factors for specific populations, e.g. statistics from local family planning clinics on rates of teenage pregnancies; statistics from local women's health centers on lesbian/bisexual-identified women; statistics from local hospital emergency rooms and community-based clinics on the relationship of poverty rates to HIV; or such data as may be obtained from STD clinics. If the data is not available, funding must be provided to obtain such critically important data. The thoroughness of any local needs assessment must be evaluated on criteria which mandate local health agencies to seek the assistance of local community-based organizations targeting people of color and women in identifying and determining local needs.
4) PREVENTION PLANNING COUNCIL STRUCTURE

Federal HIV prevention reform must recognize that the nation's HIV epidemic is made up of many local HIV epidemics which vary greatly depending on the geographical area. Reform must also recognize the diverse populations within geographical areas. While we support an approach that allows local and state coalitions to select appropriate prevention strategies and providers, it is also necessary to incorporate safeguards into local planning and decision-making processes regarding funding that will ensure that women from diverse racial and ethnic communities, youth and all people of color are able to equitably participate in planning and equitably compete for prevention funds.

While in theory, Ryan White CARE Act Title I planning councils provide an excellent venue for community-based planning and decision-making regarding funding, we are very concerned about the ability of advocates for women and people of color to participate fully in these local structures. By their very nature, planning councils are political bodies. In order to ensure some degree of fairness in the prevention planning structure process, representation of two overlapping communities whose needs require special consideration - that is, communities of color and women (for example, gay and bisexual men of color and women of color) - must be mandated.

An underlying concept of planning councils is that they are representative of the various communities and empower those affected by HIV/AIDS. This is rarely true of individuals from low-income, disenfranchised communities because they are not politically empowered to begin with. Frequently, representatives from smaller CBOs lack the expertise needed to be proficient at health care planning. Therefore, it is rare for such individuals to sit on planning councils or, even if appointed, to effectively participate in the planning council process. Thus, individuals on community planning boards may need intensive, ongoing training in health care planning. This should include education about health care systems, how publicly funded health care programs work, insurance programs, and a discussion of the responsibilities of the community planning board and the boundaries of their authority. Moreover, even health departments need training in some areas, such as translation of data from a needs assessment to priority-setting. Therefore, the guidance for community planning must include an intensive, ongoing training and educational process for the participants.

Another way to ensure that the needs of women, people of color and low-income communities are represented in this type of forum would be to mandate inclusion of categories of organizations that serve communities of at-risk individuals, but which may or may not currently be doing any HIV work. For example, regarding women: primary care providers, family planning clinics, battered women's shelters, and other specific categories of social service providers who work with low-income communities and with women should be targeted for inclusion in any prevention planning body.

HIV/AIDS disproportionately affects African Americans and Latinos/as, as compared to the general population in the United States. According to a recent report issued by the Centers for Disease Control and Prevention, the number of AIDS cases in women increased by nearly 10 percent last year - four times the 2.5 percent increase that men experienced. And not all women are threatened in equal measure; again, most of the women who have contracted the virus are African American or Latina. Additionally, in the first study of its kind (10/93), the AIDS Office
of the San Francisco Department of Public Health concluded that the seropositivity of lesbians in the San Francisco area was three times higher than that for women, in general, in the San Francisco area. Thus, these populations - along with, of course, gay and bisexual men and gay and bisexual men of color - must be specifically included in any prevention planning structure.

In an indication of the inability of current local or state planning councils to be genuinely representative of the community’s needs and interests, the initial findings of an ongoing evaluation by the Center for Women Policy Studies of CARE Act Title I planning councils are that women’s advocates and women’s needs are too often absent. A Health Resources and Administration (HRSA) evaluation of Title II consortia, a similar local planning and decision-making structure, revealed an alarming tendency for a few large agencies to have a disproportionate influence on consortia decision-making and funding allocations.

5) COUNSELING AND TESTING
There has been much debate among service providers, policy-makers, prevention educators, state health officers and the Centers for Disease Control and Prevention as to the proper/appropriate/actual function of counseling and testing within the framework of HIV prevention, surveillance and health services. The CDC defines counseling and testing as primary prevention and many state health officers share this perspective. In so doing, the focus is primarily on identifying infected individuals and maintaining accurate statistics. We define these activities as surveillance and the collection of epidemiological data, not primary prevention.

Primary prevention must focus on risk reduction and behavior change. Counseling and testing alone cannot accomplish this. Gathering and monitoring surveillance data does not, in any way, address the issues of individual risk behavior. To continue to equate counseling and testing dollars with prevention dollars belies the amount of federal dollars directed toward actual, targeted HIV prevention efforts.

In addition, an assessment needs to be conducted of points of entry for testing and counseling - in particular, for women. We believe that HRSA-sponsored programs generally make a more appropriate point of entry than CDC-sponsored programs. If women are to access anonymous HIV testing and counseling services, it is essential that these services be available at places women go for health care. Since women fill 70% of the nation’s overall caregiving roles, they often must struggle to balance the many competing demands on time, energy and money created by these roles. It is often impossible to schedule child care, transportation, and time off from work and family to make multiple trips to different locations to meet their health needs. Thus, women are currently most likely to get their health care, including testing and counseling, at HRSA-funded sites for primary health care such as community health centers, women’s health centers, family planning and prenatal care clinics. Women are not as likely to go to STD clinics, TB clinics and test sites that are not connected to other health services.

Given the above, HIV prevention activities would be furthered if counseling and testing responsibilities were removed from the CDC’s jurisdiction and placed within HRSA, where they can be linked to health services. It is within HRSA that we can see counseling and testing become an effective tool in early intervention. Counseling and testing, by themselves, must not
be viewed as primary prevention or counted as prevention dollars. Counseling and testing must be linked to services.

Additionally, we oppose mandatory name reporting. It is essential that anonymous testing be as readily available as confidential testing to any person requesting it. While many states maintain some level of access to anonymous testing, it is often very limited and difficult to obtain. For example, in North Carolina, anonymous testing will no longer be available by 1994. HIV counselors there report that fewer numbers of individuals are getting tested, as anonymous test sites disappear. Additionally, the New Jersey Women and AIDS Coalition reports that New Jersey now has 200 HIV test sites but that anonymous testing is only available at seventeen of these sites. This has resulted in extremely long waiting lists at sites offering anonymous testing. It also results in frequent use of pseudonyms at confidential test sites by people wishing to obtain anonymous testing but who are unable to wait for an anonymous test site appointment. Anonymous test sites must be expanded. Name reporting must not be required or promoted.
PREVENTION REFORM: BACKGROUND

1) DIRECT CDC FUNDING

As of November 24, 1986, the CDC reported over 28,000 cases of AIDS in the United States. AIDS cases had been reported from all 50 states, the District of Columbia, the Commonwealth of Puerto Rico and four U.S. territories. Although racial/ethnic minorities comprised less than 20% of the overall population, they were over represented in the amount of reported AIDS cases. African Americans comprised 12% of the overall population and 25% of AIDS cases. Latinos/as amounted to 6% of the population and 15% of reported cases.

The imbalance was even more pronounced in women and children with AIDS. Cases among women represented 7% of the total, with African Americans accounting for 51% of those cases and Latinas for 21%. Of the pediatric cases, 57% were African American, 23% were Latino/a. Data was not collected on the Asian/Pacific Islander and Native American/Alaska Native populations.

Also at that time it was projected that:
- by the end of 1991, total cumulative cases of AIDS would exceed 270,000;
- by the end of 1991, total cumulative deaths would exceed 179,000;
- most people who develop AIDS by 1991 were infected by the mid 1980s;
- a dramatic increase in AIDS cases would occur among heterosexuals.

In light of the large number of individuals infected with HIV, and the projections of new AIDS cases in the years following 1986, it was unlikely that the rising incidence of AIDS in communities of color would slow or reverse itself in the foreseeable future. It was expected that disease and death from AIDS and HIV-related infections in communities of color would continue to mount as we approached the next century.

Direct funding of minority and other community-based organizations was thus created in fiscal year 1988 by Congress to respond to the mounting statistics. Because of a variety of reasons, racial and ethnic minority communities were not responding to the traditional public health model for STD prevention. This model, relying on testing, treatment and partner notification, proved unsuccessful in stemming the tide of new HIV infections. Although no data was available on why HIV was spreading so quickly among people of color (i.e., to this day, there is no behavioral data on people of color), it was believed that a new approach to dealing with prevention education in communities of color was necessary.

Starting in fiscal 1990, approximately 98 organizations working with specific populations and communities of color in need of HIV prevention information were selected to receive funding. The organizations received funding to educate their local communities, although no provision was made for the development of new prevention strategies. Funded organizations had to be creative in the approaches they would use to provide prevention education to their communities.
CBOs have succeeded in developing current educational techniques and materials that are the
template for education in racial and ethnic minority communities. The organizations that have
participated in this program have succeeded in supplementing the efforts of existing local health
entities in carrying out their prevention message. More importantly, they have created an
infrastructure within communities of color to continue the fight against AIDS.

Native Americans and Alaska Natives are both citizens of their tribes and nations and of the
United States. Native people have a unique relationship with the federal government, based upon
more than 350 treaties signed by the United States and the Indian nations and tribes between 1784
and the late 1800s. Native Americans numbered 1.92 million in the 1990 census.

The federal government has a "trust responsibility," based on treaties, that entitles Indian people
to participate in particular federal programs such as education and health care. However, those
tribes and nations that did not sign treaties with the United States are not federally recognized by
Congress and are therefore not eligible to participate in federal programs.

That situation has a direct impact on health care services to Native people who are not recognized
by the federal government. The Indian Health Service (IHS) has the primary federal
responsibility of providing health care services, but only to those tribes and nations recognized by
Congress. The IHS views this mandate as serving only federally-recognized Native Americans
living on or near reservations. In fact, over half of all Native Americans now live in urban areas
and only one quarter live on reservations. Thus, IHS actually serves only about 40% of all
Native Americans. In addition, there have been numerous criticisms of the IHS regarding its
provision of sub-standard health care, even to those it is mandated to serve.

The issues of self-determination and sovereignty became paramount for Native people and tribal
governments in the 1960s. Public Law 93-638 (PL 638) of 1975 (The Indian Self-Determination
and Education Act) gave tribes the option of managing IHS programs in their communities.
Increasingly, more Indian governments are exercising that right and are operating hospitals,
health centers and other health care programs.

Although PL 638 allows for self-determination with regard to health care programs, Native
communities, until very recently, have relied solely on IHS for health care services. The Federal
Government restricts which Native people can receive services, which means that many Native
people must seek health care services from other providers. It is only very recently that any
Native organization has been funded for public health services outside the IHS bureaucracy. It is
imperative that Native organizations and tribes have the right to further self-determination by
receiving funding from sources other than those that have been historically available to Native
people.

State and local health care agencies incorrectly assume that all health care needs of Native people
are met through the IHS. Often those entities refuse outright to provide HIV/AIDS funding to
Native groups or follow passive outreach efforts to Native communities when funding
opportunities become available to the general public.
CDC is one of very few funding sources for Native communities that are addressing health care needs for Native people. The fact that CDC can directly fund Native health care groups has meant that in very real numbers, Native people are receiving HIV education and prevention services who would not otherwise have access. HIV education and prevention for Native people was virtually non-existent until CDC awarded education and prevention grants to national and regional Native American AIDS organizations in 1988. Community-based organizations serving Native Americans have thus been funded primarily with funds from CDC, either directly through the U.S. Conference of Mayors, or by state and local health departments.

2) PREVENTION PLANNING COUNCIL STRUCTURE

Any federal prevention reform planning structure should include the following five mandates to help ensure that advocates for women and people of color can participate in prevention planning structures:

First, the needs assessment will be the basis for an approved, comprehensive prevention planning structure. Through the needs assessment, the needs of the various populations of women and people of color in the community will be formally researched and addressed in detail.

Second, regarding prevention planning structure composition: specific mandates must be in place requiring that membership be composed of a range of community-based organizations (including not only HIV/AIDS providers targeting women and people of color, but also key health and social service providers that already have a record of success at reaching women and people of color and are often themselves members of those communities). Requirements must also be created regarding the structure and composition of organizations asserting that they represent specific populations (for example, a requirement that at least 51% of board members and staff be members of the population the organization purports to represent). The term "community-based organization" (CBO) must be clearly defined, in order to facilitate appropriate membership in the prevention planning structure. (For example, in some cities, the public hospitals unfortunately consider themselves to be CBOs.)

Third, a formal grievance procedure should exist for members of the prevention planning structure. This procedure must be developed with community input.

Fourth, prevention planning structures should prepare a plan clearly establishing funding priorities that must be followed by the state or local grantee making final funding allocation decisions. However, the prevention planning structure should not be charged with the responsibility of selecting specific organizations or agencies to receive contracts.

Fifth, recognizing that community-based organizations are often operating with minimal staff and the proverbial shoestring budget, a specific small percentage of federal funding to each planning structure must be set aside to meet the expenses of prevention planning structure members who would, absent financial assistance, be unable to participate in prevention planning structure meetings. This financial assistance would not take the form of stipends to pay members for their participation. Rather, it would be used to pay for an individual's unavoidable expenses associated with planning structure participation (such as travel, child care costs, income
replacement, cost of replacing staff while at meetings, etc.) and would only be available to those individuals or organizations who can demonstrate that the assistance is necessary to their participation.

Evaluation pertaining to prevention planning structures should be defined on two levels:
1) Evaluation of planning and decision-making processes must be made by objective parties and not under a contract where the prevention planning structure being evaluated controls the evaluator; and 2) evaluation of funded programs should be done in such a way as to assist programs in creating better programs. Technical assistance should be provided, with a formative evaluation used to help the program establish or refine its program goals and stabilize and/or upgrade the program. A summative evaluation can be used to draw conclusions about the impact, outcomes or benefits of a program. However, caution should be exercised in comparing programs. Care must be taken to understand differences in program design and "outcome" based on the differences in communities’ and population’s needs. Additionally, many community-based organizations serving people of color and/or women are newly formed organizations or are new to the HIV/AIDS prevention arena and are just in the process of building an infrastructure that will be equipped to meet the demands imposed by the epidemic. Such agencies may view evaluation efforts by funders as hostile attempts to withdraw funds. Evaluations must therefore be conducted in such a way as to enhance programming and demonstrate or increase effectiveness.
MEMORANDUM

To: WAN Board Members

From: Theresa

Re: Board Meeting set for 2/23/94

There will only be TWO agenda items on Wednesday but they will require an additional half hour of our time, so the meeting ABSOLUTELY must begin at 5:30 and will be extended to 7:30!!

Promptly at 5:30 we will hear from the Hiring Committee about the two finalists. Enclosed you will see their resumes and a list of questions that were already asked of them. PLEASE READ AHEAD OF TIME. Promptly at 5:45 we will meet one candidate for 15 minutes. We can ask questions and get acquainted briefly. We will discuss her for 10 minutes before meeting the next candidate at 6:10 for another 15 minutes. We will discuss both and decide between the two in the next 20 minutes. Yes, we will finally have chosen a new Admin. Asst.!!

But moving right along, we will then have 45 minutes to review the Strategic Planning Proposal completed by Barbara, Eileen, Karen and Theresa at the Strategic Planning Meeting on 2/4/94. PLEASE READ IT AHEAD OF TIME since we are very short on time. Bring comments and questions and we will move as productively as possible. THANKS!

Also enclosed is the monthly financial report and a letter from Denise Hatfield soliciting personal donations to a fund for her expenses in DC for the Lesbian Health Issues Conference.

Thanks again, happy reading and see you at 5:30 wednesday at SFAF 3d fl.
QUESTIONS ASKED OF CANDIDATES* FOR ADMINISTRATIVE ASSISTANT POSITION

--Why do you want this position?
--Why do you want to work for WAN?
--What is your experience working with people/women who are HIV positive?
--What is your familiarity and experience with working with people who have drug/alcohol/substance abuse?
--What is your experience working with diverse communities - People of Color, lesbian and gay, straight...
--Discuss any work experiences where you have worked alone.
--Discuss your experiences where self-motivation was a key component.
--Can you work in a situation with limited oversight?
--Talk about any relevant development experiences.
--What is your time flexibility?
--What are your computer skills?

*Not all of these questions were asked of all candidates if they answered them in the course of other answers or comments.
December 20, 1993

Women’s AIDS Network
PO Box 426182
SF, CA 94110

Dear Director:

I am writing to express interest in the part-time Administrative Assistant position advertised in Opportunity Noe’s.

As my resume indicates, I have over 20 years administrative and clerical experience, as well as many years experience working on computers. I have worked in sales and fundraising since college, as this was my first career, and have worked in every facet of office management, including supervision and training. Additionally, I have lived in San Francisco for over 20 years, and have been a lesbian even longer.

My work in the community has involved various activities, most recently working in the clean and sober community organizing conferences and speaking to many groups. My experience with HIV and AIDS comes directly from my involvement with this community. Many of the people I sponsor through Alcoholics Anonymous are currently living with this disease, and many people I have worked with over the years have died.

My interest in this position stems from this experience, because I want to get more involved with the AIDS community, helping to prevent further devastation of this disease. I believe I would be very good in this type of work, and appreciate being considered for the position.

Sincerely,

[Signature]

Patsy DaFoe
PATSY DaFOE
387 1/2 Jersey Street
San Francisco, CA 94114
(415) 647-5675

SUMMARY OF QUALIFICATIONS:

* 20 years administrative and clerical experience
* 15 years of successful sales and fundraising experience
* 5 years experience helping organize conferences
* Computer literate in IBM, Macintosh, Word Perfect 5.1, Lotus 3.2

RELATED EXPERIENCE:

1987-present:
* Co-chair various committees for annual conference with 4000-5000 attendees, including Entertainment, Special Services and Fundraising.
* Facilitated workshops in Moscow, Kiev and St. Petersburg for Russian and San Francisco participants, 1991.
* Speaker - *Many Faces of Addiction* to an audience of 250+ professionals.
* Volunteer fundraiser for Human Rights Campaign Fund, Dianne Feinstein.
* Volunteer, San Francisco Symphony

PROFESSIONAL EXPERIENCE:

1994-95
Staff, Castro Country Club, S.F.

1994
BAKER PLACES - Counselor

1993
Administrative Assistant, Post Street Towers, S.F.

1988-91
Account Manager, The Training Alternative, S.F., a computer training company.

1984-87
Sales Manager, Computerland, S.F.

1983-84
Senior Sales Representative, UC Berkeley.

1979-83
Sales Representative, Digital Equipment Corp., S.F.

1977-79
Account Representative, Equitec Financial Group, S.F.

EDUCATION:

University of Washington, B.A. History & English

References available upon request
December 8, 1993

Attn: Karen Topakian
Personnel Committee
Women's AIDS Network
c/o S.F.A.F.
P.O. Box 426182
San Francisco, CA 94142-6182

Dear Ms. Topakian,

The position as Administrative Assistant requires a commitment to provide information and support to HIV+ women. Knowledge of HIV women's community and HIV/AIDS issues is essential. My experience and interests match this position's responsibilities.

The Administrative Assistant position is responsible for day to day operations of the network. I have the technical training and welcome an opportunity to gain additional administrative skills. I am a competent and dedicated woman. My strengths also include grantwriting, research and coordination with other women and HIV organizations.

My academic qualifications include a MPH and an undergraduate degree in anthropology. My work overseas the last three years in Nepal, Thailand and Israel has given me skills to coordinate community health programs for vulnerable, at risk populations.

I believe that with my experience, I can help you achieve your organizational goals and explore new opportunities in the field of community health. I would like an opportunity to discuss this position with you personally. You can contact me during the day at (415) 664-2054 or by letter at my home address.

Sincerely,

Amy Ann Becker
AMY ANN BECKER
1315 Third Avenue
San Francisco, CA 94122
(415) 664-2054

HIGHLIGHTS OF QUALIFICATIONS

• MPH with special focus on AIDS, Family Planning and Outreach Health Education
• Three years overseas work experience in Nepal, Thailand and Israel
• Design, implement and evaluate programs in community development
• Train, supervise and coordinate community leaders and members
• Grant writing and Research
• Proficiency in Spanish

EDUCATION

Hadassah Hebrew University
School of Community Medicine and Public Health, Jerusalem, Israel
Master's in Public Health, 1991
• Researched contraceptive use among Soviet immigrant university students
• Evaluated AIDS program, including cost-benefit analysis
• Designed 60 page manual for refugee camps in Bogota, Columbia and Kurdish camps in Iraq for disaster relief and emergency assistance
• Prepared community oriented Primary Health Care package

University of California at Santa Cruz
B.A. in Anthropology, 1990

EXPERIENCE

Institute of Community Health, Kathmandu, Nepal
Coordinator for AIDS Education and Prevention Program, 1993
• Outreach health education for prostitutes in western Nepal
• Conducted baseline survey of sixty-five prostitutes in two villages
• Managed peer counselor selection and training
• Designed and implemented two day AIDS seminar
• Wrote fifty page summary report and evaluation

The Consortium-Save the Children,
Experiment in International Living and World Teach, Thailand
Instructor/Health Educator, 1992
• Trained Hmong, Vietnamese and Khmer refugee women
• Supervised eight female health educators
• Developed curriculum, TASK Force
• Designed culturally sensitive visual aid materials for refugee women

Santa Cruz Women's Health Center
Birth Control Educator/Pregnancy Screener, 1988 to 1990
• Advocated women's reproductive rights
• Established special outreach health programs for minority women

San Francisco General Hospital
Midwife Assistant, Summer 1988
• Provided appropriate family planning services to low income women.
  Also Dietary Consultant/AIDS ward.

INTERESTS

World Travel: Southeast Asia, Africa, Europe, Mexico, Canada, Egypt, Morocco
Personal: CPR and First Aid certification, running, mountain biking, dance
Dear Friends,

As you may know the National Gay and Lesbian Task Force and the Human Rights Campaign Fund are sponsoring a Lesbian Health Issues Conference in Washington, D.C. February 27 through March 1, 1994.

I have been invited to attend this conference as a representative of lesbians with HIV. I have secured funding for my air transportation and hotel accommodations. However, I still need money for ground transportation and meals. I am estimating my expenses will be about $150. I would appreciate any help you could give me with my expenses.

Sincerely,

Denise Diane Hatfield
735 O'Farrell St., #34
San Francisco, CA. 94109
415-567-5325

Thank you for your support!
RUN DATE 02/15/94

WOMENS' AIDS NETWORK
FOR THE PERIOD ENDING 01/31/94

**++ ++ ASSETS ++ +**

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<td><strong>TOTAL ASSETS</strong></td>
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**++ ++ LIABILITIES ++ +**

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**++ ++ FUND BALANCES ++ +**

| FUND BALANCE | $47,703.46 |
| Y-T-D NET REVENUE/EXPENSE | -1,466.39 |
| **TOTAL FUND BALANCES** | 46,237.07 |
| TOT. LIAB. & FUND BALANCE | $46,237.07 |
### WOMEN'S AIDS NETWORK

**Income Statement**

For The Period Ending 01/31/94

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<th>YTD</th>
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Board of Directors Planning Meeting 2/4/94

for

The Women's AIDS Network

Presenter:
Trudy Fulton-Smith
Dialog Associates
415-550-7602
Agenda 2/4/94
for Board of Directors Planning Meeting
Women’s AIDS Network

- Introductions and overview
- Review the Agency Purpose, Mission, and Vision (approve or discuss)
- Review previous goals and objectives and brief history of the goals (what have you accomplished + or –)
- The BOD’s plans priorities and direction
  » Climate Assessment
    - opportunities
    - threats or hurdles
    - strengths and weakness of current “womanpower”
  » If this is the climate and status, what is the primary Goal for:
    - Education -- Service
    - Legislation
- Develop objectives (6 mo - 3 yrs) for each goal
- Wrap up
Planning Definitions

• Plan - a set of decisions designed to create a desired future. Your plan determines current actions.
• Purpose - an ideal state, the ultimate result your org exists to achieve, your org's reason for existence.
• Mission - the focus of your organization, what business are you in?
• Vision - your agency's preferred future.
• Strategy - how you will achieve your vision, what it will take to get from here to there.
• Goal - what you want to accomplish
• Objective - specific measurable steps that show how you will achieve your goal.
• Programs - a set of tasks that will lead to the accomplishment of goals or objectives.
• Tasks - specific activities that will lead to the accomplishment of goals or objectives
Previous Goals

- Long term
  - Education
    - to HIV affected women
    - to providers
  - Promote Legislation relevant to women's HIV issues
  - Service
    - Increase access to existing services and improve appropriateness of service
    - Advocate for services to fill gaps
It's a Partnership...

Board of Directors

Governance
"the authority to give org direction"
- oversight
- evaluation
- develop plans
- review plans, goals
- set policies
- approve plans, timelines

Executive Director

Management
"delegated authority to manage the day to day"
- planning
- organizing
- staffing
- integration > staff, BOD volunteers, & community
- resource development
- quality assurance
  > fiscal, legal and corporate
  > day to day quality
Purpose and Mission

• Purpose
  » To improve the quality of life of all women affected by HIV

• Mission
  » To promote development and improvement of quality of services, legislation, and education to the diverse population of women affected by HIV.

- Strategies
  • Education
  • Legislation
  • Service Advocacy
  • Increase Service Access
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<td>R = Review</td>
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<td>In = Input</td>
</tr>
<tr>
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<td>SR = shared</td>
</tr>
<tr>
<td></td>
<td>C = Consult</td>
</tr>
<tr>
<td></td>
<td>Rs = Resource</td>
</tr>
<tr>
<td></td>
<td>A = Approve</td>
</tr>
<tr>
<td></td>
<td>Sp = Support</td>
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</table>
STRATEGIC PLAN
GOALS AND OBJECTIVES

Goal 1: Continue to strengthen existing programs with emphasis on serving women and girls.

1A. Refine agency-wide program monitoring and assessment tools.

1B. Develop corporate statement on why we target women and girls, for use with funders, communities, employers, families.

1C. Support and empower adults in their roles as parents.

1D. Strengthen role of community in programs.

1E. Further develop programs which address changing family issues raised by changing family life, i.e. single parent families, immigrant families, schools, drugs.

1F. Strengthen sensitivity and content of programs and services on issues of cultural and racial diversity.

1G. Continue developing job training and placement programs.

Goal 2: Collaborate with other agencies in developing programs and services in response to specific needs and in keeping with our resources.

2A. Evaluate current collaborative efforts.

2B. Define desired role and form of collaboration: Joint programming, attending coalition/consortium meetings, resource-sharing.

Goal 3: Strengthen the Board's leadership role in the

3A. Provide internal training and leadership development opportunities for Board members and COM members.

3B. Re-examine organizational function and structure.

3C. Strengthen links between the Board and Committees of Management. (See 6C)

3D. Continue to develop the Board and its committees to represent diverse communities.

3E. Board will continue affiliation with National and educate and advocate on behalf of the local

3F. Monitor implementation of long-range plan.
Goal 4: Develop and maintain a management structure which supports and enhances organizational resources.

4A. Provide increased staff training in topics which affect program work, such as teen pregnancy, work force trends, and racial/cultural diversity. (See 1F)

4B. Provide ongoing staff training in management topics: financial management, personnel, safety, benefits administration, fundraising, Board and volunteer relations.

4C. Improve communication systems between centers and with the administration office.

4D. Explore the use of technologies to assist communication, program work and administration.

4E. Provide additional opportunities for sharing information between centers (materials, resources).

4F. Maintain policies and procedures for personnel administration to attract and retain qualified employees and maintain equitable practices in compliance with employment laws.

4G. Continue to clarify policies and procedures regarding budget development for each Center, and the Association as a whole.

Goal 5: Provide structured opportunities for volunteer participation in the

5A. Define the role of volunteerism in the

5B. Determine feasibility of broadening our use of volunteers based on current structure, staffing patterns, and community relations.

5C. If appropriate, develop and implement a volunteer coordinating function which addresses needs for centralization while allowing each center flexibility and autonomy in working with their own volunteers.

Goal 6: Establish and maintain a diversified income base.

6A. Create a fund raising/development plan which is based on diversified sources. (Individuals, corporate, foundations, government, special events, United Way, endowments, bequests, capital campaign)

6B. Develop the Board's role in fund raising.

6C. Coordinate and facilitate development efforts with Center staff and volunteers to strengthen Association-wide and Center-based fund raising.

6D. Broaden the membership in all geographical areas.

6E. Develop planned giving program.

6F. With Finance and Development Committees, explore feasibility of a capital campaign and endowment.
Goal 7: Develop a stable, diversified financial base that supports the operations of the organization.

7A. Build our understanding and capacity for managing cash, property and program assets in an integrated way.

7B. Set revenue goals re: income-gathering funding sources: fees for service, membership dues, charging for space, newsletter.

7C. Continue to refine accounting policies and procedures.

7D. Set targets for operating cash reserves on an annual basis and develop policy recommendations to achieve the targets.

7E. Develop Board's oversight capacities.

Goal 8: Clarify and strengthen the image and communicate our mission and goals to the various communities we serve.

8A. Develop public policy agendas and priorities.

8B. Develop and implement a consistent corporate image for all publications, printed materials and signage.

8C. Provide ongoing training and education for Board and staff on cultural/racial diversity.

8D. Build Board and staff understanding and ability to communicate the mission and goals to various audiences.

8E. Work with staff to incorporate our public policy perspective into programs and administration. (See 4F)

Goal 9: Maintain and keep in operating order all current properties.

9A. Develop policy regarding repair and maintenance.

Goal 10: Maximize effective use of properties.

10A. Establish committee to be called "Property and Development Committee" whose charge is the management of our properties in accordance with the principles established in 7A.

10B. Explore feasibility of a capital campaign (to accomplish 10A).
## GOVERNANCE

**GOAL 3:** Strengthen the Board's leadership role in the

<table>
<thead>
<tr>
<th>Objectives</th>
<th>BEGIN</th>
<th>PROPOSED ACTION STEPS</th>
<th>WHO RESPONSIBLE/EST. ADD'L. COST, IF ANY</th>
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</table>
| 3A: Provide internal training and leadership development opportunities for Board members and COM members. | FY93 | • Provide training (financial, programming, development, roles & responsibilities) for COM and Board, both together and separately as needed. | • Approx. $2,000/yr for additional training.  
• Approx. $1,000/yr for additional Natl YW travel and training. President & ED. |
| | FY94 | • Set up a training calendar each fiscal year.  
• Conduct annual retreat. |
| | o.g. | |
| 3B: Re-examine organizational function and structure. | FY93 | • Establish an ad hoc committee of COM members, staff and Board to define scope and role of COM.  
• Review bylaws and structure. | • President & ED with Chairs. |
| | FY93 | |
| 3C: Strengthen links between the Board and Committees of Management. (See 6C.) | o.g. | • Encourage COM members to join Board committees.  
• Encourage each Board member to attend one COM meeting at each site.  
• Encourage Board members to recommend COM members for various centers.  
• Provide Board and COM orientation for new members.  
• Set up "buddy system" for new Board members. | • President & ED.  
• President.  
• President & Committee Chairs.  
• President & Staff. |
| | FY93 | |
| | o.g. | |
| | FY93 | |
| | FY94 | |

* Note: First half | Second half  
* O.g. = ongoing
<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>BEGIN</th>
<th>PROPOSED ACTION STEPS</th>
<th>WHO RESPONSIBLE/EST. ADD'L COST, IF ANY</th>
</tr>
</thead>
</table>
| 3D: Continue to develop the Board and its committees to represent diverse communities. | †FY93  | • Strengthen the role of COMs in developing Board leadership and representation from all communities the serves.  
• Utilize a wider range of community members, including men, on board committees and in advisory capacities. | • President & Nominating Committee.                     |
| FY93                                                                      |        |                                                                                     | • Committee Chairs.                                     |
| 3E: Board will continue affiliation with National and educate and advocate on behalf of the local | o.g.   | • Attend conventions and cycle meetings.  
• Establish a Board liaison to National. Done.  
• Meet National financial commitment annually.  
• Monitor position of National on internal and external issues of importance to this affiliate. | • Board of Directors. Dues and Nat'l support as well as travel expense must be budgeted (approx. additional $3,000 every third year).  
• Public Policy Committee and Board Liaison.                                   |
| o.g.                                                                     | o.g.   |                                                                                     |                                                        |
| o.g.                                                                     | o.g.   |                                                                                     |                                                        |
| o.g.                                                                     |        |                                                                                     |                                                        |
| 3F: Monitor implementation of long-range plan.                           | o.g.   | • Assign Executive Committee the responsibility for Long Range Plan.  
• Review progress at least twice a year and modify five-year plan and revise as needed. | • Board President.                                      |
| o.g.                                                                     |        |                                                                                     | • Long-Range Planning Committee.                        |

† first half  † second half  o.g. = ongoing
## MANAGEMENT

**GOAL 4:** Develop and maintain a management structure which supports and enhances organizational resources.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>4A:</strong> Provide increased staff training in topics which affect program work, such as teen pregnancy, work force trends, and racial/cultural diversity. (Also see notes in Objective 1F)</td>
<td>FY93</td>
<td>• Develop and establish orientation and training program for new staff. FY93</td>
<td>• ED &amp; Associate ED.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Periodically survey current staff to prioritize ongoing and emerging training needs; develop annual calendar. FY93</td>
<td>• Associate ED &amp; Management Team.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop training program on legal requirements for reporting and documentation. FY93</td>
<td>• ED, Associate ED. $150 for presenter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop training on utilizing social service delivery system. FY93</td>
<td>• ED. Increase training budget by $1,500 1st yr, $500 each yr after.</td>
</tr>
<tr>
<td><strong>4B:</strong> Provide ongoing staff training in management topics: financial management, personnel, safety, benefits administration, fundraising, Board and volunteer relations.</td>
<td>FY93</td>
<td>• With staff input, identify greatest need. FY94</td>
<td>(See above)</td>
</tr>
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<td></td>
<td></td>
<td>• Develop annual calendar and budget. FY94</td>
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<td>• Evaluate trainings/workshops.</td>
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<tr>
<td><strong>4C:</strong> Improve communication systems between centers and with the administration office.</td>
<td>FY93</td>
<td>• Encourage staff visits to other centers. o.g.</td>
<td>• Supervisor, Assoc. ED</td>
</tr>
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<td></td>
<td>• Continue to provide timely, accurate financial statements to all centers on a monthly basis. FY93</td>
<td>• Controller</td>
</tr>
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<td></td>
<td>• Develop a policy and procedures manual. o.g.</td>
<td>• Management Team, student intern</td>
</tr>
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<td></td>
<td>• Review policy and procedures manual annually. o.g.</td>
<td>• Management Team</td>
</tr>
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<td></td>
<td>• Continue regular Management Team meetings.</td>
<td></td>
</tr>
<tr>
<td><strong>4D.</strong> Explore the use of technologies to assist communication, program work and administration.</td>
<td>'FY93</td>
<td>• Conduct utilization review and needs assessment for computer and other office systems equipment throughout Association. FY93</td>
<td>• Consultant to do review, $2,000.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop funding plan and budget and seek funding. o.g.</td>
<td>• Approx. cost of Association-wide upgrade, $30,000.</td>
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<td></td>
<td></td>
<td>• Review annually.</td>
<td>• Controller &amp; ED with Management Team.</td>
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\[1\text{ first half} \quad \text{2} \text{ second half} \quad \text{o.g. = ongoing}\]
<table>
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<tr>
<td>4E: Provide additional opportunities for sharing information between centers (materials, resources).</td>
<td>FY93</td>
<td>• Develop system for sharing proposals and reports to funders. &lt;br&gt; • Develop a girls' program service book that orients new staff and explains shared program goals, values and procedures. &lt;br&gt; • Maintain in-house referral resources. Identify gaps and update periodically.</td>
<td>• Development Assoc. &lt;br&gt; • Associate ED &amp; Program Directors. Printing costs, approx. $800 (See I&amp;R in goal 1) &lt;br&gt; • Exec. Asst. and each site's office manager.</td>
</tr>
<tr>
<td>4F: Maintain policies and procedures for personnel administration to attract and retain qualified employees and maintain equitable practices in compliance with employment laws.</td>
<td>FY93</td>
<td>• Complete job description and compensation review. &lt;br&gt; • Periodically review and update job descriptions, salary ranges. &lt;br&gt; • Provide training in supervision and personnel administration to staff as appropriate. &lt;br&gt; • Maintain competitive compensation and benefits for all staff.</td>
<td>• Personnel Committee &amp; ED &lt;br&gt; • Minimum impact, 5.25%/yr, $50,000/yr with potential for one-time greater impact of additional $25,000.</td>
</tr>
<tr>
<td>4G. Continue to clarify policies and procedures regarding budget development for each Center, and the Association as a whole.</td>
<td>o.g.</td>
<td>• Meet with each COM to get a good understanding of their budget and fundraising issues and concerns. &lt;br&gt; • Work with each Center staff to develop annual budgets and plans. &lt;br&gt; • Review United Way allocation policy. &lt;br&gt; • Develop policies and procedures for downsizing in the event of curtailed funding.</td>
<td>• Site Director &amp; Controller. &lt;br&gt; • Controller &amp; Assoc. ED. &lt;br&gt; • Executive Management Team. &lt;br&gt; • Controller, ED &amp; Assoc. ED &amp; Finance Committee.</td>
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† first half  † second half  o.g. = ongoing
## DEVELOPMENT

**GOAL 6:** Establish and maintain a diversified income base.

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<tbody>
<tr>
<td>6A: Create a fundraising/development plan which is based on diversified sources. (individuals, corporate, foundations, government, special events, United Way, endowments, bequests, capital campaign.)</td>
<td>o.g.</td>
<td>• Design plans to enhance each element on an annual basis.</td>
<td>• Budget plus inflation. Director of Development &amp; Board, Fund Development Committee.</td>
</tr>
<tr>
<td>6B: Develop the Board's role in fundraising.</td>
<td>o.g.</td>
<td>• Create and fill committee structure to cover skill of volunteers and needs of organizations.</td>
<td>• Director of Development, Board, and COM Chairs</td>
</tr>
<tr>
<td></td>
<td>o.g.</td>
<td>• Offer fundraising training.</td>
<td></td>
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<td></td>
<td>o.g.</td>
<td>• Ask Board to participate in fundraising campaigns.</td>
<td></td>
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<tr>
<td>6C: Coordinate and facilitate development efforts with Center staff and volunteers to strengthen Association-wide and Center-based fundraising.</td>
<td>o.g.</td>
<td>• Work with each Center staff, as needed, to develop their fundraising budgets and plans.</td>
<td>• Director of Development</td>
</tr>
<tr>
<td></td>
<td>o.g.</td>
<td>• Work with each COM as needed to plan fundraising efforts.</td>
<td>• Director of Development &amp; Site Director</td>
</tr>
<tr>
<td></td>
<td>FY93</td>
<td>• Develop written policies regarding the allocation of funds from Center-based events and appeals.</td>
<td>• ED, Controller, Director of Development, Finance Committee.</td>
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</tbody>
</table>

Ongoing: o.g.  
First half: 1st half  
Second half: 2nd half
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>6D. Broaden the membership in all geographical areas.</td>
<td>o.g.</td>
<td>• Coordinate membership activities with Centers.</td>
<td>• COM, Board, Assoc. ED, Center Staff, Dev. Assoc.</td>
</tr>
<tr>
<td></td>
<td>o.g.</td>
<td>• Centralize renewal procedures as is reasonable.</td>
<td>• Dev. Assoc.</td>
</tr>
<tr>
<td></td>
<td>o.g.</td>
<td>• Set targets for new and renewal.</td>
<td>• Dir. of Dev., Dev. Assoc., Assoc. ED,</td>
</tr>
<tr>
<td></td>
<td>o.g.</td>
<td>• Develop new member packet.</td>
<td>Approx. $2,500. Dir. of Dev., Assoc. ED, Exec. Asst.</td>
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<td></td>
<td>'FY94</td>
<td>• Plan and execute a membership drive.</td>
<td>• Dev. Assoc. &amp; Assoc. ED</td>
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<tr>
<td></td>
<td>FY93</td>
<td>• Research materials.</td>
<td></td>
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<td></td>
<td>FY93</td>
<td>• Educate Board.</td>
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<td>FY93</td>
<td>• Establish a bequest fund.</td>
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<td></td>
<td>FY94</td>
<td>• Develop a system for providing a variety of planned giving tools.</td>
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<td>FY94</td>
<td>• Communicate possibility to membership.</td>
<td></td>
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<td></td>
<td>FY94</td>
<td>• Develop systems for tracking planned giving.</td>
<td></td>
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<tr>
<td>6F: With Finance and Development Committees, explore feasibility of a capital campaign and endowment.</td>
<td>FY94</td>
<td>• Seek funding for feasibility study.</td>
<td>$15,000, Dir. of Dev. &amp; ED</td>
</tr>
<tr>
<td></td>
<td>FY94</td>
<td>• As part of feasibility study, test possibility of joint capital/endowment campaign.</td>
<td>Fund Development Committee &amp; Development Director, Consultant</td>
</tr>
<tr>
<td></td>
<td>FY94</td>
<td>• Do cost analysis.</td>
<td>Fund Dev. Comm, Dev. Dir., Consultant</td>
</tr>
<tr>
<td></td>
<td>FY95</td>
<td>• Set target and design timeline.</td>
<td>Fund Dev. Comm, Dev. Dir., Consultant</td>
</tr>
<tr>
<td></td>
<td>FY95</td>
<td>• Contact key donors.</td>
<td>Fund Dev. Comm., Board, Dir. of Dev., ED</td>
</tr>
<tr>
<td></td>
<td>FY96</td>
<td>• Establish committee and implement.</td>
<td>Board President &amp; Dir. of Dev.</td>
</tr>
</tbody>
</table>

\*first half  \*second half  \*o.g. = ongoing
GOAL 7: Develop a stable, diversified financial base that supports the operations of the organization.

<table>
<thead>
<tr>
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<th>Proposed Action Steps</th>
<th>Who Responsible/Est, Add'l Cost, If Any</th>
</tr>
</thead>
</table>
| 7A: Build our understanding and capacity for managing cash, property and program assets in an integrated way. | FY93 | • Develop a plan for non-property asset management.  
• Plan approval by Board.  
• Implement the plan.  
• Review plan annually. | Finance Committee and Controller. |
| 7B. Set revenue goals re: income-generating funding sources: fees for service, membership dues, charging for space, newsletter | FY93 | Charging for Space:  
• Clarify how to maximize uses of space: programs vs. renting.  
• Look at other non-profit organizations re: maximizing assets through property management.  
Membership Dues:  
• Explore prompting membership renewal via newsletter.  
• Review membership program and products pricing.  
Fees for Service:  
• Cost analysis of our services. Costs per child, % covered by fees and grants. Look at each component separately.  
Newsletter:  
• Set up newsletter as a separate cost center to track revenue. | Budgeting process.  
Property & Development Committee (See 10A)  
In process. (See 6D)  
Controller, ED, Assoc. ED & Management Staff.  
Executive Assistant. |
<table>
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<tr>
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<tbody>
<tr>
<td>7C: Continue to refine accounting policies and procedures.</td>
<td>FY93</td>
<td>• Develop and implement cash flow budgets for all cost centers (7A) • Develop presentation of financial statements to increase fiscal management and Board understanding of money. Balance sheet and revenue vs. expenditure statement. • Develop fiscal policies and procedures manual.</td>
<td>Controller &amp; Program Staff</td>
</tr>
<tr>
<td>7D: Set targets for operating cash reserves on an annual basis and develop policy recommendations to achieve the targets.</td>
<td>FY93</td>
<td>• Set goals for reserves. • Monitor progress toward goals. • Evaluate agency's assets regarding how to manage and maximize them.</td>
<td>Controller with Finance Committee.</td>
</tr>
<tr>
<td>7E: Develop Board's oversight capacities.</td>
<td>a.n.</td>
<td>• Participate in and provide, where appropriate, training in finance management and fiscal policy. • Continue to simplify and clarify financial reports.</td>
<td>Finance Committee &amp; Staff. (See 'Governance')</td>
</tr>
<tr>
<td></td>
<td>o.g.</td>
<td></td>
<td>(See 7C)</td>
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page 13 1st half 2nd half 0.g. = ongoing a.n. = as needed
**PROGRAM**

**GOAL 1:** Continue to strengthen existing programs with emphasis on serving women and girls.

**CURRENT EXISTING PROGRAMS:**
- **YOUTH:** Girls Pre-Teen and Teen Program, Youth Employment Program, Infant/Pre-School Child Care, Afterschool Child Care, Youth Development Classes (math/English, dance, creative arts, tutoring, youth education, language)
- **ADULTS:** Older Workers Program, Career Resource Center, Parenting Support and Education, Legal Clinics, Adult Development Classes (language, creative arts, fitness, dance, adult education), Senior Housing and support services.

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<tr>
<td>1A. Refine agency-wide program monitoring and assessment tools.</td>
<td>'FY93</td>
<td>• Develop efficient tools for program evaluation.</td>
<td>• Associate Director. Request standard evaluation formats from known resources. 10 hours.</td>
</tr>
<tr>
<td></td>
<td>FY94</td>
<td>• As resources allow, develop long-term evaluation process.</td>
<td>• Implement program evaluation. Ongoing. All management staff and program directors. Incorporate into budget process annually.</td>
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<td></td>
<td>o.g.</td>
<td>• Continue to improve intake information systems.</td>
<td>• Develop specific criteria for core (cross-site) program evaluation and development with emphasis on impact on women and girls. ED, Asso. ED.</td>
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<td>1FY93</td>
<td>• Evaluate effectiveness of core programming for all centers in pre-teen programs, child care, senior programs.</td>
<td></td>
</tr>
<tr>
<td>1B. Develop corporate statement on why we target women and girls, for use with funders, communities, employers, families</td>
<td>'FY93</td>
<td>• Draft for Board approval.</td>
<td>• ED, Associate ED, Director of Development.</td>
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<td></td>
<td>1FY93</td>
<td>• Include wherever appropriate when requesting funds or otherwise communicating with public.</td>
<td>• ED, Associate ED, Director of Development.</td>
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<tr>
<td></td>
<td>1FY93</td>
<td>• Review existing programs regarding impact on women and girls.</td>
<td>• See 1A.</td>
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' first half 1 second half  o.g. = ongoing
### Objectives

<table>
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| 1C. Support and empower adults in their roles as parents.                 | FY93 | - Provide joint classes with parents and girls in topics such as sexuality, drugs, alcohol abuse and sexual assault.  
- Develop methods for providing limited counseling or counseling referrals for girls and their families.  
- Educate parents re: child care, community resources, legislation and their rights.  
- Strengthen our information and referral services to parents.  
- Encourage parents to participate in advisory committees.  
- Provide forums for parents to support each other.                     | - Program Director. Expand to new and existing programs. Bring in outside resources free when possible. May cost $50/mo/prog up to $3,000/yr  
- Expand counselor position to full-time equivalent. Approx. $35,000/yr.  
- Program Director and Staff. Ongoing.  
- Develop system for updating and sharing resources. Exec. Asst., Student & printing/copying. 2-3 hrs/mo. $250 1st year copying.  
- Program Director & Staff. Support from site director. Supplies, copying, publicity/advertising. $1,000/yr/site. |
| 1D. Strengthen role of community in programs                              | FY93 | - Encourage community participation through volunteer activities and mentorship programs.  
- Develop ways for our youth to do community service work.  
- Recognize employers, mentors and other community members who have contributed to our programs. | - Training staff, materials for mentors, supplies, publicity, recognition costs. P/T staff by year 2. $20,000/yr.  
- See above.                                                             |
| 1E. Further develop programs which address changing family issues raised by changing family life, i.e. single parent families, immigrant families, schools, drugs. | FY93 | - Develop teen “rap” groups to address issues that affect teens: AIDS, drugs.  
- Explore possibility of developing support groups for single mothers.  
- Provide forums for families to discuss their changing family life. (See 1B)  
- Explore possible ways to address job training and referral needs of immigrants.  
- For immigrant families, provide opportunities for support and education in adjusting to life in the United States.  
- Explore feasibility of hiring a licensed counselor to train and counsel program staff at all centers. | - Assoc. ED & Program/Site Directors. Eventually will require additional staff. Year 3, 2 new P/T staff at $17,000 each.  
- Assoc. ED & Management Team. Potential costs for staff and publicity.  
- Management Staff study.  
- Costs for group leaders, $12/hr/leader/group. Center Director & Staff develop.  
- Management Team.                                                       |

*Note: FY93, FY94, FY95 denote fiscal years.*

*First half: 1st quarter, 2nd quarter, 3rd quarter, 4th quarter.*

**Ongoing:**
- Program Director and Staff.
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| 1F. Strengthen sensitivity and content of programs and services on issues of cultural and racial diversity | o.g.  
FY93 | • Involve girls in our community events.  
• Encourage youth in our programs to talk about their own cultures by doing autobiographies, interviews with their families and reports to the other girls.  
• Develop ways to integrate our cultures of origin within the Association.  
• Develop programs to enhance multiracial participation in order to break down isolation and anger within individual communities and girls.  
• Continue bringing different sites together for joint programming. | • Program Staff.  
• Staff for each program.  
• Internal training staff & Board, consultant 1st yr. approx. $15,000. Retreat costs annually for Board, $1,000. Initial retreats for staff, $2,000.  
• Internal innovation between centers, development of program in multi-racial communities. |
| 1G. Continue developing job training and placement programs. | o.g.  
FY93 | • Continue to educate and recruit employees.  
• Identify consistent employers and bring them together annually to discuss trends.  
• Increase the financial commitments of employers through contracts and fund raising efforts.  
• Explore feasibility of new sites for job training programs. | • In process. Program Staff.  
• Contracts, more staff time. $30,000  
• Associate ED, ED, Center Directors. |
GOAL 2: Collaborate with other agencies in developing programs and services in response to specific needs and in keeping with our resources.

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<tr>
<td>2A. Evaluate current collaborative efforts.</td>
<td>FY93</td>
<td>• Work on evaluation in management team meetings.</td>
<td>• Management Team.</td>
</tr>
<tr>
<td>FY93</td>
<td>• In San Mateo and Mission Girls, evaluate current work with the Girl Scouts.</td>
<td>• Assoc. ED &amp; Program Directors</td>
<td></td>
</tr>
<tr>
<td>2B: Define desired role and form of collaboration: Joint programming, attending coalition/consortium meetings, resource-sharing. (2D)</td>
<td>FY93</td>
<td>• Develop a strategy for entering and managing all collaborative efforts which includes the following components: enter all collaborative efforts with the corporate statement, create statements of intent agreed to by all players, develop shared expectations of service to clients, define steps each partner can do on their own.</td>
<td>• Management Team.</td>
</tr>
<tr>
<td>FY93</td>
<td>• Explore feasibility with other agencies in identified areas of possible collaboration.</td>
<td>• Program Staff.</td>
<td></td>
</tr>
<tr>
<td>o.g.</td>
<td>• Monitor ongoing collaborations periodically.</td>
<td>• Program Staff.</td>
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</tbody>
</table>

Program
VISION STATEMENT

Since 1862, the has been a worldwide association of women committed to the empowerment of women and the elimination of racism wherever it exists.

The of San Francisco/Marin/San Mateo is a community-based women's organization engaged in the struggle for peace, justice, freedom and dignity for all people through service, action, advocacy and leadership development.

HISTORY

The of San Francisco/Marin/San Mateo was founded in 1878 and has been serving the Bay area community for over 113 years. We are a multi-service community-based non-profit organization, serving San Francisco, Marin and San Mateo counties. The goals of the are shared by the throughout the world — to offer programs and services and to advocate in the public arena for an increase in opportunities for women of all ages and backgrounds to develop their full potential, to improve the quality of human life, and to work towards the elimination of racism wherever it exists.

The San Francisco has long been a champion of the rights of women and people of color. We were the first organization in San Francisco to integrate our swimming and gym facilities; our foremothers recognized the special needs of various immigrant populations, such as Chinese and Japanese women newly arrived in this country, and began special services for these communities over 60 years ago. Self-sufficiency and economic opportunity have always been understood as key to women's self-esteem and independence. As early as 1914, trained and placed over 2400 women in full-time employment in the City. Given the increasing numbers of women in the work force, raising children as single parents, and recent attacks on the rights of women, we reaffirm our commitment to serving women and girls.

At present, the serves over 8,000 people a year through a broad range of programs. Included in these services are job training and employment counseling services; infant and child care services; preventive programs for youth; legal clinic services; recreational and tutorial services; and low-income housing for the elderly.

We currently operate eight program sites: Chinatown/North Beach, Western Addition, Mission Girls Services, the Child Development Center, Apartments, West Marin After School Care, San Anselmo, and San Mateo Girls' Program. Our Executive offices are located in what is now called the San Francisco.

The has made a commitment to serve the diverse populations of San Francisco, Marin and San Mateo without exception. The Board of Directors, its staff, its members, and those who participate in its programs come from all ethnic, racial, age, lifestyle and economic groups. The participant may be a working man or woman employed by a local corporation, a teen mother eager to continue her education, a senior citizen or a school-age child, a long-time resident or a recent immigrant.

We are partially funded by the United Way of the Bay Area and receive seventy-five percent of our operating income from memberships, program fees, grants and contributions from individuals, foundations and corporations.
Key Strategies

Several program strategies emerged in the planning work. These include:
- emphasize prevention in our programs and services
- increase advocacy work in the public policy arena
- collaborate with other organizations in all aspects of our work

Overall management and organizational strategies were developed as well. These include:
- focus on maximizing assets and using them to best efficiency
- catalyze existing fundraising strengths by creating a comprehensive approach to fund development
- continue to develop continuity in governing and managing the
- maximize the use of evaluation and communication systems to continuously improve programs

Current Program Areas

All program objectives will be implemented within the structure of these core program areas.

- Child Care (after school and pre-school)
- Youth Development (teen, pre-teen, job placement, Chinatown summer intern) mentorship program, classes.
- Senior Programs (classes, housing, employment training and placement)
- Women's and Family Services (legal clinic, leadership development, mentorship program, support and education, classes)
- Advocacy
PLANNING IN NONPROFIT ORGANIZATIONS


Helpful Periodicals


2. *The Grantsmanship Center NEWS. The Grantsmanship Center, 1031 South Grand Avenue, Los Angeles, CA 90015

3. Harvard Business Review P.O. Box 3000 Woburn, MA 01888


*These entries are included because they help in environmental scanning. They are not specifically about planning.

6/18/85
# History and Present Situation

**Instructions**

Review your organization’s history and present situation. List any historical issues or trends that will need attention as you plan for the future.

<table>
<thead>
<tr>
<th>Ongoing questions re:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. who we serve</td>
</tr>
<tr>
<td>2. how we serve them</td>
</tr>
<tr>
<td>3. priorities of org / abilities of org</td>
</tr>
<tr>
<td>4. part-time or full-time staff person (to do/her? see*3)</td>
</tr>
<tr>
<td>5. fundraising ability / focus</td>
</tr>
<tr>
<td>6. service delivery</td>
</tr>
<tr>
<td>7. - 3's fund</td>
</tr>
<tr>
<td>7. - add '1' (step 1: access project)</td>
</tr>
<tr>
<td>8. board responsibilities</td>
</tr>
<tr>
<td>9. board confluence</td>
</tr>
<tr>
<td>10. local/state/national involvement</td>
</tr>
<tr>
<td>11. education committee rejuvenation</td>
</tr>
<tr>
<td>12. how often / when / content of meetings</td>
</tr>
<tr>
<td>13. newsletter</td>
</tr>
<tr>
<td>14. ability to update materials (see #10)</td>
</tr>
<tr>
<td>15. involvement of add'1 people (bd recruitment / members etc.)</td>
</tr>
</tbody>
</table>

* Copyright © 1986 Amherst H. Wilder Foundation
Questions about Mission

Instructions
1) Describe below what you understand your organization's mission or purpose to be.
2) List any questions, ideas, or concerns you have about your present mission.
3) Consider what might be the best mission for your organization in the future. Describe what your organization might accomplish in coming years and who will be served.
4) Discuss your responses with the planning team and note areas of agreement and disagreement.

Present mission or purpose

Mission:
- to promote the development and provision of quality services, education, and legislation
  to meet the diverse needs of women affected by HIV.

Questions about current mission

Purpose: good
Mission: not doing education currently
Who do we serve?: women with HIV, service providers, interested women/all
What do we use for purpose?: bylaws: i.e.,

Possible changes in mission for the future

What we want to accomplish
- achieve provision of service
  (by-laws: "to assist as necessary all HIV-affected")

Who will be served—target group(s)
1) service providers
- HIV-positive, HIV-related
2) secondary, family with HIV
3) larger community/society

Contact/communication among service providers re: HIV and
January 30, 1994

Eileen,

I won't be able to attend the strategic planning meeting on February 4th, and I am feeling rather limited time-wise in terms of responding to the forms that you sent to us to complete. I think that the areas or issues that I feel most need to be covered are going to be addressed regardless, and perhaps I can just write down a few thoughts for now.

1) Our perception of WAN in terms of an "organization" or an "agency" or "networking body" needs to be clarified. In many ways we are an organization, but the infrastructure is not solid enough or, perhaps more accurately, not formal enough. As a board, we serve not only the functions of governance, but we also run the organization - doing what staff would otherwise do. It presents a mixed picture in that we all have the motivation and dedication to continue, but it feels like we're always seconds away from burnout. It can be hard to maintain continuity under such circumstances. Certainly, once the adm. assistant is hired, and things settle down with the move and all, it may be better, but the sense we have about what we are capable of doing, how big we want to be, how many projects and functions we want to undertake, and how to manage it all, is of concern.

2) Based on decisions about the scope of WAN's mission, the big question I have is about fundraising. Are we going to get serious about this, and do a formal fundraising plan for the next (two) fiscal years? Or some other projected period of time. Are we going to have the time, expertise, and back-up we would need to monitor the efforts, and certainly to monitor the outcomes (ie: if we got a grant that resulted in a significant papertrail for reporting and accountability purposes, would we be able to maintain?). Who is committed to this, and how would we proceed in this area?

3) The questions about meeting structures, functions, formats, times, accessibility - all point to another needs assessment of some kind.

4) Board and membership recruitment. Perhaps clarity about our overarching mission and purpose will provide guidance and, hopefully, self-generate interest on the part of others. This seems pretty obvious, but some ideas about outreach, the care and feeding of board members and potential volunteers, can be the focus of a separate meeting (?) .

That's pretty much it. I really think that we are mostly in agreement about the areas of concern, but I'm glad there will be a facilitated discussion about it. If there are votes happening one way or another, you can call me at work or leave a message on my home machine. I'm not sure if I will be in the office all day or not. My phone nbr is 974-6541, and the voice mail nbr. is 267-0785. My home nbr. is 282-6208.

Again, I am sorry that I can't be there. I hope some of this makes sense.
WOMEN'S AIDS NETWORK: BOARD MEETING
December 1, 1993 (November meeting)

ABSENT:  E.Davis, C.Lee, M.Marsh, H.Miramontes
FACILITATOR:  M.Friedman
MINUTES:  C.Lyons

1. Minutes of 10/27/93 meeting were approved.

2. Space update:  We are awaiting confirmation from Mike Shriver regarding the Mobilization space.
We will have membership meetings at Life Center (payment as of 1/94).
If perchance we can't get mobilization space we will go with the Life Center.
Board meetings can be held at 25 Van Ness or Planned Parenthood.
Serious concern was expressed by one board member regarding the decision not to go with
the Life Center as our base.

3. Move:  Theresa and Barbara will coordinate.  Marta is available.

4. Administrative Assistant:  Ads were placed and 6 responses were received.  The deadline
will be extended from 12/8 to 1/5 since we did not have a newsletter last month to place the announcement for our members.  We will recruit a third member for the interview committee at the next membership meeting; interviews will be done after 1/5.
We agree that health insurance should be provided in part; the committee will investigate options.

5. Membership meeting room:  Susan will confirm with Life Center for January meeting.

6. Mail and voicemail pickup:  Theresa will take care of this; we will pay her.

7. Newsletter mailing:  Karen will take minutes at next membership meeting.  Theresa will do mailing.

8. IRS refund:  $512.

10. **Fundraising:** Macy's Passport day - $677 was received (in addition to the ticket sales). Catherine will write thank you letters; Theresa will send them. A solicitation letter has been written to send to those on our mailing list. Each board member will send 5 to people not on the list. The Event will be discussed at the next board meeting. Acorn Restaurant: Tuesday evening fundraisers has 2 setings (50 people each). $36 per person is charged and we get 1/2. Could this be our Event? Could we split it with another organization? Fundraising committee will pursue details.

11. **Board recruitment:** Will be discussed at strategic planning meeting.

12. **Security at 25 Van Ness:** They need a list of those who enter the building after hours (i.e. board members for meetings).

13. **New V.P.:** No volunteers from present board members.

14. **Forums:** What we want to do at meetings needs to be discussed at strategic planning meeting. Some possible forums are: Incarcerated women (Crystal Mason) - we will do this in January. Lesbian/Bi.women study

15. **Fund committee:** We will develop a proposal to get funds to administer the fund. Concurrently we are exploring other organizations that might be appropriate for taking on administration of the fund, as well as funding sources to whom to submit the grant. This will be further discussed at strategic planning meeting.

16. **WORLD Benefit:** Barbara will bring literature. Marta will table.

17. **Policy committee:** Prevention document is finished and at the CDC. This will presented at membership meeting.

18. **Stop AIDS Project for Women:** Letter of intent sent to AMFAR. This issue will be discussed at the membership meeting.

**NEXT BOARD MEETING:** JANUARY 4, 8:30 AM  
MORNING STAR CAFE - CALIFORNIA AND POLK  
FACILITATOR: BARBARA GARCIA
Dear Friend,

The Women's AIDS Network (WAN) would like to take this opportunity to thank you for supporting our work. Your contributions have been instrumental in helping us create a voice for women with HIV, locally, and nationally.

In 1993, WAN concentrated its efforts in the policy arena. WAN met with Congresswoman Nancy Pelosi and at a later date, with Senator Barbara Boxer's aide to address the concerns of women with HIV. Due to WAN's advocacy, San Francisco held its first public hearing on women and HIV. During the city's budget-cutting discussion, WAN organized 20 health care providers and consumers to testify before the Board of Supervisors' Health, Public Safety and Environment Committee. The speakers urged the Supervisors to safeguard crucial health programs for women. WAN also plays a leading role in monitoring and analyzing current national HIV prevention legislation. Our Policy Committee organized a coalition of AIDS organizations serving women and people of color to develop guidelines for federal prevention legislation.

The WAN community decided to establish a Special Women's Fund for low-income women with HIV in San Francisco after a generous anonymous donation was made several years ago. The uniqueness of this Fund is its no-strings attached approach; we write the check to a qualified client the day of the appointment. Where similar funds pay directly to utilities or landlords, we recognize women's need to buy clothes, food, etc. We believe women deserve the right to make their own financial decisions.

In July 1993 we successfully completed our first year of distributing these $50 cash grants. With very little publicity WAN disbursed 345 awards totaling $17,250. We have discovered that no other organization sees as many women with HIV in San Francisco. Judging from the first six months of this fiscal year, we will surpass last year's numbers.

As the number of women affected by HIV continues to grow in dramatic numbers, the demand for our services continues to grow. To maintain WAN's current level of activity we need your help. Your generous tax-deductible donation enables us to provide the much needed advocacy and support for women with HIV/AIDS. Thank you again for your continued support.

Sincerely,

Susyn Almond
President, Board of Directors

c/o S.F.A.F. • P.O. Box 426182 • San Francisco • CA 94142-6182 • (415) 864-4376 ext 2007
MEMORANDUM

TO: WAN BOARD
FROM: THERESA SWANICK, TREASURER
RE: TRANSLATING PERIODIC FINANCIAL REPORTS
DATE: 12/30/93

Greetings folks. A while back I was asked to offer an explanation of some of the terms in the periodic financial reports we receive from Val. Here you go...

"This Period" means the period between the last report and the ending time stated on this report...for example, since the last report was for September and this one states it is for the period ending 11/30/93, it is for the period 10/1/93 through 11/30/93. If we want it spelled out more, i.e., "for period of X to Y" we can ask Val if she can do this.

"Ratio" means a percentage of income. This is broken down into two categories: "this period" and YTD (Year To Date). The ratio for revenue, thus, means $40.00 membership dues was 12.72% of income for this period, but the YTD membership dues of $2,027.50 was 7.97% of the YTD income.

Likewise, ratio for expenses means $30.40 of bank service charges was 9.67% of income for the period and the YTD bank service charges of $194.80 was .77% of the YTD income.

If the ratio is listed as greater than 100% it simply means that the expenses were greater than the income for the applicable period, or as the case appears, even greater than our income for the Year To Date, even though we have plenty of assets to cover the expenses (i.e., assets from before this year!).

Apparently Val doesn't have a copy of a 1993 Budget, but if provided one she could provide us with a comparative statement of how well we met our budget per whatever kind of breakdown we want (monthly, quarterly, etc.). We can do this with our yet to be created 1994 Budget.

Let me know if this all makes sense!!!
### Balance Sheet

**WOMEN'S AIDS NETWORK**  
FOR THE PERIOD ENDING 11/30/93

#### CURRENT ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash - Operating Account</td>
<td>$1,301.47</td>
</tr>
<tr>
<td>Cash - Special Fund</td>
<td>$2,471.75</td>
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<tr>
<td>Cash - Maximizer Account</td>
<td>$21,914.40</td>
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<tr>
<td>Prepaid Insurance</td>
<td>$184.25</td>
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<td><strong>Total Current Assets</strong></td>
<td><strong>$25,871.87</strong></td>
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#### PROPERTY & EQUIPMENT

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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Furniture &amp; Equipment</td>
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<tr>
<td><strong>Net Property &amp; Equipment</strong></td>
<td><strong>$1,630.00</strong></td>
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</table>

#### TOTAL ASSETS

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$27,501.87</strong></td>
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</table>

#### CURRENT LIABILITIES

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<tbody>
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<td>Federal Payroll Taxes</td>
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<td>California Payroll Taxes</td>
<td>$9.44</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>$90.98</strong></td>
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#### FUND BALANCES

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<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Fund Balance</td>
<td>$28,334.09</td>
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<tr>
<td>Y-T-D Net Revenue/Expense</td>
<td>-$925.20</td>
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<tr>
<td><strong>Total Fund Balances</strong></td>
<td><strong>$27,410.89</strong></td>
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</table>

**Total Liab. & Fund Balance**  
$27,501.87
**WOMEN'S AIDS NETWORK**

For the Period Ending 11/30/93

### Ratio: Income

<table>
<thead>
<tr>
<th>Source</th>
<th>This Period</th>
<th>Ratio</th>
<th>YTD</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$40.00</td>
<td>12.72</td>
<td>$2027.50</td>
<td>7.97</td>
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<td>Donations</td>
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<td>$22010.00</td>
<td>86.57</td>
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<td>Fund Donations</td>
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<td>0.00</td>
<td>$320.00</td>
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<tr>
<td>Interest</td>
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<td>19.81</td>
<td>$822.63</td>
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<tr>
<td>Miscellaneous</td>
<td>$12.10</td>
<td>3.85</td>
<td>$213.60</td>
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<tr>
<td><strong>Total Revenue</strong></td>
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<td><strong>100.00</strong></td>
<td><strong>$25423.73</strong></td>
<td><strong>100.00</strong></td>
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</table>

### Expenses

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<th>Source</th>
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<th>Ratio</th>
<th>YTD</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td>$0.00</td>
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<td>$292.25</td>
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<td>Advertising &amp; Promotion</td>
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<td>0.00</td>
<td>$447.70</td>
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<tr>
<td>Bank Service Charges</td>
<td>$30.40</td>
<td>9.67</td>
<td>$194.80</td>
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</tr>
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<td>Donations</td>
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<td>6.10</td>
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<td>Dues</td>
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<td>0.00</td>
<td>$100.00</td>
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<td>Emergency Funds</td>
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<td>Meetings &amp; Conferences</td>
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<td>Payroll Taxes</td>
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<td>Special Events</td>
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<tr>
<td>Taxes &amp; Licenses</td>
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<td>Telephone</td>
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<td>$139.41</td>
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<td><strong>Total Expenses</strong></td>
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<td>***<strong>.</strong></td>
<td><strong>$26346.93</strong></td>
<td><strong>103.63</strong></td>
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**Excess Revenue/(Expenses)**

<table>
<thead>
<tr>
<th>Source</th>
<th>This Period</th>
<th>Ratio</th>
<th>YTD</th>
<th>Ratio</th>
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<td></td>
<td>$-3036.32</td>
<td></td>
<td>$-923.20</td>
<td>-3.63</td>
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</table>
NOTE: NEW LOCATION FOR MEETING

NEXT WAN MEETING

TUESDAY, JANUARY 4, 1994, 9:30 TO 11:30 AM

LIFE CONFERENCE CENTER, 1675 CALIFORNIA ST. AT VAN NESS

PRESENTER: CRYSTAL MASON -- WORKING WITH HIV+ INCARCERATED WOMEN

ATTACHMENTS:
Announcements
MINUTES OF WAN MEETING DECEMBER 7, 1993

AGENDA
1. INTRODUCTIONS/ANNOUNCEMENTS
2. WOMEN’S STOP AIDS PROJECT
3. SPECIAL WOMEN’S FUND REPORT
4. FUNDRAISING REPORT
5. PERSONNEL REPORT
6. POLICY COMMITTEE REPORT
7. NEXT MEETING

WOMEN’S STOP AIDS PROJECT
Eileen Hansen explained the genesis of the Women’s Stop AIDS Project—Denise Hatfield, a lesbian with HIV had asked the WAN membership and board to work with her on starting a Stop AIDS project for women modeled after the men’s one. (The men’s one uses outreach workers and in-home small groups discussions to talk over why people aren’t practicing safe sex and how to start doing so. They have provided Denise with their training manual.) Eileen worked with Denise to organize a meeting with other women to discuss the feasibility of this proposed project.

Simultaneously, AMFAR issued an RFP (request for proposal) for grants which would model existing AIDS organizations. AMFAR indicated an interest in funding lesbian youth. With a December 1 deadline for the letter of intent, the group submitted a grant request for $50,000 to replicate the STOP AIDS project targeting women who have sex with women, women who have sex with men and women, lesbians and bi-sexuals. Only four of these projects will be funded nationally. WAN has agreed to provide fiscal sponsorship for the groups in order for them to apply for the grant. (WAN provides the tax-exempt status for the groups which is required by AMFAR). By the end of January/beginning of February, AMFAR will notify Women’s STOP AIDS Project if they will be invited to submit a full proposal.

Following this introduction the floor was opened for discussion:

A suggestion was made to educate public health nurses on negotiating safer sex so they could pass this information on to their patients. In addition, staff meetings must be held at the City Health Centers with the nursing staff to address the issue of negotiating safer sex.

The Women’s STOP AIDS Project must incorporate peer counseling in small group settings for the project to work.

Organize large training sessions for peer counselors

Everyday women must be made aware that they are at risk

The organizing group should investigate modeling the program after college peer education programs where people who don’t perceive themselves to be at risk still need to hear the information.

Be careful about not identifying with one population like lesbian or bisexual because women who don’t identify as such may stay away from the discussion.

The project will create visual educational messages
We don’t want to target only at risk groups
The question was raised about whether this might be something WAN should do outright?
Maybe it could be a consideration for sharing office space but not running the project
The Women’s STOP AIDS Project should be doing the work itself
We don’t want WAN’s current role in the community to change
It would be a big leap for WAN to take on doing this project
Maybe Women’s STOP AIDS project should shop itself to other organizations like: Lyon-Martin, SF AIDS Foundation, IRIS, etc.
If Women’s STOP AIDS Project receives funding it might be a good idea to see what other organization may want to take it on
The SF AIDS Foundation will be hiring a person to set up 4 programs for women and HIV in 4 Bay Area counties - SF, Contra Costa, Santa Clara, and Alameda - maybe this project could be the project for San Francisco. Eileen has already talked to the folks at the AIDS Foundation about it.

SPECIAL WOMEN’S FUND
Catherine Lyons presented an overview of the Fund. (WAN gives out $50 cash grants to women with HIV in SF) The Fund Committee is currently looking at how to administer the grant; looking at funding sources to submit a grant to with the ultimate goal of hiring staff to administer it. Call Catherine at 415/476-4082 ext. 82229 for the next meeting

FUNDRAISING COMMITTEE REPORT
WAN will be sending out an end-of-the-year fund appeal on the 8th of December. This appeal will highlight the successes of 1993 and the work ahead for 1994. The 10th anniversary event is on hold until WAN moves into its new home and hires a new administrative assistant.

PERSONNEL COMMITTEE REPORT
A temporary Personnel committee is forming to hire a new administrative assistant (job description attached). The position is available immediately and the deadline for application is January 5, 1994. The committee is seeking anyone from membership to be on the committee if interested please call Marta Friedman at her beeper 415/280-9126.

POLICY COMMITTEE REPORT
The Policy Committee submitted its HIV prevention reform document for women and people of color to the CDC as comments on their new HIV prevention guidelines. This document was uses in the CDC’s own guidelines discussion. The office of the Secretary of Health and Human Services, Donna Shalala, expressed an interested in receiving the prevention reform document as did Christina Gebbie. The document was also sent to members of Congress and policy makers. Hopefully the document can be used by community based organizations doing prevention work and by anyone testifying or commenting on what women and people of color want in HIV prevention. WAN was invited to attend the CDC discussion on HIV prevention for people under the age of 25 on December 21 in
Washington DC. Eileen was invited by the Deputy Director of the CDC to meet in San Francisco on December 9th. Eileen is organizing the meeting with other groups.

NEXT MEETINGS
The January 4th meeting will be held at 1675 California Street at the corner of Van Ness and California in the Wells Fargo Bank building where the Life Center is housed. The forum speaker will be Crystal Mason of the SF AIDS Foundation to discuss incarcerated women and HIV.

The February meeting to be held on February 1 will feature the lesbian health study conducted by the AIDS office. This meeting will also be held at 1675 California Street.

Kristen Neil will present her paper entitled "Recognizing the Needs of HIV Infected Women, Children as Social Support" at the March 1st meeting.
ADMINISTRATIVE ASSISTANT POSITION

The Women’s AIDS Network, founded in 1983, is a non-profit organization that provides a network for women who are HIV+, AIDS service providers and activists.

The Position: The Administrative Assistant, under the supervision of the Vice-President of the Board of Directors, is responsible for the day to day operations of the Network, including coordinating the monthly membership meeting and taking minutes; coordinating the monthly mailing, responding to telephone calls and mail in a timely manner; updating mailing list on computer database; assisting the Board of Directors with fundraising activities including grantwriting and research and fundraising events; providing a liaison with WORLD and other women and HIV organizations.

Qualifications/skills needed:

--Commitment to providing information and support to HIV+ women and caregivers.
--Knowledge of the HIV women’s community and HIV/AIDS issues
--Administrative experience.
--Ability to communicate and work with diverse groups.
--Computer skills including word-processing and databases.
--Self motivated and ability to work independently.
--Fundraising experience is a plus.

Salary/Benefits: Flexible 15-20 hours work week. Competitive salary. Partially paid medical benefits (50%).

An Affirmative Action Employer, the Women’s AIDS Network encourages applications from HIV+ women, people of color, women, lesbians, bisexuals, and the disabled, as well as people of various ages, classes, and religious backgrounds.

Application: Due January 5, 1994. Job available immediately. Please send resume and cover letter to:
Personnel Committee, Women’s AIDS Network, c/o S.F.A.F.,
P.O. Box 426182, San Francisco, CA 94142-6182
PUBLIC HEALTH NURSING SERVICES FOR
PEOPLE WITH HIV INFECTION

Public Health Nurses Provide the following services:

- Assess and monitor a person's physical condition and their ability to manage at home.
- Arrange for and coordinate community resources, such as skilled bedside nursing care, social services, homemaker services.
- Respond to and provide information regarding concerns about infection control in the home.
- Provide nutritional counselling focusing on problems such as weight loss, diarrhea, and loss of appetite.
- Monitor and provide information regarding the use and side effects of medicines and treatments.
- Assist persons in dealing with medical services available to people with HIV infection.
- Teach persons to recognize changes in their health and to clearly and accurately report them to their doctor.
- Offer emotional support for persons with HIV infection and their families, friends, and lovers.
- All services are confidential.

Who can receive services?

- Any person diagnosed with HIV infection and their families can receive services. Public Health Nurses work with individuals and families primarily in their homes. Families include friends, lovers and any significant household members.

What do services cost?

- Services are free of charge to the family/individual.

Who are Public Health Nurses?

- Public Health Nurses are registered nurses who have completed a university program. They focus on working in the community and are sensitive to diverse lifestyles, cultures, and ethnic groups.

Who can make a referral?

- Referrals can be made by the individual, a family member, friend, neighbor, nurse, doctor, or community agency.
WHERE TO CALL

Call the District Health Center nearest your home; tell them you would like to make a Public Health Nursing Referral

HEALTH CENTER #1
3850 17th Street
554-9770

HEALTH CENTER #2
1301 Pierce Street
292-2124

HEALTH CENTER #3
1525 Silver Avenue
468-1800

HEALTH CENTER #4
1490 Mason Street
705-8590

HEALTH CENTER #5
1351 24th Avenue
753-8189

December 1992
FREE & CONFIDENTIAL

If your child has been --
Exposed to drugs during pregnancy
(Mother used drugs during pregnancy)
Sexually abused
Punctured by a needle (syringe)

We want to answer your questions. We are here to help you & your child.

CARE CLINIC--Wednesday Mornings
Call Sylvia or Ingrid for an appointment
206-8376

A service of S.F. Department of Public Health; SFGH Pediatric Clinic
California Children's Services

For further information, call Site Times 551-0050
Eileen Hansen
NLGAN
558 Capp Street
San Francisco, CA 94110
Women's AIDS Network
Executive Committee Minutes
October

1. Space Update - Lyon-Martin Clinic - Evenings won't work for membership meetings. Clarification is still needed. Mobilization Against AIDS still wants us with a one year option and a re-evaluation after first year's experience. The Consortium has meeting space available. Life Center will be available - need to confirm continued use of meeting space while we decide. All agreed we need a decision soon. A vote of the committee ended up with all voting for the cost-free Mobilization except Susyn. Since we had generally agreed to the Life Center at the last board meeting, the subsequent process will be to poll the board for a final decision.

2. Strategic Planning - Eileen agreed to contact Trudi Fulton-Smith to find a Friday afternoon available in late November or sometime in December. We agreed to a bag lunch for socializing and a 1 p.m. to 5 p.m. retreat at Kairos House.

3. Alina's Position - We will seek community input at membership meeting. We would like to create a temporary solution continuing Alina's current functions (mail, phones, newsletter) with the goal being to rethink the position by January (or later). Would like to schedule a small group meeting after membership meeting to flesh out the position more and try to finalize after the strategic planning session(s). We will use the 11/8 executive meeting to come up with some decisions re this position. Catherine Lyons will call to publicize the position with WORLD. We may start with a temporary position and make the position permanent once the job description is complete.

In the meantime, we need volunteers to do mailings, phone, pick up mail. We will notify board of strategic planning meeting and Alina planning meeting.

4. Eileen brought her proposal for roles of board of directors. Each position's description was discussed and revisions were made. A final set of board roles will be included in a subsequent board minutes once finalized.
WOMEN'S AIDS NETWORK: BOARD MEETING  
October 27, 1993

PRESENT: M. Friedman, B. Garcia, E. Hansen, C. Lyons, H. Miramontes, K. Topakian

ABSENT: S. Almond, E. Davis, C. Lee, M. Marsh, T. Swanick

FACILITATOR: H. Miramontes

MINUTES: C. Lyons

1. Review of minutes of 9/29/93: A correction was made to #7; Barbara and Karen only agreed to do newsletter mailing one time, not indefinitely (more on this topic in item #3). The minutes were otherwise accepted.

2. Secretary report: A notebook will be kept in the office (when we have one) with board attendance, minutes, and pertinent memos.

3. Staff hiring: Marta has met someone eager to volunteer to do minutes, mailings, etc. An interview committee was formed to interview potential candidates for the administrative assistant position (including the woman Marta knows): Marta, Karen, and a non-board member to be recruited at the next membership meeting (Helen will be the third if a member does not volunteer). A job description will be drawn up with input from the general membership. We will seek applicants via word of mouth, including discussions with WORLD. Interested persons should be referred to Marta.

4. General membership meeting: Eileen will facilitate in lieu of Catherine.

5. Board recruitment: Karen has someone who will come to the next board meeting. Two other potential members were discussed. Discussion regarding how to go about recruitment was held. The general agreement was that issues of diversity need to be considered. However we need to bring people first into the organization; we will approach people as individual board members and bring them to a general membership meeting.

6. Space: MCC has offered us space; Marta will investigate. Lyon-Martin will not work out. Mobilization against AIDS is still a viable option. If the MCC/Mobilization combination has the potential to work (MCC must be handicapped accessible) the board will be polled to see if they accept this option. Otherwise we will go with the Life Center.

THIS TOPIC IS NOT TO BE ON THE AGENDA AGAIN!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
7. **Acorn Restaurant**: Marta will investigate what we need to do to be a beneficiary of "Tuesdays at the Acorn".

8. **Strategic planning meeting**: will be December 3 or 17. Missing board members will be polled by Eileen and the date most can attend will be picked. 
   Agenda items to Eileen.
   People are asked to think about our current mission statement and if it reflects what we do prior to the meeting.

9. **Thank you letters** to those who worked on the Lesbian/Bisexual woman HIV seroprevalence study will be sent with cc to various newspapers. Marta and Catherine will do this.

10. **Alina**: Those present recommend paying health insurance one more month (November).

11. **Worker's comp.**: No new information.

12. **Finances**: (see attached for those not at the meeting)
    We need clarification on how to interpret the statement, or a statement which is easily comprehensible: "this period" needs to be clarified
    what does "ratio" mean
    we want to know how we are doing re: budget vs. expenses.

13. **Woman's Fund**: The Care council will be putting out RFPs; WAN will consider applying for funding to administer fund.

14. **Board responsibility paper**: The descriptions were agreed upon. It was felt it was necessary to clearly state that the person in the role is ultimately responsible to accomplish a task. The person may request another member do the task but the person in the role must ensure it is done, and/or do it themselves if no other member agrees to do it.
WOMEN'S AIDS NETWORK
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KAREN TOPAKIAN
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(W)(415)474-4604 (M, Th, F)
WOMEN'S AIDS NETWORK: BOARD MEETING
December 1, 1993 (November meeting)

ABSENT: E.Davis, C.Lee, M.Marsh, H.Miramontes
FACILITATOR: M.Friedman
MINUTES: C.Lyons

1. Minutes of 10/27/93 meeting were approved.

2. Space update: We are awaiting confirmation from Mike Shriver regarding the Mobilization space.
   We will have membership meetings at Life Center (payment as of 1/94).
   If perchance we can't get mobilization space we will go with the Life Center.
   Board meetings can be held at 25 Van Ness or Planned Parenthood.
   Serious concern was expressed by one board member regarding the decision not to go with the Life Center as our base.

3. Move: Theresa and Barbara will coordinate. Marta is available.

4. Administrative Assistant: Ads were placed and 6 responses were received. The deadline will be extended from 12/8 to 1/5 since we did not have a newsletter last month to place the announcement for our members. We will recruit a third member for the interview committee at the next membership meeting; interviews will be done after 1/5.
   We agree that health insurance should be provided in part; the committee will investigate options.

5. Membership meeting room: Susan will confirm with Life Center for January meeting.

6. Mail and voicemail pickup: Theresa will take care of this; we will pay her.

7. Newsletter mailing: Karen will take minutes at next membership meeting. Theresa will do mailing.

8. IRS refund: $512.

10. **Fundraising**: Macy's Passport day - $677 was received (in addition to the ticket sales). Catherine will write thank you letters; Theresa will send them. A solicitation letter has been written to send to those on our mailing list. Each board member will send 5 to people not on the list. The Event will be discussed at the next board meeting. Acorn Restaurant: Tuesday evening fundraisers has 2 seatings (50 people each). $36 per person is charged and we get 1/2. Could this be our Event? Could we split it with another organization? Fundraising committee will pursue details.

11. **Board recruitment**: Will be discussed at strategic planning meeting.

12. **Security at 25 Van Ness**: They need a list of those who enter the building after hours (i.e. board members for meetings).

13. **New V.P.**: No volunteers from present board members.

14. **Forums**: What we want to do at meetings needs to be discussed at strategic planning meeting. Some possible forums are: Incarcerated women (Crystal Mason) - we will do this in January. Lesbian/Bi.women study

15. **Fund committee**: We will develop a proposal to get funds to administer the fund. Concurrently we are exploring other organizations that might be appropriate for taking on administration of the fund, as well as funding sources to whom to submit the grant. This will be further discussed at strategic planning meeting.

16. **WORLD Benefit**: Barbara will bring literature. Marta will table.

17. **Policy committee**: Prevention document is finished and at the CDC. This will presented at membership meeting.

18. **Stop AIDS Project for Women**: Letter of intent sent to AMFAR. This issue will be discussed at the membership meeting.

**NEXT BOARD MEETING: JANUARY 4, 8:30 AM**

**MORNING STAR CAFE - CALIFORNIA AND POLK**

**FACILITATOR: BARBARA GARCIA**
PUBLIC HEALTH NURSING SERVICES FOR
PEOPLE WITH HIV INFECTION

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- **RESPOND** to and provide information regarding concerns about infection control in the home.
- **PROVIDE** nutritional counselling focusing on problems such as weight loss, diarrhea, and loss of appetite.
- **MONITOR** and provide information regarding the use and side effects of medicines and treatments.
- **ASSIST** persons in dealing with medical services available to people with HIV infection.
- **TEACH** persons to recognize changes in their health and to clearly and accurately report them to their doctor.
- **OFFER** emotional support for persons with HIV infection and their families, friends, and lovers.
- All services are **CONFIDENTIAL**

WHO CAN RECEIVE SERVICES?

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December 1993
The Women's AIDS Network (WAN) was established in June 1983, at the Second National AIDS Forum in Denver. In March 1984, women involved with AIDS services in the San Francisco Bay Area began meeting monthly. The membership includes women in medical, mental health, and social services, along with women living with HIV, community activists, and social and political advocates.

**Purposes:**
1. To provide a forum for information exchange among members
2. To provide support and assistance to its members in their work with HIV.
3. To develop strategies for focusing and directing HIV services and education toward women and women's needs.
4. To develop educational materials and organize events, including information packets, pamphlets, flyers, community forums, and a Speaker's Bureau related to HIV and women.
5. To provide liaison with other community groups and services in the form of written statements, distribution of printed materials, speakers, and meetings.
6. To coordinate services in order to avoid duplication

**Membership:**
There is a close, ongoing relationship between WAN and the S.F. AIDS Foundation, S.F. Department of Public Health, S.F. General Hospital, and the University of California, S.F. Medical Center, through participation of representatives of these agencies. Other agencies currently represented include:

- AIDS Benefits Counselors
- AIDS Health Project
- Alameda County Health Care & AIDS Services
- Asian AIDS Project of S.F.
- Association of Women's AIDS Research and Education
- Black Coalition on AIDS
- Center for Attitudinal Healing
- Children's Hospital of Oakland, CA
- COYOTE/CALPEP (Prostitutes' Rights and Education Organization)
- Latino AIDS Project of S.F.
- MidCity Consortium to Combat AIDS
- People with AIDS/S.F.
- Planned Parenthood
- San Mateo AIDS Project
- Seksjon for tiltak mot AIDS (Norway)
- Shanti Project
- Substance Abuse & AIDS Task Force, S.F.
- The Center for Health Training

**Publications:**
The Women's AIDS Network has authored two brochures, which are produced and distributed by the S.F. AIDS Foundation. These are:
- Women and AIDS (available in English and Spanish)
- Lesbians and AIDS (currently in English only)

A resource packet of articles and documents on women and HIV/AIDS is also available and updated periodically.

c/o S.F.A.F. • P.O. Box 6182 • San Francisco • CA • 94101-6182 • (415) 264-4376 • xt 2007
WOMEN'S AIDS NETWORK
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WAN BOARD OF DIRECTORS ROLES AND RESPONSIBILITIES

(Approved by WAN Board 10/93)

President
Responsible for general oversight of WAN, including oversight of activities and involvement of Board of Directors. Responsible for developing, in coordination with the Board, the vision, mission and direction of WAN. Responsible for ensuring that monthly general meetings occur and have a solid agenda that forwards the community work of WAN; and for ensuring that Board meetings occur on a monthly basis and are utilized to not only accomplish the necessary business of WAN, but also to meet the overarching vision, mission and direction of WAN. Oversight of all WAN fundraising efforts and liaison to the Fundraising Committee, with responsibility to ensure that WAN’s funding needs are addressed. Generally responsible for networking with other women’s and HIV/AIDS organizations nationally. Responsible for speaking engagements on behalf of WAN. Responsible for respectfully delegating tasks, when necessary, to various Board Members (with their permission) in any of the above categories, and then ensuring that the tasks are addressed by Board Members. If tasks are unable to be delegated, President is responsible for ensuring that the work is accomplished.

Vice President
Responsible for administrative oversight of WAN, including hiring and oversight of any staffpeople. Responsible for ensuring that the internal administration of WAN is in place and functioning well, including all issues related to the office and meeting spaces of WAN. Generally responsible for networking with other women’s and HIV/AIDS organizations locally. Oversight of and liaison to the Education/Outreach Committee. Works closely with President; acts in her stead when necessary.

Treasurer
Responsible for any and all issues related to the finances of WAN, keeping President and Board fully informed. Responsible for oversight of the Women’s Fund; liaison to the administrator of the Fund and the Women’s Fund Committee. Responsible for hiring and oversight of the Bookkeeper/Accountant. Responsible for ensuring that all taxes and financial obligations/liabilities are taken care of and for alerting the organization to any short- or long-term financial concerns. Responsible for monthly financial updates, based on information provided by the Bookkeeper/Accountant.
Secretary
As a recording secretary, responsible for taking minutes, or ensuring that minutes are taken, at all Board Meetings, and for sending minutes in a timely manner to all Board Members. As a corresponding secretary, responsible for sending out letters, or ensuring that they are sent out - by request of Board Members - on behalf of WAN. Responsible for keeping track of Board Member attendance and for advising the President when action needs to be taken regarding the removal of Board Members or the need to bring on new Board Members.

Public Policy Representative
Responsible for providing direction to WAN regarding public policy issues and for coordinating activities of Policy Committee. As Board liaison to Policy Committee, responsible for keeping WAN Board up to date on public policy issues and activities of Policy Committee. Liaison to all local and national women's and AIDS policy organizations. Responsible for speaking about policy issues on behalf of WAN. As any full Executive Committee Member, accountable for additional Board responsibilities, as needed.

All Executive Committee Members, along with all Board Members, are responsible for assisting in fundraising efforts for the organization. (The extent of Board fundraising needs to be more fully addressed, with a plan implemented to ensure Board responsibility for increasing WAN funds.) All Executive Committee members are expected to attend one Executive Committee meeting per month, along with one Board meeting and one general membership meeting. All Executive Committee Members are expected to participate fully in any organizational planning efforts, such as retreats and strategic planning sessions. The Executive Committee is responsible for decision making whenever the full Board is unable to do so. If any Executive Committee Member is unable to perform a particular duty as noted herein, she is responsible for respectfully delegating, with permission and only when necessary, and then ensuring that the task is accomplished by another Board Member.

Facilitation and minute taking of Executive Committee Meetings will rotate among Executive Committee Members. If someone cannot take her turn, the next person in line will take that turn. The minute taker is responsible for communicating with the facilitator of the upcoming Board Meeting, in order to note items for inclusion in the Board Meeting agenda.

[If, in the future, a large part of WAN’s work falls in an area other than policy, the Board of Directors may decide to substitute another representative for the Public Policy Representative. Currently, it is appropriate to include a Public Policy Representative as a separate Executive Committee Member, with other committees having representation or a liaison on the Board. In the future, we may want, for example, an Education/Outreach Representative on the Executive Committee, if that work is significant enough that it becomes too much for an officer to take on as liaison, in addition to her other responsibilities as an Executive Committee Member.]

(drafted by E. Hansen)
WAN EXECUTIVE COMMITTEE NOVEMBER 8, 1993

Present: Susyn Almond, Catherine Lyons, Marta Friedman
Absent: Eileen Hansen, Theresa Swanick
Minutes: Marta Friedman

1. Eileen was unable to attend the meeting as she was involved in a car accident a few days prior. Fortunately, she was not hospitalized and has been able to recover at home. The accident was really quite serious, and we are VERY grateful that her injuries were not more severe. We wish her the best, and will do what we can from a practical perspective to ease her WAN workload (if she'll let us!!!!).

2. Discussion about the Administrative Assistant position. We will continue to seek input from WAN and WORLD members about what duties and responsibilities might be added to the current description. It was suggested that skills in the areas of fundraising, grantwriting, and research might be beneficial. The timeline for hire should be asap, preferably by early January 1994.

The hiring committee consists of Marta, Karen Topakian, and Helen Miramontes (alt.), and hopefully a fourth person from either WORLD and/or the WAN membership.

3. Newsletter: It was suggested that WAN contribute a regular article or column or blurb to the WORLD Newsletter. This will probably be in addition to our monthly newsletter, and will further both the relationship between WAN and WORLD, and will provide more visibility for WAN. This will be discussed further at the next Board or newsletter committee meeting. This also may be one of the duties assigned to the new Adm. Assistant.

4. SPACE: (the final frontier...no, the agenda item from hell). It was decided to have one more phone tree about this issue, and to come to a final decision. As the MCC was introduced recently as a new potential for office and meeting space, the place was checked out prior to the phone tree. The MCC would, in deed, have plenty of space for meetings, but the potential office space was eliminated. The final vote was for either 1) MCC plus MAA or 2) Life Center. The Board has chosen to go with the MAA for office space, and to pursue meeting space for membership at the Life Center. The vote was 6-MAA & MCC or Life Center; 2-Life Center; and 1-abstention. Eileen at SFAF assures us that the old WAN office will continue to be available for Board meetings (unless we change the time to when SFAF is using the room). Barbara Garcia also has offered the possibility of having Board meetings at Pl.P'hood. So, we have options.
ADMINISTRATIVE ASSISTANT POSITION

The Women’s AIDS Network, founded in 1983, is a non-profit organization that provides a network for women who are HIV+, AIDS service providers and activists.

The Position: The Administrative Assistant, under the supervision of the Vice-President of the Board of Directors, is responsible for the day to day operations of the Network, including coordinating the monthly membership meeting and taking minutes; coordinating the monthly mailing, responding to telephone calls and mail in a timely manner; updating mailing list on computer database; assisting the Board of Directors with fundraising activities including grantwriting and research and fundraising events; providing a liaison with WORLD and other women and HIV organizations.

Qualifications/skills needed:

--Commitment to providing information and support to HIV+ women and caregivers.
--Knowledge of the HIV women’s community and HIV/AIDS issues
--Administrative experience.
--Ability to communicate and work with diverse groups.
--Computer skills including word-processing and databases.
--Self motivated and ability to work independently.
--Fundraising experience is a plus.

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Application: Due December 8, 1993. Job available immediately. Please send resume and cover letter to:
   Personnel Committee, Women’s AIDS Network, c/o S.F.A.F.,
   P.O. Box 426182, San Francisco, CA 94142-6182
WOMEN'S AIDS NETWORK BOARD MEMBERS LIST
1993-1994

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Karen Topakian  
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San Francisco, CA 94114  
648-3159 (h)
WAN BOARD MEETING
AGENDA
OCTOBER 27, 1993

I. Review of Minutes 5 minutes
II. Review of Board Responsibilities Paper 20 minutes
III. Staff Hiring 10 minutes
   a) Budget for advertising
   b) Assistance for interviews
IV. Board Recruitment 10 minutes
V. Space Update 5 minutes
VI. Strategic Planning Meeting 10 minutes
   a) Friday, November 19, 1993, 12-5pm
   b) Bring lunch
   c) Agenda Items to Eileen
VII. Thank you letter/SF AIDS Office & Lyon-Martin 5 minutes
VIII. Volunteer Mailing 5 minutes
IX. Introduction of Potential New Member (Karen) 10 minutes
X. Other 10 minutes

susan:
   - don't tell taurus to call
   - vote on new health care
   - susyn cell update
   - strategic planning
October 18, 1993

TO: WAN Board Members

FROM: Helen Miramontes

RE: Agenda Items, Board Meeting, 10/27/93

Please call me at 346-4758 with agenda items for the next Board Meeting. I must have them by Tuesday, 10/26/93, at the very latest. Thanks for your cooperation.
THE NEXT WAN MEETING WILL BE HELD ON TUESDAY NOVEMBER 2ND FROM 9:30 TO 11:30 AT THE LIFE CENTER, 1675 CALIFORNIA STREET AT VANNESS. WE WILL BE DEVELOPING WAN'S MISSION STATEMENT. PLEASE ATTEND AND BE PART OF THE DISCUSSION!!

ATTACHMENTS:

REPORT FROM WAN MEETING OF OCTOBER 5, 1993
MINUTES OF WAN MEETING OCT. 5, 1993

AGENDA:

1. INTRODUCTIONS
2. ANNOUNCEMENTS
3. COMMITTEE REPORTS
4. OFFICE SPACE/MOVE
5. FUTURE TOPICS FOR FORUMS & MEMBERSHIP MEETINGS
6. WOMEN'S STOP AIDS PROJECT
7. FEEDBACK ON WAN

REPORT FROM MEETING:

MARTINA CLARK REPORTED ON PWA CONFERENCE IN ACAPULCO. THERE WERE MANY ORGANIZATIONAL PROBLEMS RESULTING IN THE OLD BOARD OF DIRECTORS RESIGNING AND AN ELECTION OF A NEW BOARD OF DIRECTORS FOR GLOBAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS (THE CONFERENCE ORGANIZERS). MARTINA WAS ELECTED TO THE NEW BOARD AS THE NORTH AMERICAN REPRESENTATIVE.

LYON-MARTIN AIDS LEGAL REFERRAL PANEL WILL BE HOLDING REGULAR FREE LEGAL AID CLINICS FOR HIV+ WOMEN AT LYON-MARTIN. AN INTRODUCTORY KICK OFF MEETING FOR HIV+ WOMEN WILL BE HELD ON WEDNESDAY OCTOBER 27 FROM 2-4 PM. THEY HAVE ALSO ADDED A PREGNANCY & PARENTING RESOURCE & REFERRAL TALK LINE "GETTING PREGNANT IN THE AGE OF HIV" EVERY FRIDAY FROM 1-7 PM. THIS PROGRAM TARGETS HIV PREVENTION FOR LESBIAN AND BISEXUAL WOMEN CONSIDERING GETTING PREGNANT. FOR MORE INFORMATION CALL 415/565-7674.

LYON-MARTIN WOMEN'S HEALTH SERVICES ARE OFFERING FREE HIV NUTRITION SERVICES TO HIV+ WOMEN BY A REGISTERED DIETICIAN. LISA WILSON, R.D. WILL SEE PATIENTS FOR ACUTE CONDITIONS AS WELL AS BASIC NUTRITION ASSESSMENT. MUST BE HIV+, LOW INCOME, SAN FRANCISCO RESIDENT. CALL LISA AT 415/565-7689 FOR APPOINTMENTS.

LYON-MARTIN IS OFFERING NEW SUPPORT GROUPS ON MONDAY AND THURSDAY EVENINGS. ON MONDAY THEY OFFER ONE FOR HIV+ LESBIANS AND A NEW ONE FOR HIV+ WOMEN (ALL WOMEN WELCOME). ON THURSDAY EVENINGS THEY WILL OFFER A HIV+ WOMEN AND THEIR WOMEN PARTNERS COUPLES RELATIONSHIP SUPPORT GROUP.

ALINA EVER IS ORGANIZING A "CELEBRATION OF ANCESTORS" ON SATURDAY OCTOBER 30, 1993 AT THE HALL OF FLOWERS IN GOLDEN GATE PARK. CALL ALINA AT 415/647-9675 FOR MORE DETAILS.
A REPORT ON HIV WILL BE SUBMITTED TO SECRETARY OF HEALTH AND HUMAN SERVICES, DONNA SHALALA.

WORLD COMMUNITY MEETINGS ARE HELD ON THE THIRD TUESDAY OF EVERY MONTH AT 3180 18TH STREET AT FOLSOM IN SAN FRANCISCO AT 6 PM. EVERYONE IS WELCOME.


COMMITTEE REPORTS
POLICY COMMITTEE
THE POLICY COMMITTEE WILL BE MEETING ON TUESDAY NOVEMBER 16 FROM 3:30-5 PM AT THE COMMUNITY CONSORTIUM OFFICE AT 3180 18TH STREET AT FOLSOM IN SAN FRANCISCO. WE WILL BE DRAFTING COMMENTS TO THE CDC'S NEW GUIDANCE DOCUMENT. TO RECEIVE THE DOCUMENT BEFORE THE MEETING PLEASE CONTACT EITHER OF THE TWO CO-CHAIRS, KAREN TOPAKIAN AT 415/648-3159 OR EILEEN HANSEN AT 415/824-8884 FOR MORE INFORMATION.

SPECIAL WOMEN'S FUND
THE SPECIAL WOMEN'S FUND CONTINUES TO GIVE OUT GRANTS OF $50 TO HIV POSITIVE WOMEN. FOR MORE INFORMATION CALL BARBARA GARCIA AT 202-7430.

FUNDRAISING COMMITTEE
THE FUNDRAISING COMMITTEE IS WORKING ON OUR OPEN HOUSE/10TH ANNIVERSARY PARTY SCHEDULED FOR MARCH 10TH 1994. LOOK HERE FOR MORE DETAILS.

OFFICE SPACE/MOVE
WAN IS STILL SEARCHING FOR A PERMANENT OFFICE AND MEETING SPACE. PLEASE CALL OUR OFFICE AT 415/864-4376 IF YOU HAVE ANY LEADS.

FUTURE TOPICS FOR FORUM & MEMBERSHIP MEETINGS
--HIV & HOMELESSNESS
--HOUSING RESOURCES: WHAT'S AVAILABLE, WHAT'S LACKING
--PRESENTATION FROM THE COALITION FOR POSITIVE FAMILIES AND CHILDREN
--HIV & VIOLENCE - IN THE HOME AND ON THE STREET
--STRATEGY FOR RESPONDING TO MEDIA SMEAR CAMPAIGNS OF OTHER AIDS ORGANIZATIONS
--BAY AREA FUNDERS PANEL TO ADDRESS THE NEEDS OF FUNDING PROGRAMS
THAT ADDRESS THE NEEDS OF WOMEN AND HIV
- DISCUSSION ON THE NEED FOR CHANGE IN THE CDC’S DEFINITION OF RISK FACTORS FOR LESBIANS
- SAFER SEX DEMONSTRATION
- SUBSTANCE USE-TREATMENT: CHOOSE TO USE AND GETTING CLEAN (SERVICES LINKED TO NON-USE AND LACK OF SERVICES FOR USERS)

SHOULD THESE FORUMS BE HELD AT OUR REGULAR MEMBERSHIP MEETINGS OR HELD SEPARATELY IN THE EVENING?

A WOMEN’S STOP AIDS PROJECT

DENISE HATFIELD PROPOSED STARTING A STOP AIDS PROJECT FOR WOMEN MODELED AFTER THE ALREADY EXISTING ONE FOR GAY MEN. THIS PROJECT WOULD HOLD HOME PARTIES TO DISCUSS SAFE SEX AND THE OBSTACLES TO PRACTICING SAFER SEX. SHE WOULD LIKE TO SEE THE PROJECT ADDRESS THE NEEDS OF ADOLESCENTS, STRAIGHT WOMEN AND LESBIANS. SHE SUGGESTED LOOKING INTO COLLABORATION WITH OTHER ORGANIZATIONS - PHREDA, WORLD, WAN, WOMEN’S NEEDS CENTER, LYON-MARTIN WOMEN’S CLINIC AND ALSO PUT PRESSURE ON THE STOP AIDS PROJECT TO TAKE THIS ON THEMSELVES. AFTER MUCH DISCUSSION THE BOARD OF WAN DECIDED TO ADDRESS THIS TOPIC AT THE NEXT BOARD MEETING AND RETURN TO THE MEMBERSHIP WITH A RESPONSE.

FEEDBACK ON WAN

-- TWO IDEAS THAT MIGHT MAKE WAN MORE VISIBLE IN THE COMMUNITY: EVENING WAN FORUMS, HOSTING STOP AIDS PARTIES
-- REACH OUT MORE TO WOMEN WITH HIV
-- BETTER PUBLICITY: PLACE STANDING CALENDAR LISTINGS IN BAY AREA PUBLICATIONS

THE MEMBERSHIP IN ATTENDANCE AGREED TO COMMIT THE NEXT MEETING TIME TO A DISCUSSION OF WAN’S MISSION STATEMENT. THIS DISCUSSION WILL HELP WAN MAKE PLANS FOR THE FUTURE.
ANNOUNCEMENTS:

WE HAVE IN THE WAN OFFICE 415/864-4376 EXT 2007

LIVING/DYING PROJECT WILL BE SELLING GREETING CARDS AT UNDER ONE ROOF. TO ORDER AHEAD OF TIME CALL 415/252-8527.

THE NEXT LIVING WITH HIV PUBLIC FORUM SERIES TOPIC WILL BE "ORAL SEX: DEMYSTIFYING TRANSMISSION" SCHEDULED ON WEDNESDAY OCTOBER 20 FROM 7-9 PM AT THE METROPOLITAN COMMUNITY CHURCH, 150 EUREKA STREET. FOR MORE INFORMATION CALL 415/476-3902.

A POLITICAL FUNERAL FOR JOAN BAKER, ONE COURAGEOUS DYKE WHO LIVED AND DIED IN THE FACE OF APATHY, DENIAL, AND INVISIBILITY, (SHE DIED OF AIDS ON SEPTEMBER 3RD) WILL BE HELD ON SATURDAY OCTOBER 23. GATHER AT NOON AT DOLORES PARK, 18TH AND DOLORES. FOR MORE INFORMATION CALL 415-267-6195.

ACT-UP IS ORGANIZING A DEMONSTRATION ON FRIDAY OCTOBER 29 AT 12 NOON AT THE STATE CAPITOL IN SACRAMENTO. THE DEMO IS PLANNED IN CONJUNCTION WITH HALLOWEEN AND THE DAY OF THE DEAD AND WILL TARGET THE STATE AIDS BUDGET DISASTER. THERE WILL BE CARPOOLS LEAVING FROM SAN FRANCISCO. PLEASE CALL 415/252-9200 FOR MORE INFORMATION.

LESBIAN AVENGERS IS HOLDING A EVENING OF PERFORMANCE, "FIERCE SISTERS" ON FRIDAY 29 OCTOBER AT 8 PM AT THE NEW PERFORMANCE GALLERY, 3153 17TH STREET (BETWEEN SOUTH VAN NESS AND FOLSOM STREET). FOR MORE INFORMATION CALL 415-267-6195.

KAISER'S MONTHLY HIV FORUMS ARE NOW AVAILABLE ON VIDEO TAPE PLEASE CALL KAISER'S AUDIO/VISUAL DEPARTMENT AT 510/987-3911

SENATOR HATCH (R-UT) AND CONGRESSMAN RICHARDSON (D-NM) HAVE RECENTLY INTRODUCED LEGISLATION WHICH WILL AMEND THE FEDERAL FOOD, DRUG AND COSMETIC ACT IN A POSITIVE WAY. SENATE BILL S.784 AND HOUSE BILL HR 1709 BOTH TITLED THE "DIETARY SUPPLEMENT, HEALTH AND EDUCATION ACT OF 1993" WILL HELP PREVENT THE OVERLY RESTRICTIVE GOVERNMENT REGULATIONS THAT CURRENTLY THREATEN YOUR HEALTH CARE CHOICES. THESE LAWS WILL PRESERVE YOUR RIGHT TO HAVE ACCESS TO DIETARY SUPPLEMENTS AND TO INFORMATION ABOUT THE BENEFITS DIETARY SUPPLEMENTS PROVIDE. PLEASE WRITE YOUR CONGRESSMEMBER TO SUPPORT THESE BILLS.

THE FIRST EDITION AIDS DIRECTORY, AN ESSENTIAL GUIDE TO THE 1500 LEADERS IN RESEARCH, SERVICES, POLICY, ADVOCACY, AND FUNDING IS NOW
AVAILABLE FROM BURAFF PUBLICATIONS FOR $250. CALL 1-800-333-1291 FOR MORE INFORMATION.

NATIONAL CENTER FOR NON-PROFIT BOARDS WILL BE HOLDING A CONFERENCE ENTITLED "ACCOUNTABILITY AT THE CROSSROADS" IN WASHINGTON DC AT THE CROWNE PLAZA HOTEL ON NOVEMBER 14-16, 1993. FOR MORE INFORMATION CALL 202/452-6262.

NEWSLETTERS

MEAL TIMES, PROJECT OPEN HAND NEWSLETTER, VOLUME 15 FALL 1993

WORLD, WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES, NUMBER 30, OCTOBER 1993 A NORTHERN CALIFORNIA NEWSLETTER BY, FOR AND ABOUT WOMEN FACING HIV DISEASE

COMMUNITY HEALTH LINK, AUGUST 1993, VOLUME 2 NUMBER 3, A NEWSLETTER OF THE COMMUNITY BASED HEALTH CARE PROJECT

NAIAD AIDS AGENDA, SUMMER 1993

WARMLY YOURS, AUGUST 1993, VOLUME 1 NUMBER 4 A NEWSLETTER FROM FLORIDA FOR WOMEN AND CHILDREN AND FAMILIES WITH HIV

TREATMENT ISSUES, SEPTEMBER 1993, VOLUME 7 NUMBER 8 GAY MENS' HEALTH CRISIS NEWSLETTER OF EXPERIMENTAL AIDS THERAPIES.
American Foundation for AIDS Research (AmFAR)

The mission of AmFAR's targeted education grants program is to promote the development, implementation, and evaluation of culturally appropriate strategies for educating the public and people engaging in risk behavior about HIV disease and risk reduction practices.

Wednesday, December 1, 1993

Eligible community-based organizations are those 501(c)(3) organizations and Native American tribal organizations whose activities include the provision of HIV education and support services, or other health education services in their communities. Hospitals, health departments, universities, schools and school districts, prisons, and affiliates of national non-profit organizations are not eligible to apply.

$1,500,000 total for renewal of current programs and new applications in the following three program areas:

Program Replication Projects: AmFAR will accept applications from community-based organizations that are seeking to replicate or adapt model program strategies of demonstrated efficacy for any one of these target audiences: ethnic minority or language minority groups; gay and lesbian youth; gay men in rural communities; and injection drug users through needle exchange programs.

Prevention Education Networks: These grants will support the establishment or enhancement of issue-oriented networks which will assist community-based organizations involved in similar tasks to share information about successful program strategies, coordinate evaluation and program development efforts, and assist in the broader implementation of program models. AmFAR is seeking applications for network development in the following areas: rural AIDS organizations; Native American AIDS education providers; and HIV education providers for gay and lesbian youth.

Model Program Development: The purpose of these grants is to support the creation and testing of risk reduction intervention strategies for target audiences for whom intervention strategies of demonstrated efficacy do not exist. AmFAR is seeking applications for model program development in any one of the following areas: primary prevention for rural communities; Native Americans; Asian Americans; gay and lesbian youth; users of recreational, non-injection drugs, especially crack; subcultures of the gay community; and syringe exchange, particularly for women, sex workers, or steroid users.

Applicants outside major metropolitan areas are especially encouraged to apply. Geographic diversity is one of our program goals.

To get an application or more information, please contact AmFAR's education department at (212) 682-7440, extension 133.
Eileen Hansen
NLGAN
558 Capp Street
San Francisco, CA 94110
October 27, 1993

To: Susyn Almond  
    President, WAN Board of Directors

From: Catherine Lyons  
    Secretary, WAN Board of Directors

I am advising you, in my capacity as board secretary, that the following people have had 4 unexcused absenses from board meetings:
    Elizabeth Davis  
    Melissa Marsh

As per our policy they should be sent a letter informing them of their removal from the board and the board should take steps to replace them.

cc: Board members
October 4, 1993

Board of Directors
Women's AIDS Network
1675 California Street
San Francisco, CA 94111

Dear Board Members:

I am very interested in becoming a member of the Women's AIDS Network (WAN) Board of Directors. Recent statistics have shown that by the year 2000, one in two individuals who become HIV+ will be women. Like victims of breast cancer, minimal attention has been given to research and health care for women with AIDS.

I believe my experience as a fundraiser would be helpful in developing special events, direct mail pieces and grantwriting for WAN. As Development Director for both the San Francisco Food Bank and the Support Network for Battered Women, I coordinated a comprehensive fundraising plan which included special events, individual giving, corporate and foundation gifts and government grants. I recently completed an agency video for the Support Network.

During my three-year tenure at Greenpeace national headquarters in Washington, D.C., I developed all of the national promotional materials (excluding direct mail), including the general brochure, annual report, factsheets and other promotional pieces. I managed all production and marketing facets of the Greenpeace Quarterly, which had a circulation of 900,000.

My volunteer work in San Francisco has been exclusively for AIDS organizations. I have organized a restaurant benefit for GAPA's HIV Project, volunteered at Project Open Hand, volunteered for the Academy of Friends and sponsored a panelmaker's trip for The Names Project's October, 1992 Washington display. A friend and I added a panel to the Quilt at the March on Washington in April, 1993. I have a profound commitment to helping individuals with HIV and to educating the public at large about AIDS.

I hope that you will consider me as a viable candidate for your Board. Please call me at my office at 940-7867 if you have any questions.

Sincerely,

Judy Belohlavek
San Francisco Food Bank
333 Illinois Street
San Francisco, CA 94107

Development Director
• Development of a comprehensive individual giving program, including direct mail and donor cultivation.

• Production and publication of all Food Bank literature, including writing, editing and proofreading copy.

• Coordination of a special events program sponsored by the San Francisco Forty-Niners, San Francisco Giants, the San Francisco Symphony, Jefferson Starship, Boy Scouts of America, K-JAZ Radio, KTVU-TV, Nissan and the San Francisco Chamber of Commerce.

• Production of all press materials, including press releases, public service announcements and other promotions.

• Solicitation of corporate and foundation gifts.

Greenpeace
1436 U Street, NW
Washington, DC 20009

Managing Editor, Greenpeace Quarterly
Art Director
• Preparation of an annual budget of $700,000. Financial management of magazine expenditures.

• Production coordination of all phases of the Quarterly magazine, including scheduling, graphic design, photography, printing, paper purchasing and bulk mail.

• Writing, editing and proofreading copy.

• Circulation management, including preparation of distribution lists, newsstand sales, etc.

• Direction of national literature program, including the preparation of the annual report, general brochure, factsheets and other promotional materials. Writing and/or editing of all copy. Solicitation of printing bid

Education
Master's in Public Administration
University of Pittsburgh
Graduate School of Public and International Affairs
Pittsburgh, Pennsylvania

Bachelor of Arts in History
Capital University
Columbus Ohio
Judy Belohlavek  
2345 Market Street  
San Francisco, CA 94114  
415/863-9780 (H)  
415-940-7867 (W)

<table>
<thead>
<tr>
<th>Employment</th>
<th>Support Network for Battered Women</th>
<th>August, 1991 to present</th>
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<tbody>
<tr>
<td></td>
<td>200 Blossom Lane</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mountain View, CA 94041</td>
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</table>

**Development Director**
- Development of a comprehensive individual giving program, including a phone-a-thon, direct mail, and donor cultivation.
- Fulfillment of all government applications, including FEMA, California State Office of Criminal Justice Planning, Santa Clara County and municipal grants.
- Development of a special events calendar, including Women in Business reception, major donor recognition and annual luncheon.
- Production of all promotional materials.
- Solicitation of all foundation and corporate gifts.

**Greenpeace**  
139 Townsend Street  
San Francisco, CA 94107

**Administrative Director**
- Property search, lease negotiation (for a $700,000, three-party agreement) and overall coordination of the office move.
- Operations management of a 11,000 sq. ft. office space, including equipment purchase and maintenance, security, and office supplies.
- Research and implementation of a voice mail system serving 45 staff members.
- Coordination of a major donor reception for Greenpeace's flagship Rainbow Warrior.
- Maintenance of all personnel records.
- Assistance for the Regional Director in job searches and interviews.
- Supervision of administrative staff and volunteers.
October 22, 1993

TO:       WAN BOARD OF DIRECTORS
FROM:     EILEEN HANSEN
RE:       BOARD RESPONSIBILITIES

The Executive Committee recently met to discuss the question of how Board roles and responsibilities should be divided up. We agreed with - and recommend to you - the following division of roles and responsibilities. Please take a look at this prior to the upcoming Board Meeting (Wednesday, 10/27, from 5:30 to 7:00pm at 25 Van Ness, Third Floor) and come prepared to make a decision as to this proposal.

President
Responsible for general oversight of WAN, including oversight of activities and involvement of Board of Directors. Responsible for developing, in coordination with the Board, the vision, mission and direction of WAN. Responsible for ensuring that monthly general meetings occur and have a solid agenda that forwards the community work of WAN; and for ensuring that Board meetings occur on a monthly basis and are utilized to not only accomplish the necessary business of WAN, but also to meet the overarching vision, mission and direction of WAN. Oversight of all WAN fundraising efforts and liaison to the Fundraising Committee, with responsibility to ensure that WAN’s funding needs are addressed. Generally responsible for networking with other women’s and HIV/AIDS organizations nationally. Responsible for speaking engagements on behalf of WAN. Responsible for delegating tasks to various Board Members in any of the above categories, and then ensuring that the tasks are addressed by Board Members.

Vice President
Responsible for administrative oversight of WAN, including hiring and oversight of any staffpeople. Responsible for ensuring that the internal administration of WAN is in place and functioning well, including all issues related to the office and meeting spaces of WAN. Generally responsible for networking with other women’s and HIV/AIDS organizations locally. Oversight of and liaison to the Education/Outreach Committee. Works closely with President; acts in her stead when necessary.

Treasurer
Responsible for any and all issues related to the finances of WAN, keeping President and Board fully informed. Responsible for oversight of the Women’s Fund; liaison to the administrator of the Fund and the Women’s Fund Committee. Responsible for hiring and oversight of the Bookkeeper/Accountant. Responsible for ensuring that all taxes and financial obligations/liabilities are taken care of and for alerting the
organization to any short- or long-term financial concerns. Responsible for monthly financial updates, based on information provided by the Bookkeeper/Accountant.

**Secretary**

As a recording secretary, responsible for taking minutes, or ensuring that minutes are taken, at all Board Meetings, and for sending minutes in a timely manner to all Board Members. As a corresponding secretary, responsible for sending out letters, or ensuring that they are sent out - by request of Board Members - on behalf of WAN. Responsible for keeping track of Board Member attendance and for advising the President when action needs to be taken regarding the removal of Board Members or the need to bring on new Board Members.

**Public Policy Representative**

Responsible for providing direction to WAN regarding public policy issues and for coordinating activities of Policy Committee. As Board liaison to Policy Committee, responsible for keeping WAN Board up to date on public policy issues and activities of Policy Committee. Liaison to all local and national women’s and AIDS policy organizations. Responsible for speaking about policy issues on behalf of WAN. As any full Executive Committee Member, accountable for additional Board responsibilities, as needed.

**All Executive Committee Members**, along with all Board Members, are responsible for assisting in fundraising efforts for the organization. (The extent of Board fundraising needs to be more fully addressed, with a plan implemented to ensure Board responsibility for increasing WAN funds.) All Executive Committee members are expected to attend one Executive Committee meeting per month, along with one Board meeting and one general membership meeting. All Executive Committee Members are expected to participate fully in any organizational planning efforts, such as retreats and strategic planning sessions. The Executive Committee is responsible for decision making whenever the full Board is unable to do so. If any Executive Committee Member is unable to perform a particular duty as noted herein, she is responsible for ensuring that the task is accomplished by another Board Member.

Facilitation and minute taking of Executive Committee Meetings will rotate among Executive Committee Members. If someone cannot take her turn, the next person in line will take that turn. The minute taker is responsible for communicating with the facilitator of the upcoming Board Meeting, in order to note items for inclusion in the Board Meeting agenda.

[If, in the future, a large part of WAN’s work falls in an area other than policy, the Board of Directors may decide to substitute another representative for the Public Policy Representative. Currently, it is appropriate to include a Public Policy Representative as a separate Executive Committee Member, with other committees having representation or a liaison on the Board. In the future, we may want, for example, an Education/Outreach Representative on the Executive Committee, if that work is significant enough that it becomes too much for an officer to take on as liaison, in addition to her other responsibilities as an Executive Committee Member.]
WOMEN’S AIDS NETWORK BOARD MEETING

1 September 1993  25 Van Ness Avenue 3rd Floor

Present: Susyn Almond, Eileen Hansen (facilitator), Barbara Garcia, Caroline Lee, Marta Friedman, Theresa Swanick, Karen Topakian (minute taker)*, Helen Miramontes, Val, Alina Ever

Absent: Catherine Lyons, Melissa Marsh, Elizabeth Davis

1. Introduction of new bookkeeper:
   Val Steinberg of Steinberg and Associates is our new bookkeeper and tax preparer. She will provide WAN with financial statements, reconcile our accounts and perform any other services as needed. She will work with our treasurer, Theresa Swanick. Val can be reached at 415/731-2452 (phone and fax) or at 415/749-1199 (phone).

2. Macy’s Passport Days - Barbara Garcia
   Barbara Garcia presented the Board with tickets and information about Macy’s Passport Days on Saturday and Sunday October 2nd and 3rd. She needs people to sign up to volunteer to work on those days at Macy’s. The hours are Saturday 2nd October 9:30 -12:30, 12:30-3:30, 3:30-6:30, 6:30-9:30 and Sunday 3rd October 10:30-1:30, 1:30-4:30, 4:30-7:30. Please call her if you can spare some time to help out at Macy’s. Last year we made $3000 at this event.

3. Special Women’s Fund - Barbara Garcia
   The Board decided that the Special Women’s Fund Committee needs to meet to develop a plan including a fundraising strategy to be presented at the next Board meeting.

4. Move - Marta Friedman
   Marta presented information about our location options: the free space at Mobilization Against Survival, UCSF at 15th and Folsom and at 18th and Folsom, a Bank of America property, Continuum, and Lyon-Martin for meeting space only. The Bank of America and Continuum spaces are no longer options because the former is not available for board and membership meetings and the latter’s plans are in flux. Lyon Martin has offered us free meeting space in their conference room for membership and board meetings. Eileen agreed to continue to call Joanna Rinaldi about the UCSF spaces. Marta agreed to call Mike Shriver at Mobilization against AIDS to discuss possibility of more storage space and more time for the Board to consider their offer.

5. Worker’s Compensation - Theresa Swanick
   Theresa agreed to talk to Cynthia Goldstein on Thursday 2 September about WAN’s Worker’s Compensation. Once she has done so she will contact the Executive Committee within two weeks. The Executive Committee is empowered to make a decision about this matter.
6. The 10th Anniversary event - Susyn Almond, Karen Topakian

Susyn presented all of the decisions and information to date about the 10th Anniversary event to the Board. A discussion ensued about the Board’s ability to work on this event at this time with so many other organizational logistics unsettled. The Board decided to postpone the event for 6 months so there will be enough time to plan adequately. The event committee will re-convene to begin making the new arrangements. Helen Miramontes agreed to contact Krebs to inform them of WAN’s decision to not hold the event during the National AID’s update. Susyn announced her inability to continue to play the role of Executive Director as she has done during the past few months. Some of her tasks were re-assigned to other Board members to free her up to continue her graduate studies.

7. Meeting Times and Locations -

The September 7th membership will be held on the 8th floor of 25 Van Ness from 9:30-11:30 a.m. Julie Dorf, Executive Director of the International Gay and Lesbian Human Rights Commission is the scheduled forum speaker. Susyn agreed to facilitate the meeting with help from Marta. The next Executive Committee meeting is set for Wednesday the 8th of September at Josie’s Juice Joint on 16th and Castro. The location of the October 5th membership meeting is yet to be determined but will be included on the WAN voice mail tape in time for the meeting. The September 29th Board meeting will be held at 25 Van Ness, 3rd floor.

*If these minutes seem incomplete to those in attendance, it is because I did not begin to take them until we were part way through the meeting.
1. Accept minutes of 9/1/93 Board Meeting
2. Review agenda
3. Administrative Committee Report
   Worker’s Compensation
   Alina’s position
4. Special Women’s Fund Report
5. Policy Committee Report
6. Board Development
7. Location of New Office
8. Anniversary Event/Open House
9. Logistics of October Membership Meeting
10. Logistics of October Board Meeting
Summary of WAN Fundraising Projects

I. Current Events

A. The Body Shop AIDS Education Campaign

What: The Body Shop will do a campaign in conjunction with and to benefit local AIDS organizations. WAN may provide ed. materials, and should receive financial benefit.

When: early September

Contact there: Lindy Edward (Chestnut St. Store); letter was sent in July to Robert Triefus in New York, and cc: to Lindy

WAN contact: Susyn Almond

To do: Contact Lindy in August to determine WAN's participation

B. Macy's Passport AIDS Shopping Day

What: Macy's 2nd annual Shopping Day event to take place in conjunction with their large Passport fashion show benefiting AIDS organizations. Approx. a dozen small AIDS orgs. will participate in the shopping days on Oct. 2 & 3. ASO's sell "passports" giving the bearer 10% off on all purchases in participating branches. Passports cost $10; the organization keeps the full amount. ASO's also get a percentage of the amount collected at Macy's for passport sales at the door.

When: October 2 & 3

Contact: Lois Wander, Special Productions

WAN Contact: formerly Kathy Sarlson, need new one.

To do:

1. Choose new WAN coordinator (s) and inform Lois at Macy's
2. Sign up volunteers for door shifts for days of the event
3. Stamp passports (300) with WAN's name on them
4. Encourage passport sales (300 = $3,000) and keep track of sales.
5. Report sales to Lois at Macy's
6. Confirm volunteers for days of event

C. WAN Reception at the HIV 6th National AIDS Update Conference

What: WAN will host a reception at the conference commemorating our 10th anniversary and honoring women in the field.

When: Wednesday, October 20

WAN coordinators: Susyn Almond, Helen Miramontes and consultants Frank Herron and Wendy Owens.

II. Outstanding Proposal

A proposal was submitted to Agape Foundation on July 30, 1993, asking for $1,000 in program support for the "Guide for HIV Positive Women." Susyn will follow up in October.
SAN FRANCISCO RESOURCES
FOR AIDS-AFFECTED WOMEN

compiled by

Women's AIDS Network

333 Valencia Street
(4th Floor)
San Francisco
California 94103

INFORMATION AND REFERRAL

AIDS Hotline
863-AIDS, English/Spanish

AIDS Hotline TDD
for the hearing-impaired
864-6606

SF AIDS Foundation
Social Services
25 Van Ness Ave., 6th Fl.
864-5855, on-duty worker

Larkin St. Youth Center
673-0911, for teens

Latino AIDS Project
2401 24th St.
647-5450

Mental Health Information
and Referrals
387-5100

Mental Health TDD
for the hearing-impaired
221-9174

Mid-City Consortium
partners of IV drug users
751-4221, Bernadette

Multicultural Alliance for
the Prevention of AIDS (MAPA)
822-7500

People with AIDS/ARC Switchboard
861-7309

Project AWARE
476-4091

Shanti Information and Referral
777-CARE

Women’s AIDS Network
333 Valencia St., 4th Fl.
864-4376, ext. 2030, Ruth Schwartz

HEALTH CARE AND TREATMENT

AIDS-RELATED MEDICAL CARE

SF General Hospital Ward 86
women’s clinic Monday afternoon
995 Potrero Ave.
821-8830, call for appointment

SF General Hospital (emergencies)
1001 Potrero Ave.
821-8111

UCSF (emergencies)
501 Parnassus Ave.
476-1037G

GENERAL MEDICAL CARE

City Clinic
357 7th St.
864-8100

City Health Centers

#1: 3850 17th St.
558-3906

#2: 1301 Pierce St.
558-3256

#3: 1525 Sver Ave.
468-3664

#4: 1450 Mason St.
558-3158

Haight-Ashbury Free Clinic
558 Clayton St.
431-1714, call for appointment

Lyon-Martin Women’s Health Services
2480 Mission St.
641-0220

South of Market Health Center
551 Minna St.
626-2951

Women’s Needs Center
1625 Haight St.
221-7371

MEDICAL REFERRALS

AIDS Alternative Healing Project
513 Valencia St.
558-9292

Project Inform
information about alternative therapies
558-9051

SF General Hospital
1001 Potrero Ave.
821-5139

SFGH Alternative Therapies Dept.
1001 Potrero Ave.
821-5209

MENTAL HEALTH AND COUNSELING

AIDS-RELATED INFORMATION AND
SUPPORT GROUPS FOR:

Women with AIDS/ARC
SF AIDS Foundation
864-5855, ext. 2513, Catherine Maier

Women with AIDS/ARC
Shanti Project
777-CARE

AIDS Health Project
Educational Support Groups: HIV+, worried well
476-6430, Marsha Blachman

Mission Crisis Center
810 Capp St.
558-2071

AIDS Family Project/
Operation Concern
1853 Market St.
626-7000

AFIIA
525 Howard St.
777-CARE, Jana Rickerson

SOMA Mental Health Clinic
428 Jessie St.
777-3311

Shanti Project
525 Howard St.
777-CARE, Jana Rickerson

Women’s Institute for Mental Health/Iris Project
264 Valencia St.
864-2364, Lyndall or Christina

Women want to stop
working as prostitutes
647-5476, Robin

Anonymous phone support
Women w/ HIV-infected partners
258-0694, Nari

Family/Friends/Lovers of PWAs
Shanti Project
777-CARE

Prostitutes and Sex Workers
CAL-PEP, AIDS Prevention
558-0450, Priscilla, Gloria or Lea

Women wanting to stop
working as prostitutes
647-5476, Robin

Anonymous phone support
Women w/ HIV-infected partners
258-0694, Nari

Bayview Area Women
6025 Third St.
822-7500, Cynthia Nicholson

COUNSELING

AIDS Health Project
Educational Support Groups: HIV+, worried well
476-6430, Marsha Blachman

Latino Community AIDS Project
2401 24th St.
647-5450

MAPA
6025 Third St.
822-7500

Mission Crisis Center
810 Capp St.
558-2071

AIDS Family Project/
Operation Concern
1853 Market St.
626-7000

SF Suicide Prevention
221-1423

Shanti Project
525 Howard St.
777-CARE, Jana Rickerson

SOMA Mental Health Clinic
428 Jessie St.
777-3311

Tenderloin Clinic
251 Hyde St.
673-5700

Women’s Institute for Mental Health/Iris Project
264 Valencia St.
864-2364, Lyndall or Christina
### SOCIAL SERVICES

#### CHILDCARE
- **Audrey Smith Development Ctr.**
  1050 McAllister St.
  863-0909/346-3268
- **Childcare and Referral Network**
  661-1714
- **Childcare Switchboard**
  referrals
  864-1234
- **Shanti Practical Support Program**
  777-CARE, Randy Chelsey
- **Talkline and Family Services of SF**
  441-KIDS
- **Tenderloin Child Care Center**
  916 Laguna
  776-4010

#### FOOD SOURCES: MEALS
- **Glide Memorial Church**
  330 Ellis St.
  771-6300
- **Haight St. Soup Kitchen**
  1525 Waller St.
  566-0366
- **Open Hand**
  home delivery of meals
  771-9808
- **Martin de Porres Dining Room**
  225 Potrero Ave.
  552-0240, call for hours
- **St. Anthony's Dining Room**
  121 Golden Gate Ave.
  552-3838, 10-12:30

#### FOOD SOURCES: MEALS
- **Visiting Nurse and Hospice**
  861-8705
- **Most Holy Redeemer Support Grp.**
  552-6009

#### FOOD SOURCES: GROCERIES AND VOUCHERS
- **SF AIDS Foundation Food Bank**
  25 Van Ness, 6th Fl.
  864-5855
- **Salvation Army**
  445 9th St.
  861-0755, 8:30-12, 1-4
- **Help obtaining food stamps**
  25 Van Ness, 6th Fl.
  864-5855
  On-duty worker
- **WIC Program**
  240 Shotwell
  552-3870

#### CLOTHING
- **Bay Area Women's Resource Center**
  318 Leavenworth
  474-2400, Mon-Thurs 11-2pm
- **Resources**
  421-3190

#### FINANCIAL ASSISTANCE
- **AIDS Emergency Fund**
  1550 California St.
  441-6407, call first
- **Emergency Health Fund of Catholic Charities**
  1049 Market St.
  864-7400, Bob Nelson

#### TRANSPORTATION
- **MUNI discount passes for people with PWAs/ARC**
  558-4248
- **Discount Disabled Taxi Service**
  552-7908
- **Shanti Practical Support**
  to and from medical appointments
  777-CARE, Randy Chelsey

#### HOUSING: PERMANENT
- **Shanti AIDS Residence Program**
  777-CARE
- **Independent Housing Services**
  441-6781, Gloria Valoris

#### HOUSING: PERMANENT
- **Legal Services**
- **BAART**
  1040 Geary St.
  928-7800
- **Bayview/Hunter's Point**
  methadone
  6025 Third St.
  822-8200
- **FACET**
  for pregnant addicts
  1040 Geary
  928-7800

- **AIDS and Substance Abuse Prgm.**
  995 Potrero, Ward 92
  821-8764, Joanna Rinaldi

#### SPIRITUAL SERVICES
- **AIDS Interfaith Network**
  928-4673

#### SOCIAL AND POLITICAL GROUPS
- **Black Coalition on AIDS**
  822-1124, Amanda Hamilton

#### SUBSTANCE ABUSE TREATMENT
- **COYOTE**
  prostitutes and sex workers
  558-0450
  Priscilla or Gloria
- **Latino Coalition on AIDS/ SIDA**
  777-2273, Chris Sandoval
- **Mobilization Against AIDS**
  political lobbying
  863-4676
- **People with AIDS/SF**
  861-7309
- **Rest Stop Support Center**
  134 Church St.
  621-REST
- **Third World AIDS Task Force**
  864-5855
  Hank Tavera
- **Women's AIDS Network**
  333 Valencia St., 4th Fl.
  864-4376, ext. 2030
  Ruth Schwartz

#### TRANSPORTATION
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  333 Valencia St., 4th Fl.
  864-4376, ext. 2030
  Ruth Schwartz
Women's AIDS Network  
Board Meeting Minutes  
July 28, 1993

I. HOMELESS WAN - Space Needs - Think of your resources NOW  
A. Office - Out of SFAIDS Foundation by 9/30/93  
B. Board Meetings to be held WHERE as of 8/93  
C. Membership Meetings to be held WHEREas of 9/1/93

Eileen reported that she has been playing telephone tag with Pat Christen and had left a message that she could drop by this meeting if possible. This did not occur. We explored the options to pursue with Pat: extending time at 25 Van Ness while we seek space; continued use of computer, xerox, voice mail and postage, especially the monthly newsletter mailing.

What other free space or low cost space is available and who will pursue it. Eileen will pursue with Pat Christen.

II. Committee Reports  
A. Policy  
1. Board of Supervisors  
2. Collaboration with WORLD  
   International Conference Report Back  
B. Education  
1. Fact Sheets - Status Report  
2. Newsletter Style Revisions  
3. Stanford Institute on Women's Health Events  
C. Fundraising  
1. Macy's Shopping Day - Kathy  
2. The Body Shop - Kathy Sarlsen

The above items were tabled until the retreat due to lack of attendance by new board members. Written 92/93 committee reports will be presented at the retreat along with a taking stock of accomplishments and setting of new goals.

D. Special Women's Fund
Overwhelming response to mailing and new year start-up. Barbara Garcia received authorization from committee for 20 checks per week on a temporary basis. Financial monitoring will be necessary.

3. **WAN's 10th Anniversary Event during National AIDS Update - 10/20/93 - Helen**

We have free space available in the Civic Auditorium from Krebs Management. Possible they will publicize in program as well. This necessitates use of the in-house caterer. Meeting with new event planners scheduled for 7/29/93. They will organize and give us tasks to do - all board need to be involved.

III. **BUDGET Review**

Tabled until next meeting with full board.

IV. **Administrative Assistant's Health Issues**

Alina is experiencing carpal tunnel syndrome which may be work related. Issues related to her health cost, insurance and workers' compensation were discussed and no decision was made. Further research needs to be done and decisions made this month. Alina will be on vacation and try to rest her arms during the period from August 9 to September 2. She will get the mailing out announcing the first Fall membership meeting scheduled for September 7, 9:30-11:30, 8th Floor Conference Room, 25 Van Ness. Susyn will cover phones and mail in Alina's absence.

V. **Bookkeeper Selection - Status Report**

Three interviews were held and a final decision is being made. The last applicant will be submitting a contract proposal for the work.

VI. **Retreat Plans for 8/14/93**

Catherine, Marta and Susyn met. A catered lunch is being arranged and an outside facilitator, Trudy Fulton-Smith has been hired as a facilitator for the day. Marta commented that it is good that we will be having this outside facilitation. The agenda will include taking stock and seeing if
our original objectives are still appropriate. Sort of where are we at plus orientation and introduction of committees to new members.

**VIII. S.F. NOW Presentation on Co-sponsored 9/18/93 Event**

Deborah Glenn

NOW will be holding a conference of Saturday, September 18 on *Paths and Power: From School Board to Senate, A Political Primer*. This will be a practical, hands-on learning experience for women interested in running for office, building grassroots support and raising money. Women elected officials will be workshop presenters and keynote speakers. There will be three tracks: beginners, those interested in running for office and campaign management. Deborah Glenn asked for co-sponsorship which could be $200 or a mailing to membership. It was decided that we would send a mailing for our part of co-sponsorship.

**IX. Other Items/Tasks**
Administrative Report

1. Bookkeeper Selection and Financial Management

During the past two months interviews were held and a contractor was selected who will act as tax/budget/accounts analyst and preparer, advising the board on financial matters. With the introduction of project budgets for each of our committees will require closer monitoring. With the loss of Kathy Sarlson, we will need to search for an accountant or finance person to replace her on the board. She has provided excellent fundraising and development advice, grant writing skills and budget preparation.

The Special Women's Fund distributes a maximum of 10 checks a week with the assistance of the Care Clinic staff at Planned Parenthood. In June we distributed almost 200 hundred packets with flyers advertising the cash grant service of the Fund. Response has been phenomenal. Barbara Garcia requested the OK from the Fund committee that she temporarily be authorized to distribute 20 checks per week. The committee gave their authorization on a temporary basis. We will need to monitor the cash flow carefully in the coming months. The checks require two signatures: Susyn Almond and Barbara or Donna, the fund administrators at Planned Parenthood at the time of disbursement. At present, Barbara Garcia and Susyn Almond are the primary check signers and the bookkeeper, Val Steinberg will prepare checks, reconcile the bank statements and prepare budgets for committees, proposals and the full board. We need a treasurer who will oversee these tasks and to be an additional check signer.

2. Office Management

We are also seeking office and meeting space. Eileen met with Pat Christen and the decision is final that we must be out of the AIDS Foundation - 25 Van Ness by September 1. We will continue to be able to utilize postage, xerox and mail address facilities at the Foundation. Alina and Susyn have looked into the space Wells Fargo provides at the Life Center. Marta has inquired into other spaces, including the Flood Building at $240/month with shared reception, fax and copier facilities. The Life Center offers similar facilities with the addition of large meeting space within the space at Van Ness and California for $150/month. If free space is found, it will be looked at for facility and meeting capacity. Assistance is needed in the search. We will also need immediate file sorters and packers as well as people willing to assist on moving day. Alina has friends with a truck that will do the heavy moving.

3. Personnel Supervision

Alina Ever works 15 hours per week handling phone calls, mail, newsletter preparation and mailing, finding speakers and doing work for the Board. She now has a disability which may or may not improve by September when she returns from vacation. Workers Compensation paperwork needs to be followed up and her issue of health cost coverage needs to be decided. If she does not recover, a temporary or permanent replacement needs to be found immediately. Our first membership meeting will need a minutes note taker at least for now. I am doing vacation phone and mail coverage and will be delegating appropriate requests to board members. I would like someone to handle the vacation duty in the future. Interviewers may be needed for her replacement and decisions need to be made (probably by
executive committee as to amount of hours per week, type of tasks and who will have
supervisory responsibility in the long term. We need to get our personnel management in
order for future grant proposals to include project staff.

During the summer I was involved with interviews for a **bookkeeper, graphic designer, event organizer** and retreat facilitator. We now have these people on board and have agreed to
terms. However, each works on different facets of our organization and needs oversight. The
graphic designer is going to assist us in selecting a MAC printer and desk top publishing
software for the newsletter (at no additional cost). I would also like her to create business
cards for the Board to enhance outreach and participation in coalitions.

4. **Special Events**

In addition, interviews were held to select our **10th Anniversary Event Organizers**, **Wendy Owens and Frank Herrera**. It was during the special retreat-like board meeting in
May that we decided to begin to hired consultants for their expertise in anticipation that later
with funding these might eventually be replaced by employees. The above mentioned event
planners are relieving the staff of the day to day organization and logistical work of putting on a
major corporate sponsored commemorative reception. The event planners are providing us
with a timeline plan, budget and sign ups to involve the entire board. They will be delegating to
us and reporting to the event committe. **The Board will be asked to sign up for specific
tasks to cover the time frame between August and October 20th**. An adhoc group
will need to agree on the list of founding honorees for the event, the new logo, menu, music,
program and whether we will pay for or share a display table and who might staff it. This
working group will disband after the event follow-up is done.

We also **contracted with Janet Crabtree, an independent graphic designer** who has
worked for most of the TV stations in town. She is designing a new **logo, the event
invitation, a multiple use donor return envelope, flyer and press kit**. When we
have moved she will handle the moving announcement, letterhead and other materials we may
choose to create like brochures. She could also work with the Education Committee on the design
of the packet and fact sheets. We will want one WAN fact sheet to have available at the
conference and for the many events that ask us to display and distribute.

We need to decide like Kathy did last year how many events we can handle per year. We are
already committed to the **Macy's Shopping Day** in early October and the **10th
Anniversary Reception**. Given that it is our 10th Anniversary we may want to think of
other smaller ways we will want to celebrate it later in the year.

5. **Press Coverage**

We often are contacted by the press or send out press releases on a specific event or issue and
need people willing to be available. In the last year I have been on a radio show, been
interviewed by **People, Glamour, San Francisco Focus** and other media sources that I forget. I
don't mind continuing this but we need specific resources: women with HIV- mothers
and singles, policy, clinical, legal and social work experts. For the event
October 20th, we will need to design a campaign with the assistance of our event
organizers and graphic design person. We will need people who have a sense of
the history of WAN, people who have received funds from the Special Women's
Fund and then people who will mail and do follow-up phoning just prior to the event. Our goal is at least one feature article. The press are hungry for a good story from the National AIDS Update and we will be part of that.

5. Decision Making Process

Decisions are now primarily made by the full board or recommendations are proposed to the board by committees. One executive committee meeting was held in the Spring which we found to be an effective process. The executive committee is made up of the President, Treasurer and a representative or chair of each committee. I propose that more operational decision making begin to be done at this level allowing the full board to get on with project work. Our one and a half hour board meetings are never long enough to cover all our business. I recommend that all personnel decisions be made at this level. And we do need to begin to make sure our house is in order on personnel and office management issues as we approach funders for project staff funding.
WAN PUBLIC POLICY COMMITTEE REPORT

Over the past several months the Public Policy committee has undertaken several projects to highlight the issue of women and AIDS.

In September of 1992, several members of the committee attended two town hall discussions held by Representative Nancy Pelosi on Women’s Health. At those sessions, WAN requested a special community meeting on Women and HIV to be held in the Bay Area. Representative Pelosi declined the invitation but did agree to meet with representatives of WAN to discuss the issue. After a concerted effort by WAN, a meeting was arranged for 9 February 1993. Eleven people from WAN and Women Organized to Respond to Life-threatening Diseases (WORLD) attended to discuss the many issues confronting women who are HIV+ and women who are at risk.

In October, the Committee wrote a letter to then Governor Clinton and a subsequent one to President Clinton requesting that he make his AIDS policy comprehensive and inclusive of women. In our letters we described the various areas he should address with a specific request for him to convene a meeting with women leaders, including WAN and women with HIV, before implementation of any policies.

In February, we tracked legislation and actively advocated on the issues for WAN, including Rep. Maxine Waters’ (D-CA) legislation on people of color and AIDS and Rep. Constance Morella’s (D-MD) legislation on women and AIDS, the NIH reauthorization Bill and the HIV Immigration Ban. We also prompted WAN to become involved in opposing the Detention Center at Guantanamo Bay for Haitians who were, for the most part, HIV-infected.

At the March 2nd WAN membership meeting, the Policy committee presented an overview of the current legislation on women and HIV including Representative Pelosi’s Prevention Legislation. The membership provided feedback on this piece of legislation with specific attention to the legislation’s omissions of women, people of color and lesbians. The input was incorporated into a formal response to Rep. Pelosi. Ongoing discussion with the Representative’s office continues regarding her HIV Prevention Legislation. In May the co-chairs of the Policy committee wrote an article on the Pelosi bill for the WORLD newsletter.

In April 15, the Committee organized a meeting with Senator Boxer’s aide, Katherine Merrill, on the issue of Women and HIV. At that meeting, four members from WAN and WORLD met to gauge the Senator’s agenda on women’s health care and to introduce her to our organizations and issues.
On May 10, two members of the Policy Committee attended AIDS Lobby Day in Sacramento. They visited 5 Representatives with members of WORLD to discuss women and HIV. The visits targeted women who are elected officials from rural areas who don’t hear from many constituents on this issue.

On June 8, WAN organized participants to attend a meeting of the SF Board of Supervisors Health, Public Safety and Environment Committee to address women and HIV and the City’s pending budget cuts. At that hearing 10 people spoke from several AIDS organizations also women with HIV. The meeting was continued until July 13 where another 10 people presented testimony to the Committee. Many spoke of their personal stories of receiving care for HIV from city services and the devastating effect the budget cuts would produce.

On July 20, WAN and WORLD cosponsored a Women’s HIV/AIDS Update: A Report Back by Women on Women’s Issues from the International AIDS Conference in Berlin. Of the five women panelists, two presented studies they had delivered in Berlin. The remaining three presented their conference experiences and shared information they had learned in Berlin regarding women and HIV. Over 80 people (mostly women) attended the event.

Currently we are involved in two efforts: assessing the viability of a second national meeting on women and HIV; and developing a national working group on HIV prevention issue and administrative reform regarding people of color and women.

The Policy committee meets every third Wednesday of the month from 3:30 to 5:30 at 3180 18th Street (the Community Consortium office) and the co-chairs are Karen Topakian and Eileen Hansen. Karen can be reached Monday, Thursday and Friday at 415\474-4604 or in the evening at 415\648-3159. Eileen can be reached at 415\824-8884. We welcome your participation.
HIV Update for Women Announced for Tuesday

by Dennis Conkin

A free Women's HIV/AIDS Update will be held at the UCSF Mission Center on Tuesday, July 20, from 6:30-8:30 p.m.

Sponsored by the Women's AIDS Network and Women Organized to Respond to Life-threatening Diseases, the forum will include a panel discussion of women's AIDS news and information from the recent Ninth International Conference on AIDS in Berlin.

Among the scheduled speakers are Rebecca Denison, WORLD executive director who was at the Berlin conference, Doris Butler, a WORLD activist, and Cynthia Gomez.

"It's important to have a forum of women talking about HIV and AIDS issues to women, because of the spread of HIV in the women's community. This is an opportunity to provide information to our community," said Karen Topakian of the Women's AIDS Network.

Such information is essential for women, said Carmen Madriz, acting coordinator of client services for women and children of the San Francisco AIDS Foundation.

According to Madriz, as AIDS begin to affect more and more women and families there is an increased need for education about AIDS and HIV, but there are obstacles in getting that information to the high risk groups. One of those obstacles is that many of the women at risk do not speak English, and another is that many still believe that AIDS is a disease of gay men.

"But HIV doesn't have anything to do with morals," she observed, indicating that is one reason why she believes "education is very important."

Also, she pointed out, AIDS doesn't just affect minority women, and a historic problem of reaching middle class women at risk for the disease — and those who have HIV infection and need social services and current, accurate medical information — is that they frequently try to avoid being linked with those who have contracted the infection from injection drug abuse.

The UCSF Mission Center is located at 1850 Folsom Street, between 14th and 15th streets.
Love, Power and Knowledge Dr. Hilary Rose speaks on gender, science and society, topics in her new book. July 21, 7:30pm, McBean Theater, the Exploratorium, 3601 Lyon St. 563-7337.


Highlights From Berlin Thomas Sharpin, M.D., FACP, leads a review of medical and scientific findings from the 9th International Conference on AIDS. Tuesday, July 20, 6:30 9pm, Room 1200C, 12th floor, Hospital Tower, Kaiser Permanente Medical Center, 280 W. MacArthur Blvd., Oakland. (510) 596-6848.

Lavender Waves Lesbians in Recovery Retreat Make plans now for fifth annual drug and alcohol free retreat, with workshops, meetings, dancing, talent show and more. Sept. 30-Oct. 3, 566-3643.

Outcaste Support Group for lesbian, bisexual and transgendered women into SM. Meeting facilitated by Queen Cougar and Dawn Robinson. 833 18th St., 4:30-6:30pm. July 18.

Out of the Closets and Into the Sheets! One-day event for lesbian and bisexual women 23 and under about health, sex, relationships and more. July 17, 10am-5pm. Free. The Women's Building, 3543 18th St. 565-7681.

SF NOW Task Force on Sex Work and Pornography Forum on prostitution, with Carol Draizen, Mainhung Le, Teri Goodson. July 20, 7:30pm. 469-6977.

Alternative Alcohol Problem Fellowship Open meetings, Tuesdays, 8:9:30pm. 398-6594.

Women's Action Coalition Meets each Tuesday, 7:30pm. The Women's Bldg. 3543 18th St. (510) 869-2584.
The NLG AIDS Network acts as a bridge between the legal community and grassroots AIDS organizations. Initially formed in 1985 with a focus on the legal and public policy issues surrounding AIDS, their mandate was to develop and ensure quality legal assistance to people affected by HIV. Because adequate legal representation regarding AIDS discrimination was extremely difficult to access in 1985 - no matter where one lived - the AIDS Network became the first organization in the country to establish a national network of organizations and individuals willing to provide legal assistance to people with AIDS.

The intent of the AIDS Network was then, and still remains, threefold: 1) empowering people with HIV/AIDS, especially those most disenfranchised in society and those most unable to provide for themselves when confronted with HIV or AIDS; 2) building grassroots AIDS, health care and legal organizations by providing committed legal workers to such groups; and 3) affecting social policy as it relates to HIV/AIDS. The Network works to pro-actively provide legal education, advocacy and referrals; and to assist legal advocates and AIDS organizations to respond effectively to the urgent legal issues of people living with AIDS or HIV. Since 1985, over 300 AIDS organizations have requested the Network’s assistance in locating legal workers and the Network has recruited over 700 active legal workers in 47 states, the District of Columbia, Puerto Rico, Canada and Micronesia.

In the 90s the Network is particularly committed to providing assistance to health care workers, women and prisoners who are HIV-infected, as well as to those in rural areas and smaller cities where quality legal representation regarding HIV discrimination is still extremely difficult to obtain. The AIDS Network is also committed to expanding its capacity to affect social policy at the local, state and national levels as related to HIV/AIDS.
Women’s AIDS Network Board Retreat
Kairos House, August 14, 1993

Present: Eileen, Karen, Susyn, Catherine, Barbara, Theresa, Helen, Marta, Kathy. Trudy facilitating.

AGENDA: WOMEN’S AIDS NETWORK

- Intros
- Committee Status Reports
  Assessing Past Year
- Choosing Committees
  Birthing of WAN
- Future Plans
  space
  forums/structure of monthly meetings
  membership
  future staffing needs
  sponsorship
- Major Event (Oct) Planning
  Recruitment of members
- Closure

COMMITTEES:

- Education (PR, outreach, presswork)
  (in transition)
  Forum Planning
  Newsletter
  Theresa, Susyn, Barbara, Marta
- Policy
  Helen, Susyn, Karen, Eileen, Marta, Theresa
- Fundraising
  Susyn, Karen
- Special Women’s Fund
  Catherine, Theresa, Barbara
- Admin Report
  (Caroline)

Policy Committee

Accomplishments
  got off the ground
  great support from group
  given us visibility we didn’t have
  got people to testify
  lots of coalition building
  high sustained energy
  good reporting back

Hurdles
  attendance sparse
  limited by time
  women are around 5 years behind
  women and people of color groups
  access to participants
  No large org to support

Now
  decided to talk with women and people
  of color nationally, lot to learn from them
  had two national meetings
  blossomed into potentially large organization

Education Committee

Accomplishments
  learned in process
  goal was to update info

Hurdles
  lost members
  It’s Been a “Bust”
  little interest and enthusiasm to put together educational materials
  other agencies do education well
  not enough motivation or energy
  no capability to produce

Now
  let’s disband and reformulate
  canned info sheets
  room for Educ-reorganize the focus and goal

Suggestions
  let’s not compare to other committees
  have difference be “OK”
four openings on board
no one to do work
concerns around how we “manage” the organization
how do we sustain

Future
special events
Find way to sustain
moving parties
decide location
rethink staffing
short and long term fundraising
empower strong committees
structure meetings
good politics is not enough—need organizational skills

LAST YEAR—ACCOMPLISHMENTS AND TO DO’S

We have moved forward
To Do: inclusion ↑ and recruiting
To Do: outreach
Executive Committee (AKA administrative committee)
To Do: Recruit folks for committees

Policy Committee
Future Possibilities
National Coalitions with people of color—national advocacy, provide leadership
High visibility
Second national meeting of women in HIV (explore)
may form national coalition
Where are we right now? What should our focus be?

Transition (Education Committee)
Future Possibilities
become clearinghouse info
prework on speakers for meetings forums
shift to newsletter—outreach/PR
be focal point for WAN consulting
Be thread that ties organization together

Reorg/reformulate the focus and goal conference planning

Fundraising Committee
Future Possibilities
get out the importance of fundraising
mission statement essence for fundraising
ask warmly for S—which S need fundraising person (paid?)

Special Women’s Fund
Future Possibilities
set up database
rethink with caution no restrictions and info.
gathering—collaborate with other agencies
documentation research
Research as a fundraising tool
count units of service/formalize research and direct service and info
what to do with “Forming clinical network”

Administrative/Exec Committee
Future Possibilities
Do one day just for strategic planning—mid-November
Rethink staffing 4 positions
short-term and long-term staffing view
S/fundraising
Get admin house in order
recruit people with politics and org skills
decide location and moving strategies
special events
structure meetings/when is the next board meeting
define how to manage the organization
moving executive committee

LOCATION

Mobilization against AIDS (2 votes)
Castro and 19th-Free
2nd story
not good for membership meetings, private meetings, confidentiality
get door maybe

**Life Center $150/mon. ($1800/year) (6 votes)**
Has kitchen, large meeting space, neighbors, private offices, wheelchair access, expansion space, receptionist???
might be temporary
sense of ownership
hidden costs
**Is board committed to raising the money?**

**Flood Building—$240/mon**
accessible, security, longer leases
not comfortable with location (?), no parking

**Let’s Wait** (can pack in 2-3 days)
Continuum
B of A
Have budget meeting

prop to Body Shop
Macy’s
Event/Reception

**Answer by Next Board Meeting (end of August)**
5 questions
Future of Life Center
Other Spaces

Need an office by mid-Sept., moved out by Sept. 1
Where do we store stuff? Marta’s house. Caroline’s house. Susyn’s House

**EXECUTIVE COMMITTEE**

Eileen—Policy
Catherine—Women’s Fund
Susyn—Fundraising
Theresa—Outreach/Education
Marta—(VP)

**MEETINGS**

**Next Executive Committee Meeting**
10 am Mon, Aug. 23 in WAN Office

**Next Board Meeting**
1.5 hours
try for 2 mos.
Wed—5:30 PM
Thursday—9:00 am
Fri—8:30 am
Susyn will get daycare.

**Sept. 1—5:30**
Conference Room at AIDS Office
(Teresa)

Last Wed. of mo starting Sept.

**Strategic Planning Meeting**
Executive Committee—make recommendation.
Hold Nov. 6.
Discuss half-day

**POSITIVES/CHANGES**

±
focus/TFS
accomplishments
energy and new ideas
leisurely going into topics
all did prepared reports
getting to know board
look forward and big picture
got to talk about history and frustration
actions executive committee
I said “no” and others said yes
work being shared
agenda to board ahead of time—budget
more prep
overprepared, wanted more outcome
input into agenda ahead of time
alleviate admin obstacles
strategic planning
structure meetings
deciding if we want to do orientation and time of retreat
how often to have retreats

Trudy’s Assessment

creative fire

transition

structure

6 mos. 3 yrs.
Focus on structure.
NOTE: NEW LOCATION OF MEETING!!!!!

*****************************************************************
Join us for the WAN Anniversary Reception - 10 Years of Nurturing - Wednesday, October 20, 5-7pm at Civic Auditorium, being held in conjunction with the National AIDS Update. For more information, call Susyn Almond at 386-8162.

*****************************************************************

NEXT WAN MEETING
TUESDAY, SEPTEMBER 7, 1993, 9:30 - 11:30 am
25 VAN NESS, 8TH FL. CONFERENCE ROOM (AT MARKET ST.)

ATTACHMENTS:
Plasma donors needed flyer

TOPIC OF SEPTEMBER WAN MEETING:
Julie Dorf, Director of the International Gay and Lesbian Human Rights Commission will speak on trafficking and HIV on the Thai/Burma border and other HIV and human rights work.
ANNOUNCEMENTS:

WE HAVE IN THE OFFICE (Call 864-4376 ext. 2007):

WORLD, Women Organized to Respond to Life-threatening Diseases, A Northern California newsletter by, for and about women facing HIV disease, Number 26, 27 and 28, June, July and August, 1993.

ALERT, News form the Universal Fellowship of Metropolitan Community Churches on AIDS Legislation, Education, Research and Treatment, July 1993.


AIDS TREATMENT NEWS, Issue Numbers 177, 178 and 179, June and July 1993.


LIVING WITH HIV, a triple panel brochure from Burroughs Wellcome Co. Organizations can order kits with these brochures free of charge. For more information, call 1-800-HIV-INFO.


TALKING WITH YOUR FAMILY ABOUT HIV/AIDS. This is an educational tool for parents to help them talk with their children about HIV.

HIV FRONTLINE, A newsletter for mental health and healthcare professionals who counsel people living with HIV, #13 May/June. This issue on the end of life in HIV disease.


HIV IN AMERICA: A REPORT BY THE NATIONAL ASSOCIATION OF PEOPLE WITH AIDS. A quote from the introduction of this booklet, "For the first time in the history of the AIDS epidemic, a nationwide survey of the realities of living with HIV disease has been completed."

CDRR NEWS, newsletter of The Committee to Defend Reproductive Rights, Spring/Summer 1993.

GLOBAL AIDS NEWS, the newsletter of the World Health Organization Global Programme on AIDS, 1993 - No. 2.


SOUTH END PRESS, Trade Catalog, Fall 1993.


POSITIVE NUTRITION, A Newsletter for People with HIV and AIDS and for Health Care Professionals, Volume 1, No. 2, Spring 1993.

DATELINE: NIAID Report from the National Institute of Allergy and Infectious Diseases, June 1993.

AIDS REPORTED CASES (From 7/81 to 6/30/93). Surveillance report from the San Francisco Dept. of Public Health AIDS Office.


HIV/AIDS MEDIA GUIDE and information about other materials from HDI - National Hispanic Education and Communication Projects.

REPRODUCTIVE HEALTH MATTERS an international journal with women-centered perspectives. WOMEN'S GLOBAL NETWORK FOR REPRODUCTIVE RIGHTS.

SAN FRANCISCO:

EVENTS:

YOUR VISION AND HIV, ISSUES AND ANSWERS, an information session, August 26, 1993, The Gazebo, Davies Medical Center, 6:30-8:30pm. RSVP 415/824-3269.

LESBIAN MIXED DOUBLES TENNIS TOURNAMENT: A BENEFIT FOR LYON-MARTIN'S WOMEN'S HEALTH SERVICES. October 30 and 31, Mills College in Oakland. Call (415) 346-2336 for information.

MAKE-OVER DAY, a special benefit for the Asian AIDS Project, August 22, 1993 10am-8pm, Simon Says Salon 2305 Van Ness at Vallejo. For reservations or information, call 415/227-0946.
MEETINGS:
COALITION FOR POSITIVE FAMILIES WITH CHILDREN. August 10, 1993, 8:30 - 10:30am, 333 Valencia, 4th Floor, (Crossings Office).

EDUCATIONAL SERIES, WORKSHOPS AND TRAININGS:
HOME CARE SKILLS is a free training for friends, partners and family who are caring for people with AIDS. For more information call Celi Adams at Home Care Companions, Inc. 415/824-3269

RFPS:
HIV PREVENTION & EDUCATION FOR HIGH-RISK YOUTH AGES 12 TO 25 IN SAN FRANCISCO. You may pick up an RFP package at the AIDS Office, 25 Van Ness, or call Nancy Foote at 554-9005.

AIDS CLINICAL RESEARCH CENTER funds pilot studies and is actively soliciting applications from CBOs. For information call Ellen Goldstein at 415/597-9396

SERVICES:
TENDERLOIN AIDS RESOURCE CENTER will be offering one to one substance abuse counseling and a weekly support group. TARC also offers transgender counseling and support groups. Call 415/431-7476 for information.

ASIAN AMERICAN COMMUNITIES AGAINST AIDS is a multi-cultural and multi-lingual consortium now providing prevention case management to Asian and Pacific Islander communities. For more information, call Jennifer Tasaki at 415/563-0553.

ASIAN HEALTH SERVICES: AIDS PROJECT is providing primary care, confidential HIV Antibody testing, case management, prevention, and education in the East Bay. For information, call 510/444-2441.

CONTRA COSTA:
SERVICES:
Contra Costa County Health Services Dept AIDS Program have two new case managers: Gwen Downs, PHN and Kathryn Mahoney, PHN.

BAY AREA-WIDE:
RFPS:
DIFFA/NORTHERN CALIFORNIA announces its final two RFPS to distribute funds raised at the Council of Fashion Designer’s 7th on Sale/San Francisco in September, 1992. For information, call 415/431-9253.

NEWS RELEASES:
HIV THERAPY GUIDELINES ISSUED. An independent panel of experts, convened by the National Institute of Allergy and Infectious Diseases, has released new preliminary recommendations regarding the use of antiretroviral drugs in the care of adults infected by HIV. For more information, call Marion Glick at 301/402-1663.
TWO NEW STUDIES FROM NIAID. Two new studies have begun to study the effectiveness and safety of drugs used in the prevention of CMV in the retina and gastrointestinal tract and in the prevention of MAC. Individuals with CD4 counts of less than 100 can inquire about enrollment by calling 1-800-TRIALS-A.

HIV SUPPORT GROUPS TEST SELF-HELP BY PHONE: Group emotional support is being offered to East Bay and Central Valley persons with HIV/AIDS through weekly telephone conferences. Contact Dan Theobald at Pacific Bell 415/542-4589.

STUDY OF HIV INFECTED INDIVIDUALS WITH AZT MYOPATHY. Physicians can refer patients to a study at NIH’s National Institute of Neurological Disorders and Strokes. For information, call 301/496-9979.

MIKE SHRIVER has recently been appointed the new Executive Director of Mobilization Against AIDS. Mike leaves his position as public policy director at 18th Street Services.

AIDS ACTION COUNCIL is encouraging individuals and groups to contact members of Congress during the annual August recess, August 9-September 3. Contact your member's district office to request a meeting. This is part of the action being promoted by AIDSWATCH ’93. Additional reminder from AIDS ACTION COUNCIL to submit names of potential participants in the September Lobby Days in Washington, DC by August 15th. Call Matt Patrick for information at 202/986-1300 ext 12.

OTHER:
SAN MATEO COUNTY AIDS PROGRAM is recruiting HIV+ speakers for their A.I.R. (AIDS IS Real) educational project which brings speakers into middle and high schools. A $25 stipend is available for sessions of two classes. Call Ruth 415/573-2488.

College of Marin is holding an exhibit: Artists' Images of AIDS & Images by Artists Living with AIDS". The exhibit will open on November 22 and run through December 17, 1993. Phone: 415/485-9493.

CONFERENCES/INSTITUTES:

4
AFRICAN AMERICAN WOMEN'S CONFERENCE ON TOUR.

WOMEN AND HIV.
A two-day clinical training course for medical providers. There is no cost for the course and Category 1 CME and CEU credit will be provided. For information, call 414/554-9630. Get registration in immediately - conference is filling up.

JOB OPENINGS:

San Francisco AIDS Foundation is seeking a Policy Associate. The application deadline is 5:00pm, Friday, August 20, 1993. Send resume to: SFAF, 25 Van Ness Ave., Suite 660, San Francisco, CA 94102.

Project Open Hand is seeking a Grants Administrative Assistant. Send resume to: Mr. Torres, Project Open Hand, 2720 17th Street, San Francisco, CA 94110.

Project Open Hand is seeking an Administrative Assistant/half-time. Send Resume to Ms. Casey, Project Open Hand, 2720 17th Street, S.F., CA 94110.

Project Open Hand is seeking a Bilingual Receptionist (English/Spanish). Send resume or apply in person to Project Open Hand, 2720 17th Street (at Bryant), San Francisco 94110.

Mission Neighborhood Health Center is seeking a Registered Dietician. Send resume to: Dept. of Human Services, Mission Neighborhood Health Center, 240 Shotwell Street, San Francisco, CA 94110.

OPERATION CONCERN is seeking a half-time Clinician with a minimum master’s level degree. Send resume and cover letter to: Mark Bronnenberg, LCSW, 1853 Market St., S.F., CA 94103.
WHAT IF YOU COULD MAKE
OVER $100/MO
FOR JUST 4 HOURS OF YOUR
TIME
AND HELP THE FIGHT AGAINST
AIDS?

PLASMA DONORS NEEDED

Are you HIV+ and healthy?

You may qualify
for upcoming phase III study of
passive hyperimmune therapy

FREE LAB TESTS INCLUDING
T-CELLS

CALL 415-399-0971
16 July 1993

Eileen Hansen, President
Women's AIDS Network
c/o National Lawyers Guild
588 Capp Street
San Francisco, CA 94110

Dear Eileen:

Over the past several years, the AIDS Foundation has been pleased to support the work of WAN by providing office space and related backing for WAN's worthy efforts.

Unfortunately, a burgeoning staff/volunteer/intern population in both our locations and the need for an additional conference room necessitate using all of our available office space. And, regrettably, I am writing to ask that WAN find another office by September 1, 1993.

Eileen, I will be happy to help WAN find new space at another agency prior to vacating the 3rd floor at 25 Van Ness. I will be in the office two days during the week off 7/19 -- Wednesday 7/21 and Thursday 7/22. Please feel free to give me a call at 864-5855, ext. 3050.

Sincerely,

Pat Christen
Executive Director

PLC:kc
WAN will be marching with WORLD in the Lesbian/Gay Pride Parade on June 27!

Our contingent will be with the AIDS Health Project, #49, and we'll meet on Hyde Street between McAllister and Golden Gate between 10 and 10:30am. There will be a cable car, too.

Please RSVP to Susyn Almond at w) 929-9100 or h) 386-8162 or call her with any questions.

JOIN US!
NOTE: THERE WILL BE NO WAN MEETINGS IN JULY AND AUGUST!

ATTACHMENTS:
Report from WAN Meeting of June 1, 1993
Demands by HIV+ Lesbians
Member Questionnaire
AGENDA:
1. Committee Reports
2. Plans for Future
3. National AIDS Update
5. Board Election
6. Forum: Denise Hatfield, on her meeting with U.S. Health and Human Services Secretary Donna Shalala on the topic of Lesbians and HIV

ANNOUNCEMENTS:

WE HAVE IN THE OFFICE (Call 864-4376 ext. 2007):

WORLD, Women Organized to Respond to Life-threatening Diseases, A Northern California newsletter by, for and about women facing HIV disease, Number 25, May 1993

Vancouver PWA Newsletter Issue 67, May 1993

ALERT, News from the Universal Fellowship of Metropolitan Community Churches on AIDS Legislation, Education, Research and Treatment, May 1993 and June 1993


NIAID AIDS Agenda, National Institute of Allergy and Infectious Diseases, Spring 1993

Latinas, Partners for Health, Mujeres Unidas Pro Salud, the newsletter of National Hispanic Education and Communications Projects (HDI Projects), Volume 1, Number 1, Spring 1993

Vancouver PWA, Newsletter Issue 68, June 1993

Medical Alert, A Publication of the National Association of People with AIDS, May/June 1993, Vol. 1, No. 3


No Place Like Home, Mental Health Association of S.F. newsletter on supportive housing for people with mental disabilities, Spring 1993

Mental Health Association of S.F. UPDATE, Spring 1993

California Partner Study Newsletter, Spring 1993

Catalog of workshops and summer camp for nonprofits by the Support Center
Healthclips, Newsletter of the Boulder County Health Department, HIV Prevention Project, April/May 1993, Vol. 1, No. 1 describing community health salon parties to educate stylists and their clients on HIV prevention. For more information, call Mary Evitts at 303/441-1244.

BETA Bulletin of Experimental Treatments for AIDS by the S.F. AIDS Foundation, June 1993

Booklets from the National Institute of Allergy and Infectious Diseases: An Introduction to Sexually Transmitted Diseases, Genital Herpes, Hepatitis, Other Important STDs, Vaginal Infections, Syphilis, Pelvic Inflammatory Disease, Human Papillomavirus and Genital Warts, Gonorrhea, and Chlamydial Infection.

AIDS Reported Cases from 7/81-4/30/93 from the S.F. Department of Public Health AIDS Office

HAI News, Home and Inspiration Through the Arts, Spring 1993

Degana, Center for AIDS Education and Services, May/June 1993 Edition

Positive News, Newsletter of the S.F. AIDS Foundation, #9 Summer 1993, special issue on Women and HIV

AIDS Treatment News, Issue Number 175 and 176, May 21 and June 4, 1993

LAP NOTES, Lesbian AIDS Project at GMHC, Issue No. 1, April 1993

WORLD, Women Organized to Respond to Life-threatening Diseases, a newsletter by, for and about women facing HIV disease, Number 26, June 1993

AIDS Reported Cases from 7/81 to 5/31/93 from the S.F. Department of Public Health AIDS Office


ADVANCE, the monthly bulletin of the S.F. AIDS Foundation, June 1993, Vol. 4, No. 5

At Home, Home Care Companion News, Spring 1993

SAN FRANCISCO:

EVENTS:

ACT UP/Golden Gate, Castro Village Pharmacy and Healing Alternatives presents a community forum: Maximizing HIV/AIDS Treatments, a discussion of conventional and complementary
therapies from AZT to bitter melon, featuring Lisa Capaldini, MD, MPH, Brenda Lien, Project Inform, Jon Kaiser, MD, Jason Jeyman, AIDS Treatment News, Kristin Weaver, MSRN, nutritionist, Tuesday, June 22, 7-9pm at MCC 150 Eureka Street.

WORLD and WAN will co-sponsor a forum: Berlin: A Women’s HIV/AIDS Update on July 20, 6:30-8:30pm, 1855 Folsom St. at 15th Street.

The next AIDS/Public Health Grand Rounds will be Wednesday, June 26, 101 Grove Street, Room 300, form 3-5pm on the topic of IX International Conference on AIDS.

The next S.F. Public Policy Roundtable will focus on HIV and Substance Abuse, Tuesday, June 22, 12-2, 25 Van Ness, 3rd floor conference room. Please RSVP by June 18 to Tom Zickgraf at 487-3034.

Leland Avenue Residence for AIDS/HIV impacted individuals will hold a benefit of In the Wings: "Angels in America" on Broadway, Wednesday, June 23, 12:30pm, Castro Theater. For more information, call 626-4477.

Kairos House offers a presentation by Dr. Deepak Chopra, bestselling author of Perfect Health and Unconditional Life, Saturday, June 26, 8-9:30pm, St. Mary’s Cathedral Conference Center, 1111 Geary Street. For more information, call 255-1928.

A Foundation for Integral Healing & Ayurveda Health and Education Resources of S.F. will hold a week long retreat in the Sierra Foothills at Camp Lodestar, July 23 - July 30. For more information, call Tighe Foley at 255-1928.

The S.F. Dinner Committee and the 1993 Table Captains are hosting the Human Rights Campaign Fund S.F. Dinner, Saturday, June 26, Fashion Center, 699 Eight Street, 6pm.

SERVICES:
The Iris Center and the Ark of Refuge are creating Restoration House for African American women living with HIV and substance abuse issues. Services will include: coordinated HIV services, case management, individual and group counseling, long-term housing, nutrition services, acupuncture. For information, call Rose White at 285-2302.

The LIFE Conference Center has opened. It is a meeting place for the AIDS and HIV services provider community. It is located at 1675 California Street at Van Ness. The space is suited for organizations whose work involves occasional or regular conferences, meetings, trainings and support groups. For more information, call 928-1445.

Haight Ashbury Free Clinics, Inc. is opening a new program this
summer, Lodestar House, which will be a 10-bed residential substance abuse treatment program for women who are HIV+. For more information, please call 928-2600 or 552-7230.

MEETINGS:
The next meeting of the City & County of S.F. Commission on the Status of Women is Thursday, June 24, 4:30pm, 25 Van Ness Avenue, 5th floor conference room.

SUPPORT GROUPS:
The Asian AIDS Project is beginning a support group for Asian and Pacific Islander women who are HIV+. For more information, call Caroline Lee at 227-0946.

EDUCATIONAL SERIES, WORKSHOPS AND TRAININGS:
Home Care Companions, Inc. presents Home Care Skills, a free training for friends, partners and family who are caring for persons with HIV and AIDS at Davies Medical Center, Castro & Duboce Streets, 7-10pm in 5-part courses. The dates are: June 21, 22, 23, 24 & 25; July 26, 27, 28, 29 & 30; September 20, 21, 22, 23 & 24; and October 25, 26, 27, 28 & 29. Call Celi Adams to register at 824-3269.


The New Conservatory Theatre Center has produced Health In View, the AIDS Education Touring Project Documentary Video, featuring theatrical, age-appropriate HIV prevention Programs designed for young people age 5-19. For more information, call Ed Decker at 861-4914.

RFPS:
There is an RFP for psychosocial support services for people with HIV (RFP 016-93). There are bidders conferences on June 23 and July 12. The proposals are due on August 20 by noon. For an RFP package, call Nancy Foote at 554-9005.

There is an RFP for Psychosocial Support Services for Youth with HIV: The proposals are due on July 1 by noon. For an RFP package, call Nancy Foote at 554-9005.

EAST BAY:
EVENTS:
The World Institute on Disability AIDS & Disability Project will hold a free half day workshop for HIV service providers, July 13, from 1-5pm entitled "Empowering People with HIV-Related Disabilities." For more information, call Elissa Chandler or Kathy Martinex at 510/763-4100.
Sister Drum On, a benefit for WORLD, is a women’s gathering of drumming and stiltwalking, July 9-10 in Oakland Anthony Chabot Park. For more information, call 510/883-1650.

BAY AREA-WIDE:
EDUCATIONAL SERIES, WORKSHOPS AND TRAININGS:
Sharon Lund, HIV+ mom and AIDS activist will lead a workshop for empowering women with HIV/AIDS in Berkeley, July 7-8. Contact AIDS, Medicine & Miracles at 800/875-8770.

NEWS RELEASES:
U.S. Bioscience: U.S. Bioscience announced today that NeuTrexin is available to licenced physicians in the United States for patients with PCP under the Treatment IND mechanism. For medical inquiries, call Edith Mitchell, MD at 215/832-4525.

News from NIAID: The National Institute of Allergy and Infectious Diseases has opened a multi-site clinical trial to evaluate a new three-drug combination therapy for HIV i.e., AZT, ddI and nevirapine. For mroe information, call Greg Folkers at 301/402-1663.

S.F. AIDS Foundation: As a new step in alerting members of the Filipino community that AIDS strikes at people of all persuasions and races, the Filipino AIDS Hotline of the S.F. AIDS Foundation will unveil three 15-second public service announcements June 12 on the popular television show "Manila Manila." For more information, call Dave Ford at 487-3031.

Public Health NEWS: A recent report which called into question the use of AZT early in the stages of HIV infection has been the subject of serious reservations, according to Johns Hopkins School of Public Health AIDS researcher, Alfred Saah, MD, MPH, associate professor or epidemiology. For more information, call Patti Madigan or Sharon Rippey at 410/955-6878.

ACTION ALERTS:
Bay Area HIV Advocacy Network: Ryan White funding for S.F.'s HIV services is in serious danger. President Clinton originally requested $310 million in new funding, but he is now asking Congress for $200 million increase. Call or Fax Representative Pelosi immediately at 202/225-4965 or 415/556-4862 or Fax: 202/225-8259. For mroe information call Tom Zickgraf at 864-5855 x3034, Pat Dunn x3039 or Ryan Clary x3032.

18th Street Services: The Mayor of San Francisco's proposed cuts would result in S.F. falling roughly $1.5 million dollars below the base level of HIV funding from the City's GENERAL FUND BUDGET that must be maintained by law in order to receive Title I dollars. If this money is not immediately re-stored, S.F. will lose (at a minimum) $40 million dollars in Title I funding next year. Call/fax Mayor Jordan today: 554-6141 (fax 554-6160).
The Human Rights Commission is threatened with one-third of its general fund monies in the Mayor's proposed budget. The ability to protect the civil rights of S.F. residents will be severely weakened. Write or call the Board of Supervisors to help save human rights in S.F.

EDUCATIONAL MATERIALS:
FATALE: FATALE Video breaks ground with a new heart-warming, funny, informative, and highly-charged erotic safer sex video of lesbian love called "Safe is Desire". For more information, or a review copy, call Melissa at 861-4723. To order or request a catalog, call 800/845-4617.

The Women's International Public Health Network is a six-year old grass roots organization linking women in the field of public health together. The newsletter addresses international women's health issues, programs and opportunities. To join, write to 7100 Oak Forest Lane, Bethesda, MD 20817.

Risa Denenberg announces the publication of Gynecological Care Manual for HIV Positive Women.

NEWIST offers the video "AIDS and Addiction" to be used in treatment or support groups settings with injection drug users, prostitutes, and persons living with AIDS. For more information, call 414/465-2599.

"Straight Talk For Inmates," by inmates about living with HIV is a 30 minute video produced by SBG Productions. For more information, call 703/698-7750 or fax: 703/698-8597.

Just Hold Me While I Cry is a book written by a mother of a son who died of AIDS. To order, call 800/368-3208.

OTHER:
Degana is a new non-profit organization dedicated to the education of the public on HIV/AIDS related issues and to provide services to people affected by the disease, including a hotline, a resource library, and support groups. It is located in San Bernardino. Call 800/481-AIDS for more information.

Condomania offers a 15% discount for Health Educators. For more information, call Steven Gibson at 552-6851.

There is a call for submissions for writings, journal excerpts and black-and-white photographs addressing women and bereavement. Send submissions by November 15 to Laurie Jones Neighbors, P.O. Box 2021, Monterey, CA 93942-2021.

AIDS Legal Referral Panel announces its new Outreach Director: Marina Sarmiento. Her goal in this job is to provide more legal services to historically underserviced communities, namely,
women, persons of color, injection drug users, and non-native English speakers. Marina is conversant in Tagalog and has extensive experience working with immigrants and low-income clients.

**Kitchen Table: Women of Color Press** editors are calling for submission for an anthology on **U.S. women of color and AIDS**. Send inquiries and/or submissions to Anthology Editors: T. Gardner, 121 a West 20th St., New York, NY 10011 by July 30. On June 1, the board of directors of the **AIDS Service Providers Association** made the decision to cease operation as an independent nonprofit corporation. ASPA will close on June 30, 1993.

**Shanti Project Housing Program** provides affordable housing alternatives to people with AIDS and HIV disease. They are committed to serving women living with HIV, if they meet basic guidelines (proof of S.F. residency, documentation verifying AIDS or disabling HIV diagnosis). For information, call 575-3710.

**PEN PAL** is a nonprofit club that brings people with AIDS together by mail for mutually supportive friendships. The pen pal services is nationwide in scope, assuring total confidentiality, and provided at token cost. For more information, send a SASE to PEN PAL, P.O. Box 635, Chowchilla, CA 93610.

**Project SAVE** is City College of San Francisco's AIDS Peer Education project. They train students about sexuality, HIV and AIDS, sexually transmitted diseases and safe sex, and how to share this important information with other students as a peer educator. For more information, call 241-2360 or 241-2373.

**JOB OPENINGS:**

**Project Open Hand** is seeking a **Development Assistant**. Send a cover letter and resume to: Mr. Spencer, Project Open Hand, 2720 17th Street, SF 94410.

**Project Open Hand** is looking for a **Grants Administrative Assistant**. Send cover letter and resume to Mr. Torres at above address.

**Project Open Hand** seeks a **Client Caseworker**. Send resume and cover letter to: Ms. Casey at above address.

**Project Open Hand** is searching for a **South Alameda County Services Coordinator** in Fremont. They are also seeking an East Bay food Bank Coordinator. Send cover letter and resume to Mr. Oliver at above address.

**The Coalition for Immigrant & Refugee Rights & Services** is seeking an **Asian Immigrant Assistance Line Operator and Outreach Coordinator**. Send letter of interest/resume to: Carol Hurtado,
The Center for Women Policy Studies is seeking a Director of their National Resource Center on Women and AIDS. Submit a writing sample, resume, and names of 3 references to Dr. Leslie R. Wolfe, Executive Director/CSPS, 2000 P Street, NW, Suite 508, Washington, DC 20036.

The Northwest AIDS Foundation is looking for a Women's Programs Specialist. Submit a cover letter and resume to Human Resources Department, Northwest AIDS Foundation, 127 Broadway East, Suite 200, Seattle, WA 98102.

Lyon-Martin Women's Health Services is seeking an Executive Director. They are also seeking a Youth Services Coordinator and a Lesbian IDU HIV Prevention Project Coordinator. Send resume and cover letter to: Lyon-Martin Women’s Health Services, 1748 Market Street, Suite 201, SF 94102, Attn: Executive Director Search Committee.

The Santa Cruz AIDS Project is seeking an Executive Director. They are also seeking a Social Worker and a Client Services Assistant/Benefits Advocate. Send cover letter and resume to: P.O. Box 557, Santa Cruz, CA 95061-0557.

The County of Sonoma is looking for a Health Information Specialist. Return employment application and supplemental data to: Sonoma County Personnel Department, 2550 Ventura Avenue, personnel Building, Santa Rosa, CA 95403-2897.

REPORT FROM MEETING:

COMMITTEE REPORTS:
Education Committee:
The next Education Committee meeting will be on July 7, 3:30pm. The one-page education sheets are at the editing point. The sheets so far written are on the following issues: legal, medical, psychosocial. More people are needed to help on these sheets or other projects.

Policy Committee:
The next Policy Committee meeting is June 16, 3:30-5pm at the Community Consortium, 18th and Folsom. We are organizing a public health hearing that Supervisor Alioto will put together on women and HIV. We are also organizing with WORLD a joint forum on a reportback from the International AIDS Conference, July 20, 6:30-8:30pm at 1855 Folsom Street, Room 125.

We participated in lobby days. Karen Topakian and Mary Anglin went and lobbied five women legislators with WORLD. We
concentrated on rural areas because they don’t usually hear about this issue. We participated in a noon rally. We had some concerns about the way it was organized and we will write a letter to the organizers.

**Special Women’s Fund:**
We have a new flyer on the Fund. The women who received grants last year when the Fund began are now eligible to receive funds again. We’re going to do a mailing of the flyer to organizations. We’re updating our forms and we’re going to collect more demographic information from the women for funders. We’ll set up a database too.

**Fundraising Committee:**
We’re preparing proposals for local funders to fund our publications and other projects. We’re also developing strategy for next year.

**PLANS FOR FUTURE:**
The Board recently met. We discussed the monthly WAN meetings. Based on talking to people, we have a proposal. Right now we have monthly meetings and monthly mailings. We have been feeling that the monthly meetings haven’t been as well-attended as they used to be. We want to propose a quarterly format where we would meet for a longer period (2 and a half hours). We would start with an hour and a half forum and then have an hour for networking and a little business. We thought it would be good to increase information time and networking and we could have food available.

Along with a quarterly format, we would have a newsletter that would come out after the forum. Before the forum there would be an announcement sent to people. What works for you at these meetings? What do you think of the proposal?

Some Feedback from WAN members at the meeting:
- the forums offer a lot of good information
- late afternoons are a better meeting time
- if forums are only quarterly, I’ll miss more forums - would like monthly meetings
- would like to have more details about what people are doing
- I love the newsletter - it should be kept on a monthly basis
- quarterly meetings are fine
- I would lose interest in committee work if it was quarterly
- quarterly meetings would give us more time do work
- maybe we could have business/social meetings in between the quarterly forums
- would like to have our administrative assistant have more time to do committee work, instead of spending so much time on the newsletter
- maybe monthly committee meetings could be committee meetings
- quarterly meetings would have a much larger attendance
- afraid that if it's just networking, people won't come
- I like consistency and knowing there's a place to come
- the newsletter was lifeline for me - every time I got it I pulled out something of use
- I love these meetings; they're my favorite thing to come to - I'm excited about expanded and deeper forums that will be open to the public
- I think a lot of disruption happens when you change the format

There is a short survey at the end of this mailing. Please send it back in with your feedback.

We will take a short hiatus for July and August and hold no meetings nor send any mailings.

NATIONAL AIDS UPDATE:
Helen Miramontes is one of the co-chairs of the Update and she is on the WAN Board. We will be involved in the Women and HIV Policy track. We want HIV+ women to get in free. We will have a social event on one of the evenings of the Update in the Civic Center area. We will get to network on a nationwide basis. We hope to get corporate sponsorship. We were thinking of not asking for a donation at the door, but we will make a pitch and pass out envelopes.

BOARD ELECTIONS:
The Board election was held. The following women were elected to the WAN Board to serve a two-year term: Susyn Almond, Elizabeth Davis, Caroline Lee, Melissa Marsh, Theresa Swanick, and Karen Topakian.

They will join these continuing Board members: Camille Anacabe, Marta Friedman, Barbara Garcia, Cynthia Goldstein, Eileen Hansen, Catherine Lyons, Helen Miramontes, Doris Morris, and Kathy Sarlson.

The Board meetings are currently held on the last Wednesday of the month, 5th floor, 3:45-5:15pm.

FORUM: DENISE HATFIELD, ON HER MEETING WITH U.S. HEALTH AND HUMAN SERVICES SECRETARY DONNA SHALALA ON THE TOPIC OF LESBIANS AND HIV

I was part of a group of 15-17 women who met with Donna Shalala, head of Health and Human Services. ACT UP/SF had a ticket to go to the March. They called WORLD and asked for a HIV+ lesbian and I was the first one that called. The meeting with Shalala was part of an action on Friday morning to focus on lesbians with HIV. We were told we'd only have 5 minutes with Shalala but she
stayed 30-35. Her undersecretaries were there too and were very involved with the meeting (25 officials were there). Shalala moved from the head of the table down to where we were.

I was rejected by Shanti housing because my lover was HIV-. There is not much for women. We talked about housing. We also talked about health care. Lyon-Martin Women’s Health Services is the only clinic in the country that has 5-days a week HIV care for women. You need to have continuity of care. I feel lucky to be a client there.

There’s a packet of articles I brought [call office if you want a copy]. Women who have slept with women are 30% more likely to be HIV+ than women who haven’t according to a study from Seattle. The meeting included women from Seattle, N.Y., L.A., Portland, and Tampa, almost all HIV+ lesbians (except for three advocates). This was the largest number of people with HIV who’ve met with a cabinet member, and the women with HIV talked the most. Mary Beth Coshietta and ACT UP/NY organized this meeting. The meeting was at first denied until ACT UP put the pressure on.

We presented a list of demands [enclosed]. No one is keeping track of lesbians. Lyon-Martin is and they’ve found 3 out of 55 of the lesbians they have seen became infected by women to women transmission. No one is actively recruiting lesbians to be in research studies. T cell counts have all been researched on men. It may be different for women. We need to have gynecologists on the treatment teams for trials for continuity of information and care. Right now gynecologists are on referral and the doctors don’t talk to each other.

Every one in the meeting was very interested in what we were saying. The only bad note was that the head of the CDC snickered. There are very few organizations for women with HIV on the East Coast; nothing like WORLD and their retreats. Women in N.Y. feel very isolated and without hope. Among Black women in N.Y., AIDS is the biggest killer. The word lesbian will be used in the health reform package from President Clinton. We are supposed to have a second meeting with Shalala and I am going to that meeting. It was going to happen on June 4, but it didn’t. We are trying to get a statement before the next meeting from the department of what they plan to do to meet our demands.

A lot of the officials were not knowledgeable and they were ignorant about services. The undersecretary was surprised at the lack of medical services. Most services are designed for men. Many of the officials stayed around after the meeting to ask us more questions.

We will get a videotape of the meetings. There were also forums in the Senate and House on lesbian health care. I spoke at the Senate about lesbians with HIV health care.
SAVE LESBIAN LIVES BY:

1. Immediate research to establish all risk behaviors for the transmission of HIV for lesbians. All studies relating to HIV/AIDS include women who have sex with women, self-identified lesbians, lesbian injection drug users and lesbians of color.

2. All studies on risk behaviors for HIV/AIDS ask about sexual identity and investigate for risk women's sexual activities with both male and female partners irrespective of self identification.

3. Lesbians with HIV/AIDS and their advocates be included in the design of all HIV/AIDS research.

4. Immediate research be conducted on:
   1. Treatments for bacterial pneumonia, sepsis, endocarditis, PID, vaginal candidiasis, cervical dysplasia and other diseases affecting women with HIV/AIDS.
   2. Woman-to-woman transmission
   3. The meaning of normal T cell counts in HIV positive and HIV negative women.
   4. The effects of oral and injectable contraceptives in HIV infected women.

5. Educational materials for injection drug users:
   1. Inclusive and sensitive of lesbian and bisexual women.
   2. Highlight the data that women injection drug users who have sex with women, as compared to those who have sex exclusively with men, are at increased risk of HIV transmission.
   3. Stress the importance of reducing risk from both drug using and sexual behaviors.

6. Comprehensive HIV/AIDS services for lesbians in prison with access to treatment, clinical trials, HIV prevention education and safer sex materials.

7. Every clinical trial include women on the same basis as men with specific outreach to and recruitment of lesbians. All clinical trials have sufficient numbers of women to establish the effects of drugs according to gender.

8. New guidelines for HIV testing that recognize and validate the risk potentials for woman-to-woman transmission of HIV/AIDS.

9. Obstetrician gynecologists be hired at all AIDS clinical trial sites to provide care and collect data for every protocol.

10. Education on lesbian sexuality for all medical professionals and service providers including obstetrician gynecologists, prison doctors and drug treatment specialists. Inclusion of lesbian sexuality in all public health HIV prevention education and specific outreach to lesbians.
1. Continue Discussion on Membership Meetings
   A. How to Decide their Fate
   B. How to Announce Board Decision

2. Newsletter
   A. How Often
   B. Who Edits - Who Contributes (Committee Reports, etc.)?
   C. Who Wants to Manage restructuring the Newsletter?

3. Forums
   A. When to hold First Quarterly Forum?
   B. Who will administer?
   C. How do we maintain support network/social function?

4. Plans for National Women & HIV Meeting
   A. Do we want to take the lead on advocating for one?
   B. Should we draft an unsolicited Proposal to CDC?
      Ask Pelosi to advocate for such a meeting with CDC
      Check with WAN members who successfully arranged the first
      such meeting several years ago - ask for contacts and ideas

5. National AIDS Update
   A. Focus on Women - Helen Miramontes
   B. Possible WAN Training Resources for Update in October 1993
   C. WAN Social Event in conjunction with Update - fundraiser?

6. New Board
   A. Board Training/Guidance for New Members
   B. Retreat Plans - Who wants to be involved?
1. Membership Meetings:  
No July or August meetings or newsletters. Proposal for quarterly forums - include time for networking, schmoozing etc. - with no monthly membership meetings. Eileen will bring up at June meeting and solicit feedback. Announce proposal in June newsletter and solicit feedback. Some questions to ask: location, need for regular WAN meetings, time possibilities (4 - 6:30, 9 - 11:30), continue monthly committees and increase participation in committees. Suggested proposal: 2 1/2 hrs. (90 min. for forum; 1 hour social).

2. Newsletter:  
July/August newsletter - no  
Newsletter month after forum; flyer to remind people prior to forum  
Send info on feedback/announce decision regarding meeting change proposal  
Suggestion for basic newsletter w/ reports from community - submit to Alina, reports from forum, drop some announcements, misc.

3. Forum:  
1st forum scheduled for July 20, 6:30 - 8:30 pm, UCSF at 15th and Folsom (WAN/WORLD); not a forum that is part of the above suggested change.

4. National AIDS Update:  
Discussion on set-asides for women at conference:  
- workshop or plenary?  
  invite Kathleen Stoll: pro set - asides  
  ask someone who is against  
  ask someone in the middle ground  
- 3-hour intensive discussion Saturday afternoon  
- box lunch discussion  
In education/prevention track, workshop will be set up on Pelosi bill, Eileen will submit abstract to Helen.

WAN reception at Update - agreed  
Helen will check into conference requirements regarding receptions

- free, underwritten costs  
- event in support of women with HIV; open to all  
- in Civic Center  
- Fundraising Committee will coordinate
5. National Women and HIV Meeting - follow up to 1st national meeting:
WAN board agreed it is important to convene such a meeting; WAN will assist,
not take lead (ask Pelosi and Center for Women Policy Studies to take lead). We
need to be clear about what the purpose is. Women with HIV should be involved
from the beginning. Make sure it is adequately funded. Make sure we defer to
leadership on East Coast.

6. New Board Members:
Letters sent to Camille, Doris - off the board due to four unexcused absences.

   Announcement: Women and HIV Public Hearing before Board of Supervisors
Comm. on Health and Public Safety - Tuesday, June 8, 10:00 am - 12:00 pm.
Women’s Health Care Public Hearing, scheduled for Tuesday, June 22, 10:00 am
- 12:00 pm.

7. Next Board Meeting: Wednesday, June 30, 3:45pm - 5:15 pm.
July 15, 1993

Ms. Leslie R. Wolfe
Ms. Kathleen D. Stoll
Center for Women Policy Studies
2000 P Street, Suite 508
Washington, D.C. 20036

Dear Leslie and Kathleen:

Kathleen suggested I apply for the position of Director of the National Resource Center on Women and AIDS. I am intrigued by the challenges of this job as she describes it. I also feel my skills are well suited to the Center in general and this particular role, especially with my seven years with the Women's AIDS Network.

In my capacity as President of the Board of the Women's AIDS Network I have taken a leadership role in our policy and advocacy work. I have worked hard with our board to develop a team approach for all our projects including the Special Women's Fund, educational forums, fundraising and community outreach and education. During my first term on the Board, I took a lead in advocating for the creation of a weekly woman focused clinic to be held at San Francisco General Hospital’s famed outpatient AIDS clinic. Through our efforts this clinic now exists and one of their clinicians sits on our Board of Directors. Our network, known as WAN, is the oldest women and AIDS organization in the world, and like you, is looked to as a resource and referral clearinghouse for information on women and HIV.

In my resume, I have highlighted my policy and advocacy work for a number of agencies and organizations in the last fifteen years. In the mid-1970's, I also worked with the Commission on the Status of Women on their Domestic Violence Committee on sexual assault/victimology training of police, child abuse community agency creation, shelters for battered women and effective political policies on prostitution.

I note that you have ongoing work in the area of women's health care decision making. This fascinates me. I have been involved in the women's health care field since my college days. More recently I worked daily on these issues at WAN, Planned Parenthood and The Center for Health Training. I concentrated on health issues related to teens through menopause. I am therefore glad to hear you are taking on the issue of older women and HIV.

In 1989 I was hired by James Bowman & Associates, the management consulting firm connected with The Center for Health Training, to conduct three focus groups to assess attitudes, knowledge and behavior of youth on HIV for a
federally funded pilot research contract. I enjoy focus group facilitation and report analysis and evaluation and would like to continue this work under your auspices.

In closing, I would like to state my continued commitment to the needs of women affected by HIV. I enjoy the coalition work that I have done with the Women's AIDS Network and would enjoy bringing my west coast contacts to the Center for Women Policy Studies and the National Resource Center on Women and AIDS.

Thank you for your consideration of me for this exciting job. Kathleen, thank you for your continued support and advice.

Sincerely,

Susyn Almond
Susyn Almond  
733 - 21st Avenue  
San Francisco, CA 94121

Policy/Advocacy Work

6-7/93 Developed strategy for response to budget cuts by Mayor Frank Jordan. Spoke at Board of Supervisors Hearings on Women’s Health and HIV. Provided education and information on impact of cuts.

2/93 As President of Board of Women’s AIDS Network and member of policy committee, met with Congresswoman Nancy Pelosi to inform her of current women and HIV issues. Advocated greater inclusion of women in HIV prevention bill.

2/89-7/89 Sought and successfully gained reinstatement of California Office of Family Planning Funds, slashed by two-thirds by Governor Deukmajian. Strategized with regional organizing committees on development of media and grass roots campaigns.

6/87 Successfully advocated for continued state health insurance coverage for low income women seeking abortions in California.

6/78 Coordinated effective public education and media campaign for Stop Rape Week in San Francisco. Developed series of public events and media campaign sponsored by San Francisco Commision on the Status of Women. Appeared on San Francisco and People are Talking to publicize Stop Rape Week.

6/76 Advocated for public recognition and acceptance of community clinics in California. Formed Northern California Association of Community Clinics to fight the AMA/CMA lobby attempting to deny malpractice insurance to community clinics. Developed statewide clinic organizational network.

Program Management

1/89-7/93 Training Coordinator  
The Center for Health Training (TCHT), San Francisco

Coordinated needs assessments, workshops and conferences in California, Hawaii, Nevada and the Navajo Nation on administrative, clerical, health education, counseling and clinical women’s health, family planning and HIV/AIDS topics. Hired consultants, developed training curricula and supervised logistics.
7/90-793  **Technical Assistance Coordinator**  
**The Center for Health Training**

Administered technical assistance component of the California Office of Family Planning grant. Acted as liaison between clinics, state staff and consultants to develop a problem solving team approach to technical assistance efforts. Topics included: Board strategic planning, staff/board retreats, computerized billing training, integration of family planning programs into primary care clinics, multi-cultural staff communication, team building, management coaching, staff development, customer service, patient flow analysis, community outreach and others. Supervised staff, wrote quarterly and final reports.

**Fundraising/Development Planning and Administration**

Designed fundraising packages including proposals, special events and small business support for the following agencies: Bay Area Partnership, The Center for Health Training, Planned Parenthood, The Women's AIDS Network. Developed publicity and community outreach campaigns for the above organizations.

5/87-7/93  **Trainer, Planned Parenthood and TCHT**

Developed and taught workshops on reception and phone skills, supervision, team-building, stress management, communication skills, pregnancy counseling, safer sex negotiation skills and integration of HIV education into family planning clinics, HIV and child care for parents and child care educators.

**Board President**  
**Women’s AIDS Network**

Created **Special Women's Fund** offering easy access cash grants to low income San Francisco women with HIV. Created intake form, demographic survey and initial outreach campaign. Trained grant administrators and evaluated first year of operations.

Organized many forums: experiencing multiple loss, health care reform, empowering women with HIV, coalition building strategies, benefits counseling, fundraising strategies, policy/legislative issues, substance abuse, housing, perinatal issues, reports from international conferences and local agencies.
Worked on restructuring organization from membership collective to board of directors administered organization. Interviewed, hired and evaluated staff. Solidified committee and management structure on an ongoing basis. Coordinated annual board retreats.

5/87-5/88  **Medical Update Coordinator**  
**Planned Parenthood - Alameda/San Francisco**

Administered **Medical Update Grant** including medical school family planning preceptorship at three hospital sites. Conducted an evaluation of the three year pilot preceptorship program with outside consultant. Supervised annual statewide needs assessment of all Office of Family Planning funded agencies. Hired training consultants, developed training designs and objectives for family planning and HIV/AIDS related workshops and medical conferences. Held budgetary responsibility for the grant, supervised staff, acted as trainer.

**Education**

B.A., University of the Pacific

**Chronological Work History**

1/89-7/93  Training Coordinator, The Center for Health Training, SF  
5/87-5/88  Medical Update Coordinator, Planned Parenthood - Alameda/S.F.  
9/82-3/84  Temporary Administrative Positions during Graduate Work, SF  
3/84-3/85  Public Relations Coordinator, Bay Area Partnership, Oakland  
9/76-6/79  Trainer, Program Developer, S.F. Police Dept. & Project SAFE  
7/72-8/76  Administrator and Counselor, Women’s Community Clinic and Family Planning Alternatives, San Jose
Dear Service Provider:

Enclosed is a flyer on the Women's AIDS Network's Special Women's Fund. All HIV+ women living in San Francisco who earn $1300 or less (per year) are eligible to receive $50 each year from The Fund. Our intake procedures are short and simple, allowing most women to receive their check on the same day the intake is performed. We ask that you make as many copies of this flyer as you want, and distribute and post them widely.

The Women's AIDS Network ("WAN") is a coalition of service providers and women affected by HIV. In addition to the Special Women's Fund, WAN sponsors monthly community meetings and, through its committees, is involved in public policy and advocacy, sponsoring educational forums and outreach. WAN also provides information, resources and referral to women throughout the world.

For more information on WAN activities or on the Special Women's Fund, please call our offices at (415) 864-4376, extension 2007. Thank you for sharing this information with your clients.

Sincerely,

Susyn Almond
Board President

Enc.
The Women's AIDS Network

announces

The Special Women's Fund

You are eligible for $50 annually

if you are a woman who:

is HIV+;

is a San Francisco resident;

and

has an income less than $1300/month

For an appointment call:

415-202-7430

Check written day of appointment • No red tape!
QUESTIONNAIRE

Thank you for answering these questions and return this questionnaire to the Women’s AIDS Network, c/o S.F.A.F., P.O. Box 426182, S.F., CA 94142-6182.

The Board has come up with a proposal of having quarterly forums instead of monthly meetings. Do you

a) like the proposal  b) dislike the proposal

If so, why

What kind of mailing would be the most useful to you?

What is the best location for the meeting?

a) Civic Center  b) 18th and Folsom

c) Women’s Building (17th and Valencia)

What is the best time for the meeting?

a) 3:30-6pm  b) 4-6:30pm

c) 9:30am-12pm

What are the functions of WAN that are important to you?

a) support/networking

b) educational forums

c) job search

d) community outreach for your organization

e) problem solving with your community of peers

f) other - please explain. Use other side to describe why any of the above are the important function.
These are the current WAN committees which will continue regardless of structural change. Please check off the committee you're interested in.

__________ Education

__________ Fundraising

__________ Special Women’s Fund

__________ Policy
NEXT WAN MEETING

TUESDAY, JULY 2, 1991, 9:30 - 11:30 a.m.

25 VAN NESS, 3RD FLOOR CONFERENCE ROOM

ATTACHMENTS:
WAN Minutes June 4, 1991
ACT UP Consensus Statement

TOPIC OF JULY WAN MEETING:
A discussion on WAN's direction.
MINUTES OF WAN MEETING JUNE 4, 1991

AGENDA:

1. Introductions/Announcements
2. Topics for Future Meetings
3. Board Report
4. CDC Action
5. Recommendations from Women and HIV Conference
6. Continuation of ACTG 076 Discussion
7. Board Elections
8. Speaker: Susan Williams on the Social Security Administration

INTRODUCTIONS/ANNOUNCEMENTS:

WE HAVE IN THE OFFICE (Call 864-4376 ext. 2007):

"Recommendations for Research on Women and HIV Infection" from the National Conference on Women and HIV Infection.

"California Morbidity", March 22, 1991 from the State Department of Health Services, a biweekly report from the Infectious Disease Branch. This issue featuring an article on Hepatitis C and cholera.

Handout from the Social Security Administration on Disability under Social Security, Evaluation of AIDS/HIV Infection Claims.


The Positive Woman, A Newsletter by, for, and about the HIV Positive Woman, April/May 1991 issue. To subscribe, write to The Positive Woman, P.O. Box 22061, Washington, D.C. 20033-0061.

The Dallas Buyer's Club Newsletter, June 1991 including information on buying ddC.


Hospice by the Bay Newsletter, Spring 1991.

SAN FRANCISCO:

The S.F. AIDS Foundation presents a HIV+ Resource Workshop for HIV+ asymptomatic, symptomatic and significant others on Monday, June 17, 6-7:30pm. To sign up call 864-5855 ext. 2511.
The AIDS Health Project's HIV+ Women of Color Support Group is seeking more members. It meets on Thursdays 6-8pm and will be closed at eight people. Cheryl Hughes will facilitate the group. For more information, call J.D. Benson at 476-6430.

HIVCare at Saint Francis Memorial Hospital provides a wide range of services for the HIV-infected individual including: Clinical Trials, Physician Referral, Respiratory Care, Come & Go Treatment Center, Ambulatory Infusion Services, Home Health Care Agency, Social Services, Emergency Services, Skilled Nursing Facility and Psychiatric Services. For more information: 775-4321 ext. 2512.

The Association of Asian Pacific Community Health Organization, in a joint project with the Center for South East Asian Refugee Resettlement will be distributing AAPCHO's AIDS education video tape "Behind the Mask...AIDS it Affects All of Us" through four video rental stores (Danh Video, Lien Thanh, Ann's Video and Anh Sang) in San Francisco. For more information, call Nicky Philips at 272-9536.

OUTSIDE OF S.F.:

The Office of Research on Women's Health of the National Institutes of Health will hold a public hearing on "Opportunities for Research on Women's Health" on June 12 and 13, 1991. For more information, call Alberta Sandel at 301/402-1770.

Women & AIDS Resource Network (WARN) has moved to 30 Third Avenue, Suite 212, Brooklyn, N.Y. 11217; 718/596-6007.

AIDS Service Provider Network Benefits Counseling Committee will hold a meeting with case presentations on benefits counseling for the asymptomatic and the symptomatic HIV+ client on Wednesday, June 26 1:30-3:30pm in the AIDS Program Conference Room, 976 Lenzen Avenue, San Jose. For more information, call Mary Haynes at 408/299-5913.

INTERNATIONAL:

"Women's Health Promotion: An International Perspective" by Lynne Hunt, Technical Report No. 26, is based on a study of 71 women's health agencies in nine countries in the Western Pacific, North America and Europe. This 100 page report analyzes a wide range of women's issues (and includes mention of Project AWARE). To order, send $13 to Centre for the Development of Human Resources, Edith Cowan University, Claremont Campus, Goldsworthy Road, Claremont, Western Australia 6010.

PUBLICATIONS:

"The Community Health Funding Report" reviews both public and private health grant opportunities, including reports on
eligibility requirements, funding levels, deadlines, and more. For more information, call 1-800-666-6380.

Family Survival Project has published AIDS Dementia Complex Training Manual designed for administrators, health educators, social workers, trainers, volunteer coordinators and other health care professionals interested in coordinating and conducting a Caregiver Education Series on AIDS Dementia Complex. For more information, call 434-3388.

OTHER:

The S.F. AIDS Foundation is urging everyone to call or write Secretary of Health and Human Services Louis Sullivan to stick to his original proposal to remove HIV infection from the list of excludable conditions for tourists and immigrants. His address and phone number: 200 Independence Avenue, SW, Washington, DC, 20201; 202/245-7000.

CAIN, Computerized AIDS Information Network, is an up-to-date network for the communication and exchange of HIV/AIDS information. Both communications services -- electronic mail (E-mail), forum and conference; and database services -- Calendar, Electronic Publications, Research Library Services are available on CAIN. For more information, write to CAIN c/o GLCSC, 1213 North Highland Ave., Los Angeles, CA 90038.

AIDS Clinical Trials Information Service is sponsored by the U.S. Public Health Service and is available free of charge to those infected with HIV to find possible treatment programs. Through ACTIS, callers can obtain up-to-date information on both federally and privately sponsored HIV and AIDS clinical trials and on drugs used in the trials. The phone number is: 1-800-TRIALS-A.

CONFERENCES:

Sponsored by: Sunburst National AIDS Project
Date: June 11, 1991
Location: The Mall at the Capital Building, Washington, DC
Contact: 718/763-8095 or 707/769-0169

Visions, Values, Strategies for Challenging Times
Sponsored by: The Support Center and Chevron
Date: July 2, 1991
Location: Cathedral Hill Hotel, San Francisco
Contact: 415/552-7584
JOB OPENINGS:

The PHREDA Project is seeking an Administrative Assistant. The position is be posted at the University of California. Interested applicants should apply at: University of California, S.F., Personnel Department, 1350 7th Ave. LH-150, S.F. or call 476-1645.

TOPICS FOR FUTURE MEETINGS:

The Board suggested that the July meeting presentation time be used for a discussion of WAN's direction. Do we become more service-oriented or do we continue to be more of a support network? A subgroup will meet to plan a structure for this discussion. Since most of the people interested are Board members, it was decided to hold this subgroup meeting at the next Board meeting on Friday, June 28 at the PHREDA Office, 3130 Harrison from 3-5pm. Everyone is welcome.

The topic for the August meeting will be a report from the International AIDS Conference in Florence, Italy. In September, Dorrie Lane from House of Chicks will talk about their new video "Safe Sex for Women".

BOARD REPORT:

The Board met and discussed the Emergency Fund. Mary Corwin and Carla Abbott had organized a meeting, but no one came, so they recommend that a plan be worked out with the new Board.

The next Board meeting will be Friday, June 28 at the PHREDA Office, 3130 Harrison from 3-5pm.

CDC ACTION:

ACT UP chapters from S.F., L.A., San Diego and Orange County went to the CDC Conference. They spoke out at the plenary on Monday. Roper, Deputy Director of CDC - HIV Division said they won't change the CDC definition because they don't want to focus on the definition, but on early intervention. He said it was a matter of science. ACT UP members did not interrupt his speech but held up signs that said "liar" when he was lying and they asked the moderator for 10 minutes at the end which they got. An ACT UP woman from the Midwest submitted 25,000 signatures of people who want to change the CDC definition. ACT UP received a lot of support from conference goers and each was handed a Consensus Statement.
The refusal to expand the definition leads to an undercounting
and so continues the lie about how many people are affected by
AIDS. And with low numbers, funding is kept down for these
groups.

ACT UP is asking organizations to endorse the Consensus Statement
(see enclosed copy). Even if you object to certain parts of the
Statement, write a letter supporting the parts you do agree with.
For more information, call Crystal Mason at 558-9237. Mayor
Agnos has sent a letter. Achtenberg, Migden, Shelley and Britt
endorsed the Statement. They are working to get a resolution
passed by the S.F. Board of Supervisors.

ACT UP is also looking for HIV+ women to speak to the media when
they hold a news conference in a couple of weeks. The CDC will
keep stonewalling (they have for a year) and it is very important
that the media be informed about this.

RECOMMENDATIONS FROM WOMEN AND HIV CONFERENCE:

Moher Downing reported that the federal government has funded the
Women's Natural-History Study of Women with HIV which will take
place in three cities, with 150 women with HIV in each (all on
the East Coast). There will be another round of funding related
to this.

They suggest that people xerox and pass around these final
recommendations for research on women and HIV infection. We have
a copy of this report in the office. Call 864-4376 ext. 2007 if
you would like a copy.

CONTINUATION OF ACTG 076 DISCUSSION:

The National Institute of Allergy and Infectious Diseases is
beginning a trial of AZT in third trimester HIV-infected pregnant
women to try to prevent transmission in their offspring.

Lisa Bardaro, MD, said that the study doesn’t make scientific
sense because transmission occurs much earlier than the third
trimester. The University of Connecticut followed 116 women over
5 years and found a 16% transmission rate. Therefore, the
earlier AZT is started, the more effective it would be.

A few people said that it took four years to get this protocol
approved on pregnant women, and now hopefully other studies will
be put on top of it. It is precedent setting.
BOARD ELECTIONS:

There were 15 people nominated to the Board. Following are the votes received for each candidate: Carla Abbott (15); Susyn Almond (10); J.D. Benson (13); Mary Corwin (15); Moher Downing (14); Annie Esterson (8); Nehoma Hirdler (8); Cheryl Hughes (14); Angie Lewis (11); Crystal Mason (11); Ellice Parker (14); Adrienne Paskal (10); Claire Rappaport (13); Laura Thomas (15); and Susan Williams (16). Since our by-laws allow for up to 15 Board members, the top 15 candidates include all of the people nominated.

SPEAKER: SUSAN WILLIAMS ON THE SOCIAL SECURITY ADMINISTRATION:

I want to give a basic overview of the Social Security Administration (SSA) and the process a person goes through. It's a confusing government agency. There are two programs: 1) Social Security Disability Income (SSDI), and 2) Supplemental Security Income (SSI).

SSDI is a federal insurance program. It is based on employment history -- it is the money one's employer has paid in through FICA. When someone stops work, they apply for this. There is a five month waiting period -- five months from the date of onset of disability (SSA decides: date of diagnosis or when symptoms prevent you from working). After five months, a person is said to be "entitled", but you actually get your first check in the seventh month. If you have the ability to choose when to stop work, do it at the end of the month (not the beginning of the month).

SSI is a federal public assistance program. You don't need to have worked to receive SSI. If you have a full-blown AIDS diagnosis, it's presumptive disability status, and you can start receiving $630/month one month after applying. But without an AIDS diagnosis, you can't get this. If you don't have a work history (five out of 11 years), you aren't eligible for State Disability Income (SDI) or SSDI, only SSI. To receive SSI, they assess your financial situation. You can't have more than $2000 in assets or $650/month income. SSI supplements other monies up to $650/month. It helps to try to show your share of the rent is higher (than it actually is) if you are living with someone. With SSI, you get Medical automatically.

Both programs (SSDI and SSI) assess one's medical condition. The illness or injury must be expected to last for 12 months and there must be an inability to engage in work. It's much harder if you have symptomatic HIV (and don't have full-blown AIDS). You have to prove you are disabled. For women, it's particularly hard. We must advocate for and help people to fill out the forms. On the forms, you must provide evidence of medical

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complications, for example, "needs to nap 2 hours/day in mid-afternoon", "needs constant access to bathroom due to diarrhea", "inability to remember, to concentrate" etc. You want to show enough symptoms to prove that you can't work. Doctors need to be educated to write down all symptoms on medical charts. It needs to be well documented. You can look at your records and if the doctor hasn't written down what you want, ask the doctors to write down what you need. They have now added chronic vaginal infections to the list of HIV-related symptoms. For a lot of women, they do not take as much care of themselves as they do for their children. In one case that I appealed for a woman, I used the above argument and won.

The Health Insurance Premium Payment Program (HIPPP) allows MediCal to pay health insurance premiums. Only 109 people have signed up with this program, because you must jump through a lot of hoops. It takes 3 to 5 months to get approval and the monies are not retroactive (so a lot of people lose their insurance in the interim).

To receive SDI, you must be unable to perform "usual work". A doctor simply fills out a form that says a person is disabled. It pretty easy to get and you can receive SDI for a year.

There is a problem for women because the concept of work for SSA doesn't include all the ways women work i.e. childcare, housework, part-time work, seasonal work, etc. If you don't have a work history or if you are a prostitute or other worker who doesn't receive Social Security, it's a problem.

If you are impoverished and not disabled, you can receive General Assistance (GA) of $341/month. You can earn up to $300 and still receive SSDI. If you're on SSI, you can make up to $1344 and then get $1 in benefits, but still receive MediCal. They assess you twice a year and will look at your checking account. If you have over $2000, you won't get money for that month. Some things are excluded like a house, medical costs, car, etc. SSDI and SSI have an incentive to go back to work after one year. You can go back to work at 9 months and still get SSDI and SSI, and then you can reassess and they'll give you three more months.
A Call for the Immediate Revision of the Centers for Disease Control Surveillance Definition of AIDS

And changes in CDC AIDS epidemiology, education and testing policies

The Definition:

The CDC defines a case of AIDS as an illness characterized by one or more of a list of "indicator" diseases, depending on the status of laboratory evidence of HIV infection. That list of indicator diseases must be expanded to include all of the following with laboratory evidence of HIV:

1. Neurosyphilis, or definitively diagnosed reactivation of syphilis
2. Renal failure (with the exclusion of other causes)
3. Pulmonary tuberculosis

And all of the following diseases when they fail to respond to conventional therapies:

4. Chronic pelvic inflammatory disease, including endometritis, salpingitis, tubovarian abscesses leading to multiple pelvic adhesions, and chronic pelvic pain
5. Chronic refractory vaginal thrush (candidiasis)
6. Chancroid
7. Anal, vulvar or vaginal condylomas (caused by human papilloma virus)
8. Genital ulcers of undetermined etiology lasting more than 4 weeks
9. Vulvar, vaginal, cervical and anal squamous cell neoplasias including disseminated or rapidly progressing squamous cell neoplasias of the lower genital tract
10. Chronic refractory urinary tract infections
11. Endocarditis
12. Bacterial and atypical pneumonias
13. Chronic or fulminant hepatitis
14. Thrombocytopenia
15. Neutropenia (non-AZT related)

These diseases are occurring routinely in patients with seriously compromised immune systems. Most are particular to women and intravenous drug users (IVDUs). The first definition, in 1982, was based on a small number of gay men. Subsequent revisions, in 1985 and 1987, failed to include any women.

This list of diseases has been compiled from the considerable literature on the developing presentation of AIDS published in medical journals, and on discussions with doctors who treat HIV-positive women and IVDUs. This list should not be considered complete.

The presentation of AIDS changes as it affects different groups of people. New treatments for some opportunistic infections (OIs) allow patients to live to be affected by newly discovered or developing OIs. Because of this evolving nature of AIDS, the CDC must institute a regular quarterly review and revision process of its surveillance definition. Representatives from all affected communities must be included in this process.

(more)
Epidemiology:

The CDC must research and collect statistics on the various OIs occurring through the course of an AIDS case. This must include the specific cause of death. This should be done in a manner which protects anonymity.

The CDC must collect and publish statistics on transmission according to explicit modes of transmission instead of its current method of listing "risk groups". CDC categories such as "heterosexual partner of IVDU" do not show whether the transmission was anal, oral or vaginal. Further, the CDC must recognize that women do not only have sex with men.

Some examples of listings by modes of transmission:

- Anal intercourse--no condom use--male-male
- Anal intercourse--no condom use--male-female
- Cunnilingus--no latex barrier--female-female
- Cunnilingus--no latex barrier--male-female
- Dirty needle use--intravenous drug use
- Dirty needle use--tattooing

Education:

The CDC must develop and widely distribute education materials with complete descriptions of possible OIs and their symptoms for all people. Their prevention effort must include explicit explanations of possible transmission routes.

The CDC must stop their policy of counseling HIV-positive women to delay pregnancy. They must instruct counselors and health care providers to provide complete and accurate information on HIV infection and pregnancy.

CDC grants to state and local governments for education must be audited to insure they are being used in a timely and appropriate manner. The CDC should publicly report governments which leave funds unspent and reallocate them to agencies who will use them appropriately.

The CDC must publish on a timely basis standards of care for the prevention and treatment of all indicator diseases and OIs.

The CDC must provide free up-to-date immune system monitoring together with appropriate counseling and referral services at all HIV testing sites.

Testing:

The CDC must publicly support voluntary and anonymous HIV testing. It must expand its financial support of anonymous testing sites.

The CDC must abandon their strategies for partner notification, contact tracing and "routine" and mandatory HIV-testing, including their efforts toward mandatory testing of infants, pregnant women and health care workers.
Paul Albert
National Lawyer's Guild AIDS Network
558 Capp Street
San Francisco, CA 94110
NOTE: NEW LOCATION OF MEETING!!!!!!

NEXT WAN MEETING

TUESDAY, JUNE 1, 1993, 9:30 - 11:30 am

WOMEN'S BUILDING, 3543 18th St. (near Valencia St.), 2nd Flr.

ATTACHMENTS:
Report from WAN Meeting of April 6, 1993
Effect of Proposed Entitlement Cuts on People with HIV/AIDS
1993 Election Ballot
The Special Women's Fund Flyer

TOPIC OF JUNE WAN MEETING:
Denise Hatfield will give a report on her meeting with U.S. Health and Human Services Secretary Donna Shalala on the topic of lesbians and HIV (medical, social, emotional, research, and clinical trial issues)
MINUTES OF WAN MEETING MAY 4, 1993

AGENDA:
1. WORLD
2. AIDS Budget Lobby Day
3. Nominations for WAN Board
5. Forum Topics
6. Committee Reports
   - Public Policy Committee
   - Special Women’s Fund
7. Forum: Moher Downing and Other Staff from PHREDA Talk About the Project and its Current Programs:

ANNOUNCEMENTS:

WE HAVE IN THE OFFICE (Call 864-4376 ext. 2007):

WORLD, Women Organized to Respond to Life-threatening Diseases, A Northern California newsletter by, for and about women facing HIV disease, Number 25, May 1993

S.F. Department of Public Health, AIDS Office, Surveillance Branch, Coordinating Committee, Bay Area HIV Family of Surveys Project released the HIV Seroprevalence Report, Regional Report for the S.F Bay Area, January 1993

ALERT, News form the Universal Fellowship of Metropolitan Community Churches on AIDS Legislation, Education, Research and Treatment, April 1993

At Home Home Care Companion News, Spring 1993


American Social Health Association Spring ’93 Catalog. To receive a copy, call 919/361-8400 or fax 919/361-8425.

Meal Times, Project Open Hand, No. 13, Spring 1993

AIDS Medicine & Miracles, Our Newsletter to Family & Friends, Spring 1993, Volume 3, No. 1

AIDS Reported Cases from 7/81 to 3/31/93 from the S.F. Department of Public Health AIDS Office

Romantasy, April, 1993, Vol. 1, No. 1


GAO Report on Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy

IPAS Bi-annual Report detailing the organization’s work to improve women’s access to safe abortion care

AIDS Treatment News, Issue Number 173 and 174, April 23 and May 7, 1993

Catalyst, Public Policy at AIDS Project Los Angeles, Volume 2, No. 1, April/May 1993

HIVFrontline, for Mental Health and Healthcare professionals who counsel people living with HIV, #12, March/April 1993

Kairos NEWS Volume 4, Number 27, Summer 1993

AIDS Service Providers Association, May 1993, Volume 5, No. 6


SAN FRANCISCO:

EVENTS:
The 1993 Human Rights Campaign Fund Dinner will be held Saturday, June 26. For information on tickets or advertising in the printed program, call 252-5677.

The Department of Public Health is holding an AIDS/Public Health Grand Rounds on Heterosexual Transmission and Natural History of HIV Infection in Rwanda on Wednesday, May 19, 101 Grove Street, Rm. 300, 3:30-5pm.

Theatre Forte presents Living Letters, a play that tells the story of the healing that takes place between young people and people living with HIV and AIDS, April 29-May 22, MCC, 150 Eureka St. For reservations and information, call 882-1199.

MEETINGS:
The next Public Policy Roundtable will focus on housing services for people with HIV. The meeting will be held on Tuesday, May 25 12-2pm, 25 Van Ness, 3rd floor conference room, with lunch provided. For more information, call Tom Zickgraf at 487-3034.

The AIDS Office invites attendance at a Community Input Meeting on Thursday, May 20, 12-2pm, 25 Van Ness, 5th floor to discuss services which may be solicited in an upcoming Request for Proposals on prevention and education services targeting high risk populations. For more information, call Judith Weld at 554-9044.
SUPPORT GROUPS:
The Rose Resnick Center for the Blind and Visually Impaired offers a support group for persons with AIDS and vision loss. Call 441-1980.
Operation Concern offers an HIV Caregivers Group, beginning in April, Tuesdays 5-6:20pm, 1853 Market Street. Call Josefa Molina at 626-7000 ext. 213 or TTY 252-8376 for more information.

EDUCATIONAL SERIES, WORKSHOPS AND TRAININGS:
The Living/Dying Project offers a weekend community training program Healing Our Lives, May 15-16. For registration and information, contact Sue Darling at 884-2343.
AIDS Service Providers Association presents a technical assistance workshop on Fear and Loathing in the Board Room: The Executive Director/Board Relationship, Friday, May 21, 9am-1pm, 1390 Market Street, Ste. 906. For more information, call 241-5519.

EAST BAY:
EVENTS:
Kaiser Permanente presents HIV Public Education Forum: Positively On Your Feet: Exercise, Movement, Stress Reduction for People with HIV/AIDS, Tuesday, May 18, 6:30-8pm, Room 1200C/12th Floor/Hospital Tower, Kaiser Permanente Medical Center, 280 West MacArthur Boulevard, Oakland. For more information, call 596-6848.
HIV+ Straight Folk's Party aboard the Falcon, May 15, 6pm, 201 University, end of "K" dock, Berkeley Marina. Bring towels for hot tub (swim suits opt.) and favorite dish or drinks. For information, call Caly at 510/843-9609 or Rachel at 510/547-3209.
AIDS Update for Primary Care - HIV at the Crossroads, May 21, sponsored by Alta Bates Medical Center and the East Bay AIDS Center. For information, call 510/204-1590.
Help WORLD send out the newsletter at a mailing party, Tuesday, May 25, 6pm, 440 Rich Street, Oakland. Pizza provided, everyone welcome. Call 510/658-6930 for directions.

BAY AREA-WIDE:
EDUCATIONAL SERIES, WORKSHOPS AND TRAININGS:
University of California Berkeley Extension offers two short courses for health care professionals in Summer 1993: Shared

RFPS: 
Northern California Grantmakers announces two RFPs, one for prevention and one for policy, with letter of intent due on July 1 and May 20, respectively. For more information, call 777-5761.

NATIONAL:
RFPS: 
The Centers for Disease Control and Prevention announced the availability of funds to support HIV prevention projects by minority community-based organizations serving populations at increased risk of acquiring or transmitting HIV infection. Proposals must be received before 4:30pm, June 15. To obtain an application, call Clara Jenkins at 404/842-6575.

NEWS RELEASES: 
S.F. AIDS Foundation: The S.F. AIDS Foundation announces the premiere of a new educational campaign featuring Annie Leibovitz’s thirteen portraits personalizing the spirit of people living with HIV. Beginning Friday, May 14 the portraits will be on display in 80 bus shelters around the City with a hotline number for more information on HIV/AIDS.

S.F. AIDS Foundation: In the largest State Capitol gathering of HIV advocates, persons living with HIV, families and friends, over 300 people today attended AIDS Budget Lobby Day in Sacramento. Under the theme of "California’s Family has AIDS," participants took to the halls of the State Capitol to lobby against a recent proposal to eliminate over $55 M in state HIV services. According to organizers of the event, this cut would also trigger the loss of $17.2 M in federal funds for care and treatment services.

American Journal of Epidemiology News: Researchers studying mother-to-child transmission of HIV have found that babies born in Africa have a higher incidence of transmission than babies born in industrialized countries.

WHO Press: The World Health Organization has chosen "Time to Act" as the theme for World AIDS Day 1993. It is a rallying call for urgent action against the HIV/AIDS pandemic -- not only on World AIDS Day itself, but on every day of the year. For more information, call 791 21 11, telex 415 416, fax 791 07 46.

HHS NEWS: HHS Secretary Donna Shalala announced today that the National Institute of Allergy and Infectious Diseases has begun the first clinical trials of therapeutic AIDS vaccine candidates
in pregnant women who are HIV-infected but otherwise healthy. For more information, call Laurie Doepel at 301/402-1663.

**OTHER:**
The Northern California Community Loan Fund has funds available for AIDS service providers. Call 285-3909 for more information.

Mary Ellen Yates is looking to interview women who care for gay/bisexual men with AIDS. She will look at the relationships between identity and caring. It’s a sociological-type study, and she’s hoping that it will result in public policy changes. **Call her at 454-1044 for more information.**

TOUCH is a non-profit corporation dedicated to raising awareness about the impact of AIDS on our society through the distribution and wearing of the TOUCH pin. For more information, call 204/345-6924.

AIDS Action Council Action Alert: The President’s budget proposals represent a 28% increase over this year’s funding levels with substantial increases proposed for AIDS research at National Institutes of Health and the Ryan White CARE Act. House and Senate members at home for the holiday recess must be contacted to ensure enactment of the economic stimulus package. For more information, call 202/986-1300 ext. 12.

Neighbor to Neighbor Health Care Phone Network Phone Action #3: Call Senator Feinstein to become a co-sponsor of the American Health Security Act of 1993 (S 491) for the single payer health care system. Her numbers are 202/224-3841 and 415/249-4777.

Bay Area HIV Advocacy Network: It is critical that people concerned about the need for more effective and adequately funded prevention programs advocate strongly for the passage of Pelosi’s HIV Prevention Reform Bill, H.R. 1538. Letters of endorsement are needed. Address the letter to Rep. Nancy Pelosi (240 Cannon Building, United States House of Representatives, Washington, D.C. 20515-0508) and send it to Mike Shriver, 18th Street Services, 217 Church Street, San Francisco, CA 94114. For more information, call Mike at 864-5855 ext. 2083.

Rene Durazzo has accepted the position of Deputy Director for Programs with the S.F. AIDS Foundation.

**CONFERENCES/INSTITUTES:**
**AIDS: The Social Work Response '93, the Fifth International Conference on Social Work and AIDS**
Sponsored by: Boston College School of Social Work
Date: June 23-26, 1993
Location: San Francisco, CA
Contact: Dr. Vincent Lynch at 617-552-4038 or fax 617-552-3199. **There will be a Pre-Conference Institute on Women and HIV.**
Global Issues for Women: Bay Area Forum and Fair
Priorities '95: Anticipating the UN World Conference on Women in Beijing
Sponsored by: UCB Department of Women’s Studies & the U.S.
Council for INSTRAW (UN International Research and Training
Institute for the Advancement of Women)
Date: June 4-5, 1993
Location: University of California, Berkeley, CA
Contact: 510/642-1868 or fax 510/642-4607

Re-imagining Nonprofit Organizations
Sponsored by: The Nonprofit Management Association, The Support
Center of SF, and The Management Center
Date: June 3-6, 1993
Location: ANA Hotel in San Francisco, CA
Contact: Bob Orser at 362-9735

African American Women's Conference
Dates: June 3-6 (LA), October 21-24 (Oakland)
Location: LA and Oakland, CA
Contact: Maria Carothers at 619/560-2770

Taking Care of Each Other: Making Our Voices Heard
The 15th National Lesbian and Gay Health Conference & 11th Annual
AIDS/HIV Forum
Sponsored by: National Lesbian and Gay Health Foundation and The
George Washington University Medical Center
Date: July 21-25, 1993
Location: Hyatt Regency Houston, TX
Contact: 202/994-4285

JOB OPENINGS:
Stop AIDS Project is seeking an Executive Director. Send resume
and cover letter to Search Committee, Stop AIDS Project, 201
Sanchez Street, S.F. 94114.

Baker New Places will have a job opening in July working with
clients in coop apartments for women and children. Call Jeanne
Courtney at 346-6193 for more information.

REPORT FROM MEETING:

WORLD:
The Mother’s Day event is going to be put off until October. It
is time to renew subscriptions to WORLD because it has been a
year since we began.
AIDS BUDGET LOBBY DAY:
Ellice Parker: Up to now, LIFE has been the only state AIDS lobbying group. Now AIDS Project LA has opened up an advocacy office in Sacramento. We propose extending the half-cent sales tax to keep benefits up in SSI, SSP and AFDC programs. Otherwise $20 per month reductions will happen for beneficiaries. The case load of AIDS patients has risen and the budget hasn’t increased in 3 years. We’re focusing on entitlements, i.e., SSI, SSP and MediCal. See the enclosed factsheet. On Monday, May 10 is AIDS Budget Lobby Day and we want a lot of people to turn out.

We are also lobbying to get condom machines in singles bars (Sen. 1156). It has been very hard. All the old white men in the legislature are against it. The Restaurant Association is against it and they are a very powerful lobby. There are no bills targeting women and HIV/AIDS right now.

NOMINATIONS FOR WAN BOARD:
Names were taken for 1993 WAN Board. Karen Topakian, Caroline Lee, and Mary Ellen Yates were nominated. Others were nominated after this meeting. See the ballot at the end of this mailing for the full listing.

FORUM TOPICS:
Suggestions were taken for future forum topics at the WAN meetings. They were: forum on lobbying by Ellice Parker; forum on difficulties of funding for small organizations and collaborations between several agencies (Sophia Chang from AIDS Office?); debate on managed competition and single-payer health care systems; report on the meeting with Donna Shalala in Washington, D.C.; report from the International Conference in Berlin.

COMMITTEE REPORTS:
Public Policy Committee:
Eileen Hansen: We are continuing to meet with Congresswoman Pelosi’s office. We are trying to negotiate to get more emphasis on women and people of color in her HIV prevention legislation. We proposed to S.F. Supervisor Alioto that she hold a public hearing before the Health Commission of the Board of Supervisors particular to the budget process on women and HIV. They will do the organizing from her office. If you would like to speak at the hearing or if you want to hear about it, call Eileen at 824-8884.

Karen Topakian: Four of us met with Katie Merrill, Senator Boxer’s Aide. She was well-prepared and well-versed on the issue. Boxer is unwilling to come out in favor of the single-payer system because she is on the Health Task Force and waiting
until the report is done. We said we'd come back to her. She hadn't heard about Pelosi's bill and was interested. We could probably get Boxer to sign on to it. Pelosi is interested in organizing a national meeting on women and HIV within the next year. We met with the Center for Women Policy Studies. They are also interested in this meeting.

Special Women's Fund:
We have a flyer about the Fund to send around to agencies. We're getting ready to finish our first year. We'll give women who come to the Fund information on WAN so we can get more women with HIV involved.

FORUM: MOHER DOWNING AND OTHER STAFF FROM PHREDA TALK ABOUT THE PROJECT AND ITS CURRENT PROGRAMS:
Moher Downing: Originally PHREDA was one project. Now it's many projects. PHREDA started in 1989 as a collaboration between the S.F. Department of Public Health and the University of California Gynecological/Reproductive Health Sciences and Planned Parenthood. The mission was to matrix women's health services and HIV. HIV education is meaningless to women without other things that women need. We have family planning clinics, eight of them originally, four at traditional sites and four at non-traditional sites. Now we just have four non-traditional sites, i.e., Dolores Street Community Center, Glide Memorial Church, Bayview Hunters Point Methadone Clinic, and Haight Ashbury Detox. Because we're mostly CDC funded, all of it is research oriented. But I keep it focused on services.

They are demonstration projects. If the research evaluation shows it is cost-effective and effective prevention, then state and local authorities are supposed to replicate them. For the most part, states don't want to fund medical services. The first grant was for 3 years. We were refunded for 5 years (until the end of September 1996). We provide good supportive women's health care for women who have been outside the system, like addicts. We have a new grant starting up to target young women (under 25) in Hayes Valley and Plaza East housing projects. We want to change community norms. Our sister site is CAL-PEP in Alameda County, and there are also programs in Portland, Pittsburgh and Philadelphia. We are developing peer networks. We pay women stipends to become role models in their community. We have been doing qualitative data by talking to women in housing developments.

The CDC is taking a stop smoking model to apply to HIV prevention. It involves trans-theoretical stages of change, i.e., a continuum of changing behavior. AIDS prevention hasn't targeted people where people are at along the continuum, in terms of reproductive decision-making, condom use, needle sharing, etc. The Iris Project also has a similar grant to do this work in the
Mission targeting Latinas. We had a meeting recently to bring all the women’s research programs into one room. The CDC Technical Assistance Department is coming out here this summer to evaluate all the projects.

Amanda Newstetter: Planned Parenthood is the fiscal agent for the outreach component for the four sites. We staff the clinics at Glide and Planned Parenthood, and staff part of the clinic at the Haight site. The project has worked amazingly well given that there are three different agencies involved.

Terry Wheeler: I am the Health Educator heading REDA (Real Education to demolish AIDS) for women who don’t fit into PHREDA. I do safe sex parties. I talk about reproductive health and STDs. I show pretty potent videos. I take out rubber penises and a vagina and we have fun putting condoms on them. I have been targeting women’s groups. I have to watch each person put a condom on correctly. If you have in place any women’s groups, especially with people ready to change, call me at 202-7261. We have a grant where we can buy gifts for everyone and provide food at the parties. We are funded by the AIDS Office. We’re open to all women of every sexual persuasion. We started out by going to our clinics and asking women to come to a party and only a few came. So we began to go around to groups like Save Our Sisters, Walden House, Iris Project, etc. We have pre- and post-tests and the women tell me that they’ve learned a lot.

Joanie Marinoff: I work at the Care Clinic. It came out of PHREDA and Planned Parenthood for women who were PHREDA clients and HIV+ and getting no care. We are finishing our first year. For HIV+ women, we provide gynecological care and case management. We meet at Planned Parenthood and two other PHREDA sites (Glide and Dolores Street Center). The clinics are once a week at each site. We have 31 or 32 clients. We are working with other providers of women’s services who get Ryan White funds, so we can do collaborative outreach. We want to put out a MUNI bus ad on all our services. We want to get outreach workers to work for all five of our agencies. We will try to get funding for this. Although the Women’s Program that we developed with CAL-PEP and AIDS Health Project at the Center for Positive Care closed with the Center, we were able to move Barbara onto staff with CARE funds.

Blanca Crovetto: I am on a clinic intervention research grant for three years. We started an outreach program for women of all different races. We treat women with STDs. We do case management. We have peer advocates at Glide and Dolores Street sites. We are growing. We do outreach at treatment centers and door-to-door. We get referrals because people have heard of PHREDA. We are now trying to target women under 25.
Kymberlee Pittman: I am a Peer Advocate. We follow each client for six months and find out what is working for her and what is not. We implement the behavior of change theory. The theory says that people often relapse before they progress to the next stage. We won't address behavior change until a woman's primary needs are met. Many clients are addicts with low self-esteem. We need to address psychosocial issues. We have support groups and we give referrals. We offer education in a non-judgmental manner. We send information on these women's development to the CDC. Hopefully we'll find out that Peer Advocates are an asset to changing behavior. There are three other sites: Baltimore, San Francisco, and Philadelphia, each with three Peer Advocates. Each of us has 36 clients that we follow for six months. We do the work of a social worker, counselor, case manager, and outreach worker.

Research has shown that regardless if the site is traditional or non-traditional, if there was an outreach worker to bring high risk women into the services, it worked. But outreach workers don't have the time to do intensive case management. The Peer Advocates take clients to social services, take them out to eat, etc. They make a connection, then assess the risks of the women, and help change their behavior. We try to be humanistic and do research. We really try to be a friend for six months. After that, the women can join a support group that we offer.
The Women's AIDS Network

announces

The Special Women's Fund

You are eligible for $50 annually if you are a woman who:

is HIV+;

is a San Francisco resident;

and

has an income less than $1300/month

For an appointment call: 415-202-7430

Check written day of appointment • No red tape!
IMPORTANT: Please vote for no more than 6 candidates. Send this ballot to the WAN office, c/o S.F. AIDS Foundation, P.O. Box 426182, San Francisco, CA 94142-6182 by June 1 or bring the ballot to the WAN meeting on June 1 by 10am. You can also write in candidates, but they must come to the June 1 meeting and present a statement. Election results will be announced at this meeting. Nine women elected last year are remaining on the Board to finish the second year of their two-year terms (and do not need to be elected). They are Camille Anacabe, Marta Friedman, Barbara Garcia, Cynthia Goldstein, Eileen Hansen, Catherine Lyons, Helen Miramontes, Doris Morris, and Kathy Sarlson.

Candidates:

Susyn Almond: Training Coordinator, The Center for Health Training. President of the Board of WAN, June 1991-1993. Assisted in establishing Special Women’s Fund to provide funds for women with HIV. Demonstrated commitment to women’s health issues, advocacy, and support and care for women with HIV. Looking to expand WAN membership and scope in 1993/94.

Elizabeth Davis: Youth Services Coordinator, AIDS Office. I’d like to provide the Women’s AIDS Network with a youth/young women’s perspective. Being a Native American AIDS educator, I feel I can advise WAN on certain issues relating to AIDS education and to young people of diverse ethnic backgrounds in San Francisco.


Melissa Marsh: Recently diagnosed HIV+, Melissa March is 20 years old and works as a youth advocate. She has been associated with the HIV+ Youth Advocacy Project, and has been involved in WAN’s Public Policy Committee and in San Francisco policy issues related to youth and HIV.

Theresa Swanick: I’m a public disability benefits advocate at AIDS Benefits Counselors. Helping women with HIV access disability benefits. Have done training and education on HIV/AIDS and issues in S.F. Bay Area. Interested in trying to promote more awareness and education on how to best access disability benefits.

Karen Topakian: Co-chair of WAN Public Policy Committee. Member of WAN since last August. I have been an activist in peace and social justice community for 15 years.

Mary Ellen Yates: Doctoral student at UCSF in Sociology, doing dissertation on women as providers of care for people with AIDS. Am very interested in the myriad of ways that women are involved in work and care around AIDS. Have wide range of experience with community organizations, and have been on several Boards.
EFFECT OF PROPOSED ENTITLEMENT CUTS ON PEOPLE WITH HIV/AIDS

Cuts in entitlement programs that have been proposed by the Wilson Administration and that are currently being considered by the Legislature will severely harm the quality of life for poorer people with HIV and AIDS who depend on these programs. Three programs stand out that provide basic necessities in terms of living expenses and basic health care: Medi-Cal, Supplemental Security Income/State Supplementary Program (SSI/SSP), and Aid to Families with Dependent Children (AFDC).

**MEDI-CAL**

Last year, $115.8 million dollars of health care for persons with AIDS came from the Medi-Cal program. Almost half (46%) of all Californians with AIDS receive at least some of their health care from the Medi-Cal program. If these people lose access to Medi-Cal services, they will be forced to receive their care from the overburdened county system which is losing substantial state moneys. Major proposed cuts include:

- **ELIMINATION OF MOST "OPTIONAL" BENEFITS:** These benefits, which are not required by federal law, represent basic necessities for many people with AIDS. They include outpatient prescription drugs, hospice care, adult dental services, adult day health care, medical supplies, psychology, durable medical equipment, heroin detoxification.

- **ELIMINATION OF "OPTIONAL" ELIGIBILITY CATEGORIES:** Many individuals are not required to be covered under Medi-Cal by federal law, and the state is proposing to eliminate these people. A major category is the Medically Needy program which allows people to continue to remain productive and "spend down" their earnings to have some of their health care paid for by Medi-Cal. Many people with AIDS spend down to get health care while continuing to work.

**SSI/SSP**

When people with AIDS become disabled and are no longer able to work, many become dependent on SSI/SSP for basic living necessities. SSI/SSP serves an estimated 40 percent of people with AIDS. Many of them live in high cost areas where their grant does not cover basic needs like food and shelter without additional assistance from community-based organizations. Cuts include:

- **ELIMINATE THE FEDERAL COST OF LIVING ADJUSTMENT (COLA) FOR SSI:** The state would reduce its supplemental grant (SSP) by the amount of the federal COLA, leaving clients with no COLA.

- **CUT THE SUPPLEMENTAL GRANT (SSP) TO THE FEDERAL MINIMUM:** This reduction would represent a $20.00 cut to the basic SSI/SSP grant, from $610/month to $590/month.

**AFDC**

Aid to Families with Dependent Children (AFDC) is the primary program that serves many women with HIV/AIDS who have been undeserved by other entitlement programs serving people with AIDS. The Governor's budget proposes to cut AFDC grants an additional 4.2% over last year's cut of 5.8%. The basic grant for a family of three would go down from $624/month to $597/month.

A *PARTIAL SOLUTION*: EXTENSION OF THE ½ CENT SALES TAX

A portion of the sales tax that was enacted to resolve the 1991 budget crisis is set to expire on July 1, 1993. An extension of that sales tax would add $1.4 million dollars to the state's coffers. The Governor and the Legislature must take this action to limit devastating cuts to state-funded programs, including those serving people with HIV/AIDS.
Please Note!

The Women's AIDS Network (WAN) has moved to:
The Women's Building in San Francisco, located between Valencia and Guerrero Streets.

◆ Address:
WAN
3543 Eighteenth Street, Suite Eleven
San Francisco
CA 94110

◆ Phone: 415 621-4160
◆ Fax: 415 575-1180

All future WAN meetings will take place at The Women's Building. This includes our monthly Community Meetings, formerly held at Lyon-Martín Women’s Health Services. Many thanks to Lyon-Martín for their generous, longtime support of WAN.

❖❖❖

Join us at The Women's Building for our November 5 meeting. December's meeting (Tuesday, December 3) will include an Open House in our new office! Mark your calendars....

❖❖❖
Women's AIDS Network (WAN)

invites you to our

November Community Meeting

Tuesday, November 5
9:00 - 11:30 am

Women's Building
3543 Eighteenth Street
(note new location!)

Join us in our new home!

Hazel Betsey will present on her recent trip to Washington, D.C., where she attended the National Skills Building Conference and The Names Project unveiling.

For more info, call WAN at 415 621-4160

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***November 5 is also Election Day... Don't forget to vote! Enclosed is information from our previous meeting's discussion on some ballot initiatives of interest to WAN members.***
## WOMEN'S AIDS NETWORK BOARD MEMBERS LIST
(Updated 4/94)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address 1</th>
<th>Address 2</th>
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<tbody>
<tr>
<td>Susyn Almond</td>
<td>733 21st Ave.</td>
<td>SF, CA 94121</td>
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<tr>
<td>Marta Friedman</td>
<td>86 Caire Terrace</td>
<td>SF, CA 94107</td>
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<tr>
<td>Barbara Garcia</td>
<td>Care Clinic</td>
<td>Planned Parenthood</td>
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<tr>
<td></td>
<td>815 Eddy Street Ste 100</td>
<td>SF, CA 94109</td>
</tr>
<tr>
<td>Eileen Hansen</td>
<td>238A Castro St.</td>
<td>SF, CA 94114</td>
</tr>
<tr>
<td>Caroline Lee</td>
<td>Asian AIDS Project</td>
<td>300 4th St., Ste. 401</td>
</tr>
<tr>
<td></td>
<td>SF, CA 94107</td>
<td></td>
</tr>
<tr>
<td>Catherine Lyons</td>
<td>Ward 86, SFGH</td>
<td>995 Potrero Ave.</td>
</tr>
<tr>
<td></td>
<td>SF, CA 94110</td>
<td>(510) 531-6383 (h)</td>
</tr>
<tr>
<td>Helen Miramontes</td>
<td>CNA-AIDS Educ Training</td>
<td>1145 Market St. #1100</td>
</tr>
<tr>
<td></td>
<td>SF, CA 94103</td>
<td></td>
</tr>
<tr>
<td>Theresa Swanick</td>
<td>AIDS Benefits Counselors</td>
<td>470 Castro St. #202</td>
</tr>
<tr>
<td></td>
<td>SF, CA 94114</td>
<td>703-9942 (fax)</td>
</tr>
<tr>
<td>Karen Topakian</td>
<td>2215-R Market St #416</td>
<td>SF, CA 94114</td>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Susyn Almond</td>
<td>386-8162 (h)</td>
</tr>
<tr>
<td>Marta Friedman</td>
<td>974-6541 (w)</td>
</tr>
<tr>
<td></td>
<td>267-0785 (voice mail)</td>
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<td></td>
<td>282-6208 (h)</td>
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<tr>
<td>Barbara Garcia</td>
<td>202-7430 (w)</td>
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<td>386-5386 (h)</td>
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<td>985-1895 (beeper)</td>
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<tr>
<td>Eileen Hansen</td>
<td>621-5620 (h)</td>
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<tr>
<td>Caroline Lee</td>
<td>227-0946 (w)</td>
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<tr>
<td>Catherine Lyons</td>
<td>476-0828 (W)</td>
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<td>719-2388 (Beeper)</td>
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<td>(510) 531-6383 (h)</td>
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<tr>
<td>Helen Miramontes</td>
<td>864-4141 (w)</td>
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<td></td>
<td>346-4758 (h)</td>
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<tr>
<td>Theresa Swanick</td>
<td>431-1011 (fax)</td>
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<tr>
<td>Karen Topakian</td>
<td>474-4604 (w M, TH, F)</td>
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<td>648-3159 (h)</td>
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WOMEN'S AIDS NETWORK: BOARD MEETING  
September 29, 1993


ABSENT:  M.Marsh, E.Davis

FACILITATOR:  K.Topakian

MINUTES:  C.Lyons

1. Minutes of 9/1/93 board meeting were accepted.

2. Pictures and videos from SFGH need to be placed for posterity. We will take them.

3. AIDS/ARC Update (10/19-22): WAN will share a table with CNA. We need volunteers to staff the table, someone to coordinate, and decide which materials to have there. Eileen may be willing to coordinate; she will call to get details. People signed up with time availability; this will be brought to the general membership meeting.

4. Special Women's Fund: Susyn is mailing 20 checks to Barbara; this is working well. We are looking to expand the demographic questions. We are also beginning to look at the optimal long term way in which this fund is administered; we currently have an MOU with PHREDA. Next meeting is 10/12 12noon, Ward 82, room 229 [this meeting was rescheduled to 10/28, same time and place].

5. Policy Committee: Has not met. Next meeting - 10/12 3:30pm, CCC office. Eileen reported that the national group has talked to Shalala's office, and she is interested in incorporating it into a report to Clinton. Marta shared information re: Housing Task Force which is meeting in Chicago; representatives need to be contacted to encourage support of increased housing for PWAs. Bill regarding joint guardianship (SB 105) is sitting on Wilson's desk; he needs to be urged to sign.

Eileen today was sworn in as a member of the Joint Task Force on the HIV Epidemic; one of her affiliations is WAN. 10/29 there will be an ACT-UP sponsored day of protest in Sacramento "California's Health Care Horror Story: Demonstration and Political Funeral".

Catherine brought up the issue to be taken on by the policy committee regarding ACTG pediatric studies requiring both parents consent; NP at BAPAC will contact the committee.

6. Alina: got flowers and cake because she is leaving her position due to her hand condition. She will do phones for one month but not the mailing. WE WILL MISS HER!
7. **Executive Committee:** Discussion included the move (see #9).
Roles of executive committee, officers, and various board members need to be clarified.
Eileen will draft a list of tasks that need to be done.
Worker's comp: Theresa sent in the forms; approval is awaiting. We need to explore getting board liability coverage (Janice Sparrow at Morrison and Sparrow did it for WORLD; she may do it for us).
We need to make a job description for the administrative position; this will be done and circulated to the whole board.
Until someone is hired the minutes, announcements, and maybe an article will be sent monthly by Barbara and Karen.

8. **Board Development:** Karen had a proposal for the 6 positions we have to fill:
- Identify potential board members, bring them to a membership meeting, take them to lunch, ask for a resume and letter as to why they want to be on the board, invite them to the next board meeting, and then the board will decide.
- New board members will be buddied up with an old member.
- We need to have ongoing discussions regarding diversity on the board.

9. **New office location:** Life Center; $180/month includes rent, utilities, fax, and copier. A wall needs to be built before we can move in. Board approves of the move, with some concerns expressed regarding the need to pay monthly. Monthly meeting will be held there in October.

10. **Macy's Passport:** Names and addresses of people who bought tickets should be given to Barbara. The event is 10/2-3.

11. **Fundraising:** The Bodyshop will ask for donations and display our materials; Susyn will deliver the materials.
Our "Event" will be 3/10/94 5:30-9:00. It will be an open house, dessert buffet, and we will have the honorees.

12. **Membership/board meetings:** We will facilitate in order of our last name beginning at the end of the alphabet (schedule attached)
We need to discuss planning of membership meetings at the next board meeting.
Catherine and Caroline will rotate minute taking at board meetings.

**NEXT BOARD MEETING 10/27/93 5:30 PM, 25 VAN NESS, OLD WAN OFFICE.**
FACILITATION SCHEDULE

MEMBERSHIP

OCTOBER  THERESA SWANICK
NOVEMBER  CATHERINE LYONS
DECEMBER  EILEEN HANSEN
JANUARY  MARTA FRIEDMAN
FEBRUARY  KAREN TOPAKIAN
MARCH  HELEN MIRAMONTES
APRIL  CAROLINE LEE
MAY  BARBARA GARCIA
JUNE  SUSYN ALMOND

BOARD

HELEN MIRAMONTES
CAROLINE LEE
BARBARA GARCIA
SUSYN ALMOND
THERESA SWANICK
CATHERINE LYONS
EILEEN HANSEN
MARTA FRIEDMAN
KAREN TOPAKIAN

IF THE ASSIGNED FACILITATOR WILL NOT BE AT THAT MEETING IT IS THEIR RESPONSIBILITY TO MAKE SURE SOMEONE IS DESIGNATED TO FACILITATE.

Executive Committee

October  Chair  Eileen
November  Marta
December  Susyn
January  Theresa
February  Catherine
March  Eileen
April  Marta