

**National Task Force on AIDS Prevention
of the
National Association of Black and White Men Together**

TO: All Task Force Members

FROM: Reggie Williams, Project Director *RW*

DATE: August 5, 1988

As most of you know by now, the C.D.C. approved our proposal and we can now begin the work at hand. This is a very exciting time for NA/BWMT, and I am personally looking forward to the challenge set before us.

Although some of you will not be present in Washington for the Task Force meeting and the CDC Conference, we are sending everyone the agenda. Everyone will also be informed of the outcome via detailed minutes. We're very happy that so many of you can attend our first meeting. For those who will be there, it is important that Steve has all the information regarding your arrival time, length of time you can stay, etc. Also, those who will be attending the conference should be registered at this point. If not, this should be communicated to Steve as soon as possible. His phone number is [REDACTED].

I would like to stress the importance of commitment. This is a major undertaking for us, and it is certainly understandable that along with everything else that is happening in our lives, there may not be enough time or energy to give. But, this is something that must be shared. It is O.K. We do understand. And, we also need to know when someone has to be replaced as soon as possible, in an effort to have the work continue.

Communication. This is something that I cannot emphasize enough. It can make us or break us. We all know how communication or lack thereof has affected our own local chapters, as well as the national work. So, from the very beginning we must be clear about keeping the lines of communication open and going strong.

I am extremely excited about the Project and the work to be done. I pledge to you all the very best I have to give. I love you, and I'm looking forward to seeing you in D.C. Be well!!!

Agenda for Task Force Meeting

The two days of meetings in Washington August 13 and 14 will focus on process issues. The plan is to discuss the following processes and systems, which will contribute to the successful operation of a national task force like ours. At the outset of this project we need to reach common ground as Jesse would say and have clear agreements on how we will operate. The items will have to be re-ordered and additions may be suggested, but this represents a sketch of the topics to be covered. They obviously overlap somewhat, and we can expect some inter-related discussions.

1. Communications and Basic Management Principles

This section will look at the communications process in a national group with members spread out all over the country. We will take into consideration the structure under which we will operate; that is having staff people, executive committee members, and task force members. We will discuss an organizational structure chart and how best to set up channels of communication that serve our needs to be informed and mutually in-touch while at the same time accomplishing concrete work tasks. We will also discuss internal vs. external communications (external being the publicity function and how we want to handle that). This will be facilitated by consultants Laverne Middleton and Venus Medina. About 2 hours.

2. Our Vision or Mission Statement

This discussion will help us clarify our concept of what we're trying to do. While we are committed to the grant proposal and meeting the specific goals, objectives, and workplan, it's important to define for ourselves, in our own terms, the overall vision of who we are, what we're doing and why we're doing it. We will have a rough draft of a such a statement as a discussion take-off point.

This will be facilitated by James Credle and Steve Feedback. About one hour.

3. Summation and Documentation

This discussion is key both to the reporting we have to do for the CDC but also to the sharing we want to do for each other. Learning this part of the process is important for everyone because each of us is responsible for documenting his activities. This process is central to our smooth functioning, to being clear with each other about what has been accomplished, and to our hopes of renewed funding. Our objectives call for documenting all the AIDS prevention activities undertaken to date by all of our chapters. An excellent example has already been provided by MACT/New York as they documented two years of AIDS education provided through their newsletter. This example will be distributed to everyone and other examples may also be discussed.

This will be facilitated by Gil Mangaoang and Eric Perez. About one hour.

4. Evaluation

Flowing naturally from the previous topic is the broader discussion of evaluation. We will need to develop methods and tools with which to fully evaluate virtually everything we do: programs, fulfilling our goals and objectives, meetings, processes, paid staff members, etc. Again it is a process we will all be involved in and need to learn more about. What are the standards by which we will measure our level of success? What is the commitment each of us is willing to make in order to ensure a high level of success? How realistic are the schedules set forth in the proposal? What adjustments do we need to make to those schedules? The program evaluation section of the proposal should serve as a reference document for this part of the agenda.

It will be facilitated by Phill Wilson and Venus Medina. About one hour.

5. Administrative Policies and Procedures

Organizations need to operate from bylaws and to have some overall administrative agreements in place. These include full job descriptions for staff members, executive committee members and task force members as well as written personnel policies governing such procedures as hiring and firing of staff, implementing affirmative action and non-discrimination in all aspects of operation, searching for and appointing new task force members, accountability to our agreements in all aspect of operation. etc. Hopefully, pre-written policies can be distributed at the meeting as a basis for discussion (these can probably be pulled together using other group's policies).

This section will be facilitated by Reggie Williams and Steve Feeback. About one hour.

6. Hiring Process Specifics

This important area will need some more in-depth discussion and we will be going from the general policy level to making some concrete hiring decisions based on such considerations as program needs in a given city, who is available to work, whether to pay on a salaried basis or on the basis of hourly wage for hours worked, how to choose who to hire when more than one person is seeking the position, etc.

This section will be facilitated by James Credle and Reggie Williams. About one hour.

7. Search Process Specifics

First we will need a discussion on how to expand our Task Force and whom we want to ask to be members. Then we need to clear on how we will go about this expansion.

This section will be facilitated by Reggie Williams. About one-half hour.

8. Chapter Outreach

This is a discussion really about how our project and its outreach interlocks and works with the general outreach carried out by the NA, its officers and its Board. We want to complement each other and that will take some on-going planning and follow-through. We will communicate the results of our discussion to John Teamer Michael Warner and the Board in general.

This will be facilitated by Gavin Morrow-Hall and Mitchell Karp. About one-half hour.

9. Centralizing and Sharing Our Resources

Do we need to worry about how we organize all our resources on AIDS? Most of us have been collecting materials for seven years now. But where do we turn when we need something on a specific topic that is not part of our own files? Do we want to have a centralized resource center in our San Francisco office? If so, how do we handle that? What kind of materials should we send there? How do we let our chapters know what we have?

This will be facilitated by Reggie Williams. About one-half hour.

10. Survey Technique

This will be a chance to learn more about the philosophy and the practical side of survey work presented as an overview by one of our survey consultants. We will then be able to understand better why this is a key component of our workplan for this project and how it relates to other aspects of the project. It's a very technical kind of work, but we are going to have to make it very down-to-earth for ourselves and learn how the process of survey and data collection works.

This will be facilitated by Dan Minns. About one hour.

11. Developing a Program Component: Hot, Horny & Healthy

We will use the work already done by the Los Angeles chapter as a starting point for better understanding how a program component gets built from scratch, and what the mechanics of

development are in this case. There's probably a lot to be learned by looking closely at this as an example of the process for program development, which will be a major focus at our next meeting.

This will be facilitated by Phill Wilson. About one hour.

12. Developing Principles of Partnership Building

This is one of our goals outlined in the proposal and an area in which many of us have experience. We can begin with some discussion about this particular goal and what kind of process we want to have in order to fulfill it.

Facilitated by Reggie Williams and Mitchell Karp. About one-half hour.

13. Reporting Expenses for Reimbursement and Reporting our Activities to the CDC

This is your basic housekeeping discussion. What are we required to do in order to get reimbursements for expenses? What expenses will be reimbursed? How will we do financial reports and program progress reports. What is required by the CDC?

Facilitated by Steve Feeback. About one-half hour.

14. Future Meeting Schedule

For full Task Force meetings, when and where will they take place.

About one-half hour.

1. Introduction

AIDS prevention has become the focus of life for many people over the course of the past seven years. Our organization, the National Association of Black and White Men Together, has lost more than the 59 members memorialized on panels of the NAMES Project Quilt. In our chapters, built as they are on the principles of emotional support in time of need, the needs and the emotions are becoming harder to handle with each passing day.

Our chapters have all faced the daunting tasks of AIDS prevention in the minority communities and the gay communities of which they are part. They have attempted to bridge the gaps that sometimes divide those two communities, but that is the essence of the BWMT statement of purpose: to foster supportive environments wherein racial and cultural barriers can be overcome and the goal of human equality realized. AIDS work at the chapter level must now be integrated into a mechanism of national coordination, the National Task Force on AIDS Prevention.

The program outline in this application is a strategy to achieve national coordination, measure baseline knowledge, attitudes and behaviors about AIDS prevention, and build upon already-developed projects to devise integrated strategies for reaching a hard-to-reach population. Our target is minority gay and bisexual men, the people within minority communities currently having the highest risk for AIDS. Our purpose is effective risk-reduction that save lives.

The program grows naturally out of the work of the San Francisco, Los Angeles, Memphis, and New York chapters, as well as the educational experience of our annual conventions. The program seeks to involve all 22 BWMT chapters which are active in 24 cities spanning every region of the country. It seeks to equip all chapters to become active in their communities educating other people and taking a measure of leadership in the cause of AIDS prevention.

2. Target Population

Models are urgently needed to meet the need for AIDS education among minority gay and bisexual men who live in urban areas. Prevention messages have generally not penetrated the veil of denial.

Caseloads among this population are alarmingly high. AIDS surveillance statistics published by the Centers for Disease Control reveal that the high risk behavior leading to the largest number of AIDS cases in minority populations is unprotected sex among males who have sexual intercourse with other males. Some of these men also engage in high risk use of intravenous drugs. In the black community, 45% of the reported cases fall within the population of gay and bisexual men with one or more behavioral risk factors. The comparable figure is 52% for the Hispanic community. In addition to HIV infection, statistics show that the rates for other STDs are rising for black and Hispanic gay men while generally decreasing for white gay men.

Both homosexual and bisexual men, when they are uneducated about safe sex and risk reduction, go on to infect other partners--male and female. The chain of infection within minority communities can only be broken by targeted and consistent education which effectively reaches those whose behavior must change, including gay and bisexual men.

In addition to educational models, people power is needed. Presently there is not a sufficient ratio of AIDS-educated minority males as compared to the vast numbers of uneducated minority men who are engaging in high risk behaviors. There is not a critical mass of educated men within the social circles in which minority gay and bisexual men move. Until there is such a critical mass, the flow of AIDS prevention information will be stalled and will not impact in a manner which is effective in changing behaviors. Positive examples of minority males who are openly challenging high risk behavior in minority communities can begin to deal with the destructive behavioral cycles which consistently undermine the self-esteem necessary to sustain behavioral change among a doubly endangered group: gay and bisexual males in ethnic and racial minority communities.

While there is a tremendous need for programs addressing the specific educational needs of minority gay and bisexual men, there are not many examples of programs fully operational with funds from any source. Gaps exist at the local level though minority AIDS organizations such as the Kuponu Network in Chicago and the Minority AIDS Project in Los Angeles are addressing the needs in their communities. A very significant gap due to a lack of national coordination

pertains to education programs targeted to gay and bisexual men in minority populations.

This target population--no one knows or can even estimate their numbers nationally--live largely in urban centers spread throughout the country. They are hard to reach through health education strategies that have had success among other population groups. Attempts to reach minority gay and bisexual men must narrow the scope of the target in order to have any hope of effective prevention and risk reduction. This application outlines a coordinated national program that specifically targets 24 cities in its first nine months of operation. This application also narrows the target population in those urban centers by outreaching primarily to segments on the following basis: 1) Those minority gay and bisexual men who participate in activities of the NA/BWMT chapters in those cities and who receive the newsletters published by those chapters; and 2) Those minority gay and bisexual men who socialize in minority-oriented gay bars.

The National Association of Black and White Men Together is a social network with 22 active chapters serving the above-named 24 cities. It has approximately 900 members in those chapters and another 100 members-at-large who live in other parts of the U.S. and in the territory of Puerto Rico. It is composed of gay and bisexual men who are seeking a social framework for communication and social interaction that crosses cultural, linguistic, ethnic and racial categories. The number of people receiving monthly mailings from one or more of the chapters is approximately 2,000. Chapters are located in every region of the country and are organized in regional networks. Members range in age from early 20s to senior citizens.

Ethnic and racial composition varies from chapter to chapter. Six of the 22 chapters have changed the name of their groups to Men of All Colors Together and have significantly included in membership gay and bisexual men across all racial and ethnic categories. Even some chapters retaining the name of Black and White Men Together, such as the San Francisco Bay Area, have significant numbers of Asian members. Other chapters, such as Memphis, are located in areas where the racial groups are almost exclusively limited to black and white. Racial/ethnic composition nationally is difficult to estimate because such statistics are not kept, but could be pegged at roughly the following: 45% black, 45% white, and 10% Hispanic and Asian.

All 22 chapters are located in urban centers with large minority populations and about 70 percent are in cities that have gay bars serving primarily gay and bisexual men from minority communities. Some, such as Tallahassee and Youngstown, are located in cities with less than 200,000

total population and thus have only a few social settings which serve gay and bisexual men from majority and minority communities.

The 24 targeted cities represent high, medium, and low incidence locales in relation to AIDS caseloads. They have widely varying AIDS education programs currently in place. Four chapters have implemented significant programs to educate their members and reach into the minority communities of which they are a part: San Francisco Bay Area, Los Angeles, Memphis, and New York.

While conditions vary greatly from city to city, major needs for the target population can be summarized as follows: 1) A need for baseline information on knowledge, attitudes and behaviors; 2) A need for national coordination that could summarize prevention efforts to date and provide some assistance where no significant prevention efforts have been attempted thus far; 3) A need for development of tested models for AIDS education, prevention and risk reduction.

No other national organization can reach these cities and this target population. Only the National Coalition of Black Lesbians and Gays, with which NA/BWMT has collaborated on several projects, has any national presence among minority gay and bisexual men. Several of the 24 cities are served by AIDS service organizations based in minority communities. But for many of these the primary mission is providing services, rather than conducting systematic education and risk reduction campaigns.

First Task Force meeting — Washington, DC — August 13-14, '88

Consulting by Venus Medina Major points presented

Ms. Medina is Associate Director within the Minority Affairs Program at the National AIDS Network (NAN). She touched on numerous issues related to organization-building and to the functioning of a project funded under a government grant program. Many of the issues which she brought to our attention were discussed and left for staff members to implement. The following points were raised as part of the that discussion, and these notes reflect some of the follow-up actions subsequently taken:

Issues regarding communications process

1. Need to examine barriers to communication in the organization
Examples: hidden agendas, strong egos, etc.
2. Understand the methods of communication in the organization
 - a. Mail
Mailing labels provided, written notes to each other are encouraged
 - b. Telephone
 - Phone cards provided to Staff and Project Management Committee (PMC); Program consultants and Task Force members may submit requests for reimbursement
 - Conference calling preferred over other telephone services such as voice mail
 - c. Computers and communications
 - AppleLink Network would be our preferred choice — a proposal was later prepared and submitted to Apple Community Affairs, but was unsuccessful
3. Need for regularly scheduled communications in the organization
 - a. Staff members in constant contact with each other
4. Need to account for the processing of feelings in the organization
 - a. Role of trust
 - b. Feelings of being left out of organizing process

Issues regarding structure

1. We are a network consisting of:
 - a. Chapters
 - b. Staff Members
 - c. Task Force Members
 - d. Two offices
 - e. A Management Committee and the structure of NA/BWMT
2. We need clear lines of reporting and forms for reporting
3. We need a clear understanding of management roles and responsibilities
 - a. Project Management Committee
 - b. Officers and Board of Directors
 - c. Task Force members

4. We need structural clarity and visual diagrams of the inter-relationships

Issues regarding decision-making — Who makes policy?

1. The consensus that has evolved is that the Task Force is a working group, not a Board. Due to the extensive AIDS experience of its members, it is in a position to make sound recommendations with regard to policy on AIDS issues. But, the overall decision-making body would be the PMC acting on behalf of the NA Board of Directors
2. Staff accountability for carrying out work and daily tasks consistent with established goals and objectives — staff is accountable to the PMC

Issues regarding programmatic work

1. We need to know the workplan
2. We need to know the goals, objectives, activity timelines
3. Now is the time to make revisions, if necessary
Program modifications usually mean budget modifications
4. Short-term planning vs. long-range planning (5-year project period)

Issues regarding project evaluation

1. We need to create effective evaluation forms
 - a. Self-evaluation form
 - b. Project evaluation form
 - c. Outcome evaluation form
 - d. Meeting evaluation form
 - e. Consultant evaluation form
 - f. Staff evaluation form
 - g. Form for documentation of chapter AIDS work, with contact list
 - h. Form for documentation of outside AIDS work, with contact list
2. Understanding the overall importance of evaluation

Consulting by Dan Minns

Major points presented

Dr. Minns is a professor of Political Science at the American University in Washington, DC. He has taught numerous courses on survey work and has participated in a number of studies. He is one of two consultants working with our project to implement the survey component of the program.

Understanding the overall purposes

1. We are collecting baseline data on knowledge, attitudes & behaviors (KAB)
2. This will tell us how to improve our prevention work
3. And, it will verify our accomplishments

Understanding the target population of our survey work

1. Chapter members
2. Black men in Black gay bars
3. Survey must be broad in order to gain information about both groups — not much if anything has been done to collect data on this target population

Importance of pre-testing the survey instrument

1. So language is clear and the intent of each question is understandable to the target population

Understanding the general limitations of this survey process

1. Time
2. Expense

Issues voiced by Task Force members

1. Using a bar setting for interviews — it means people will be mood altered
2. Concern about unconsciously feeding into myths about Black gay men
3. How extensive will the pre-testing be? Will focus groups be used?
4. Does the survey have to be reviewed by local panels?
5. Would like for survey to reveal some information about:
 - a. sexual identity: are the interviewees sexually active with women?, sexually active with white men, with black men?, how long sexually active?
 - b. alcohol and substance use/abuse, drug paraphernalia
 - c. condoms/lube and their relationship to sexual satisfaction
 - d. their personal risks for AIDS infection
 - e. their personal knowledge of someone infected, having AIDS, or having died from it
 - f. where and when they go for treatment of STDs
 - g. where and when they meet sexual partners
 - h. what their exposure to AIDS information has been
6. We should try to focus on helpful information, not just general questions
7. What is the operative definition of sexual intercourse?
8. We need thorough understanding of ethical guidelines
9. We need to set up as a research protocol on which we write a report, so that the raw survey data remains ours
10. Too much money spent on research vs. money for active intervention
11. Possibility of training survey administrators in every city where we have a chapter in order to do further surveying and sampling in the future
12. Possibility of developing a how-to manual on survey work for our trainees and the chapters

Presentation by Phill Wilson

Major points presented

Phill is on staff as the Health Training Coordinator. He brings to that position a well-respected background as a Health Educator, and he is the principle developer of the Hot, Horny & Healthy workshop, which is at the core of the risk reduction component of our project.

History

1. Comes out of the Stop AIDS model: AIDS prevention against the background of personal efficacy and community responsiveness
2. Thus far, has reached 300-400 people
3. It runs counter to two myths:
 - There is one homogenous gay male community
 - AIDS education has impacted all gay men and there has been a uniform change in sexual behavior

4. From experience it was clear that Black gay men were not yet changing their behavior to safer sex

What was needed?

1. Black gay men needed to establish the reality of risk and danger
2. And, beyond information, Black gay men needed a targeted intervention that would directly encourage safer sex

Assumptions

1. Men are sexually active with other men
2. Abstinence is not a viable option; men have a desire to continue to be sexually active
3. HIV infection is a reality that we will be dealing with for a long time; setbacks and failures can result from hyperactivity and from programs that are not specifically targeted to Black gay and bisexual men

Current status

1. Have a training manual
2. Have some form of evaluation mechanism
3. Have invitations printed
4. Have flow chart that covers the process of organizing a workshop
5. Have continuing schedule of workshops in Los Angeles coordinated by Health Education Committee of BWMT/LA
6. Capable of expanding to new constituencies or other cities

Sections of the workshop

1. Welcome: establish ground rules
 - a. Encourage participants to express feelings more than thoughts
 - b. Withhold judgements
 - c. Establish a flexible, comfortable space
2. Introductory exercise
 - a. Bonding
 - b. Creation of safer space
3. Mourning
4. Affirming
5. Eroticizing
6. Negotiation

Three stages in training sessions for chapters or regional groups of chapters

1. Workshop open to all chapter members
2. Facilitator training for 8-15 people interested in becoming workshop leaders
3. Second workshop for another audience that allows new facilitators to practice their newly-acquired skills

Six stages of AIDS impact for an individual

1. There is a risk or danger out there
2. I am personally affected by this risk or danger
3. Something can be done to counteract the danger
4. I can be successful at doing something about it
5. There is support for doing something about it
6. I can still be sexually satisfied

Major administrative issues discussed

Most of the outcomes are addressed more fully in the first draft of our Administrative Policies.

1. Budget and how to handle the various line items
2. Check and contract signing authority
3. Hiring delegated to Project Director
4. Recording telephone expenses
5. Property and liability insurance
6. Staff job descriptions
7. Clarification of Staff and Consultant roles
8. Re-naming Executive Committee to Project Management Committee (PMC)
9. Criteria for membership on Task Force and PMC
10. Relationship of project to national officers and directors (NA BOD)

Please note: These should be considered meeting notes, and not minutes. They are not for official corporate purposes. Anyone may review these notes and suggest changes either in the content or in the format used.