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1-877-END AIDS • www.endAIDSnnow.org
INTRODUCTION:

There was once a time when we did not have the capacity to end AIDS.

We did not know how it was transmitted, we did not have any idea how to treat it, and we had no inclination of the widespread pandemic it would become.

But even when we had no capacity to end AIDS, we knew we had to fight AIDS.

Back in 1983, before we even knew what HIV was, people gathered together in Denver and put together a statement of principles that still speaks to us today as we continue to fight AIDS.

They gathered together and wrote:

“We condemn attempts to label us as “victims,” a term which implies defeat, and we are only occasionally “patients,” a term which implies passivity, helplessness, and dependence upon the care of others. We are “People With AIDS.”

The authors of the Denver Principles invented themselves as people with AIDS, and helped invent the movement that allowed many of us to be here today.

This movement has forever changed the relationship between doctors and patients, between researchers and subjects, between governments and people facing a life-threatening illness the government would rather ignore... and is working to change the relationship between the wealthy world and the rest of the world where 95% of people with HIV today live, most without access to treatment or prevention tools.

We can no longer say we do not have the capacity to end AIDS.

We do not have a cure. We cannot prevent every single case of infection.

But we have the capacity to end the epidemic that is raging out of control.
We have the knowledge of how to treat HIV. How to bring effective prevention information and tools to people so they can protect themselves. How to house people so they can stay healthy, and give them the support in our communities so they can stay whole.

And because we know we can end the epidemic, we know that we will. We have a road-map to end AIDS, and we are taking it on the road until we reach our destination.

We hope the information in this kit will help us unite in this journey. It is a journey that started before Denver in 1983, and that will go far past Washington DC in 2005. And we will end AIDS.

Welcome to the Campaign.

Thank you to everyone who helped with this kit and trainings, including Sean Barry, Susan Birmingham, Lei Chou, Paul Feldman, Jennifer Flynn, Carrie Gleason, Michael Kink, Shana Krochmal, Tim Murphy, Charles Sessoms and the folks at High Noon and NAPWA.

-- Julie Davids and Sonny Suchdev, CHAMP

THIS KIT IS DEDICATED IN MEMORY OF KIYOSHI KUROMIYA AND ALL FELLOW WARRIORS LOST TO AIDS

1-877-END AIDS • www.endAIDSNow.org
Campaign to End AIDS: An Overview

This training workshop will allow participants to:

• identify the mission, structure and events of the C2EA;
• communicate the links between HIV/AIDS issues in, and between, affected communities in the United States and around the world;
• describe options for individual, organizational and community involvement in the C2EA; and
• establish personal, organizational and community-level goals for potential 2005 participation in the C2EA.

This training packet includes:

• Curricula instructions for replicating or adapting this training in other settings
• Interactive exercises
• Background materials and links for further information

In addition, you may refer to general fact sheets and basic materials at the end of this kit to supplement these materials.

Introduction and Background

The Campaign to End AIDS is people living with HIV/AIDS and individuals, coalitions and organizations, all united in action to demand a far more urgent and effective response by our government to end the pandemic and to help people living with HIV/AIDS. We're not an organization, and we're not a one-off event. Rather, we're a national coalition working relentlessly to revitalize the AIDS activist movement in this country. We're the "AIDS professionals" at the nation's biggest advocacy groups in D.C., and we're shoestring-budget, kitchen table prevention and treatment advocates in the rural northwest, the deep south and the heart of our urban centers where AIDS has hit hardest. We have to become big and strong and powerful—fast.

Together, we will ensure the reauthorization of the Ryan White CARE Act by Congress this year to fund comprehensive care and treatment across the nation. Together, we are insisting that prevention efforts educate youth by providing comprehensive sex education both here and abroad. Together, we will put HIV/AIDS in the forefront of the national effort to save Medicaid. Together, we are demanding progress in AIDS research. Together, we will stop the dismantling of housing programs for people living with HIV/AIDS. Together, we will get care, treatment and support to people with HIV across the nation and around the world.

In 2005, we're joining together for events to make sure that AIDS is a national and international priority:
• We’re joining the National Association of People with AIDS (NAPWA-US) in Washington, D.C. May 2-5 for AIDSWatch visits between members of Congress and people living with HIV/AIDS, advocacy and organizing teach-ins, activist trainings, and a rally and demonstration.
• We will organize and train throughout the summer, linking 150 young AIDS activists for a summer Youth Organizing Institute.
• In September, C2EA groups around the nation will join caravans of people living with HIV/AIDS and their loved ones, traveling in buses, vans, cars, trains, airplanes and on foot to converge on Washington October 8-12 for C2EA Days of Action.
C2EA is local, too. Did your local health department just cut funding for HIV meds? Do you want to pump up the volume at your local AIDS walk? Are you outraged that your schools are not providing comprehensive sex education to offer youth the information they need to protect themselves from HIV? Officials at every level of government must heed our call. You and your loved ones can be leaders in the Campaign to End AIDS in your town.

**The mission of the C2EA**

The Campaign to End AIDS (C2EA) is people living with HIV/AIDS and individuals, coalitions and organizations, all united in action to demand a far more urgent and effective response by our government to end the pandemic and to help people living with HIV/AIDS.

**Training Tip:**

A good way to start this section is to ask people to call out what they have heard about the C2EA already. You can write up the list on a flip chart in the front of the room. If they say things that are not totally correct, do not stop the brainstorm, just continue to write things up. When the page is full, thank everyone and let them know that all answers are useful, because we need to know what people have heard so we can ensure that we are giving a clear picture of what the C2EA is.

**Why a Campaign to End AIDS?**

While we don’t have the science for the cure to AIDS as a disease, we know everything we need to know to end the epidemic.

The end to the epidemic – meaning a world where people can access effective treatments, prevention methods and supportive services – is something we know how to do. Without a cure, some people would still get HIV, but there would be a drastic reduction in transmissions and in the death rate. And we would put a lot more resources into the effort to find a cure that would save the lives of those infected today and effectively block transmission to anyone not yet infected.

This is why we say that ending AIDS is a matter of political will. If our government, civic, and private institutions made a true commitment to ending AIDS now, we would in fact see an end to the epidemic in our lifetimes. The C2EA exists because:

1) **We need more people to join across issues and communities in order to move forward in the fight against HIV/AIDS.** The activism of people with HIV and their allies has forced our government, the private sector and other institutions to join the fight against HIV/AIDS. Linking between affected communities and allies in the United States, and bringing a next generation of people to this fight, is the key to building the political will to end AIDS.

2) **We need to understand the links between communities affected by HIV in the United States and around the world, so we can join together across our differences to fight for better policies and programs for all.** Although the realities of HIV/AIDS in the United States are very different than those in the resource-poor or developing countries where 95% of people with HIV live, the policies and politics of HIV/AIDS in the United States has a giant impact on prevention, treatment, care and research around the world.

3) **In order to achieve the goals of ending AIDS, we need to become more powerful.** The C2EA seeks to build local, statewide and national power to win policies to end AIDS. The resources of the C2EA can be used to increase grassroots involvement and build power at the local level, while contributing to a stronger national movement.
Training Tip:

A good way to lead into this section is to have people make a list of what it would mean to end the epidemic using tools we have today (like getting treatment to all people who need it, full funding for syringe exchange, etc). Ask people to break up into pairs or small groups and discuss this question, writing down there ideas on butcher paper. Then bring the groups back together for a large group discussion about what it would take to end the epidemic.

This exercise is a good transition into the C2EA platform. The idea is not to spend a lot of time reading through the whole platform, but to show that the four main demands encompass the range of solutions we have today that can end the epidemic, which are listed below. There will likely be a few people who want to discuss the platform in depth. To avoid this section taking up your entire training, put the demands and front-burner issues on a flip chart and refer people to whole platform.

The C2EA is reaching out to bring new people into the fight, and wants to get the word out about local and statewide platforms and policy recommendations. We encourage groups at the local area to provide cross-training on national and local policy demands.

See the section of the kit on the C2EA platform for more in-depth information on the demands and priority issues.

C2EA: FOUR DEMANDS

1. Fully fund high-quality treatment and support services for all people living with HIV everywhere in the world.

2. Ramp up HIV prevention at home and abroad, guided by the best science.

3. Increase research to find a cure, more effective treatments and better prevention tools.

4. Fight AIDS stigma and protect the civil rights of all people with HIV and AIDS everywhere.

C2EA: FOUR FRONT-BURNER ISSUES FOR 2005

1. Reauthorize and fully fund the Ryan White CARE Act.

2. Keep Medicaid strong for people with HIV/AIDS and all other beneficiaries.

3. Strengthen the global fight against AIDS by fully funding the Global Fund and backing debt cancellation.

4. Restore and revive effective HIV prevention worldwide based on the best science.
Building a National Movement through the Campaign to End AIDS

We are creating tools for a strong national movement united around these four demands.

These tools include:

**C2EA Website**

The new C2EA website has just been launched and is an excellent resource for AIDS activists throughout the country working on the campaign. The site features pages for each caravan route and region as well as custom action alerts by legislative district.

www.EndAIDSNow.org

**Field organizing and speaking tours**

AIDS advocates and key organizers of the C2EA are traveling throughout the United States working with community members, AIDS service organizations, and AIDS activists to build capacity at the local level for C2EA’s national activities as well as working on local issues and problems. Members of the C2EA have been organizing regional “barnstorming” tours in which they meet with local AIDS advocates to strategize around the C2EA as well as organizing town meetings where local communities come to learn more about the Campaign to End AIDS and how to get involved.

**Youth Leadership training**

The C2EA is committed to the ongoing development of young leaders in the AIDS movement and increasing youth participation in the fight against AIDS. During students’ Spring Break this year, the C2EA sponsored 10 youth aged 19-23 for 5 days of training and hands-on experience in outreach, legislative education, and community organizing.

This summer, the C2EA will be hosting the Summer Youth Organizing Institute. Organizing veterans of the AIDS movement, along with innovative young leaders are volunteering their time as trainers, developing replicable, interactive curricula focusing on the histories and strategies of community organizing and AIDS activism; impacting HIV/AIDS prevention, research and treatment domestic and global policies; and developing strategies for the next generation of the AIDS movement.

**Distance learning and workshops**

The C2EA is offering free distance learning training conference calls for people throughout the country who want to develop their skills as AIDS activists in areas such as the introduction to C2EA, media skills, and fundraising tips.

The C2EA is also facilitating AIDS activist training at this year’s AIDSWatch in Washington, DC from May 2-5. In addition to training AIDSWatch participants on the overview and background of the C2EA, several skills-building workshops will also be offered. The following workshop topics will be offered: Media Skills and Strategies (parts 1 & 2); Understanding AIDS Policy; Grassroots Fundraising; Caravan Logistics; Planning Local Events; Bridges Make for Good Neighbors; Linking across affected communities; and From Outreach to In-reach: Helping our organizations step into advocacy.
The C2EA is also creating activist training kits (like this one) for AIDSWatch participants concise, easy-to-use fact sheets, instructors guide for interactive exercises, links to background information, resources for advanced training. The kit will also be distributed on the C2EA webpage: www.endaidsnow.org.

**Media Relations**

We will provide local partners with ideas for media stories, basic tools like template press releases, and be available for phone consultation on getting stories covered.

But now is a great time to start building relationships with people who work in your local and state media. See the **media skills** section of this kit for ideas.

It is important to emphasize **common themes** in our media work, even as we highlight the local stories that relate to our platform as a group. These themes include:

We have the tools today that will end the epidemic – we can stop AIDS from being out of control by fully supporting what is working today in our local communities, our states, across our country and around the world.

We have a road-map for how to end the epidemic, and we are taking it on the road, from community to community, gathering together to fight AIDS.

We are survivors who join across our differences. We are strong and committed, and we are joining with a new generation of students and youth in our fight.

We are young people – living with HIV as well as people who are HIV negative -- who recognize that AIDS is the issue of our generation, and we are working in partnership with people with HIV around the country and around the world.

**How to Join the Campaign to End AIDS**

The Campaign to End AIDS is a new effort that was launched in January 2005. We have created a structure that allows many different types and levels of involvement. We hope you will join thousands of others around the country who are planning events this summer to announce the C2EA in their area and who are welcoming or joining our caravans.

1) **Registering for the Campaign**

Go to [www.EndAIDSNow.org](http://www.EndAIDSNow.org) to register for the Campaign e-mail listserv or call 1-877-END-AIDS for more information. On the email list, you will receive regular update and information on opportunities to participate in local and national C2EA events and activities. C2EA seeks to recruit AIDS activists, health advocates and people of color to encourage the participation of those working in faith-based, labor, LGBT, women’s rights, youth, anti-war, disability rights, anti-racist, and human rights communities to build power.

2) **Endorsing the Campaign**

The Organizational Endorsement Drive is now underway! The C2EA has already been endorsed by hundreds of organizations who are committed to ending AIDS in the U.S. and throughout the world. You can help by asking organizations and service providers that you know to join the Campaign! To endorse the C2EA, fill out the endorsement form (in background info section) and mail, email or fax it to the C2EA contacts on the form.
3) Join a statewide working group of the C2EA
Within the next month, we will have state contacts for every state. In many states, there are statewide groups meeting to plan their work as a part of the C2EA. For more information, contact the Campaign at 1-877-END-AIDS.

4) Join the caravan planning for your region
People throughout the country who want to end AIDS are gearing up for the September-October national C2EA caravans and need more participation from community members. Contact our Caravan working group chairs, and we will ensure that you get information on who is working in the caravan coming near where you live!

Caravan Working Group Co-Chairs:
Jennifer Flynn, New York City AIDS Housing Network: Flynn@nycahn.org, (718) 802-9540
Kathie Hiers, AIDS Alabama: Kathie@aidsalabama.org, 205-324-9822 ext. 331

5) Join our national working groups
The C2EA has several national working groups that meet on regular conference calls and communicate through YahooGroups e-mail lists that anyone who is interested in helping can join. The working groups are listed below along with how to subscribe to their listserves. If you do not have email access but are interested in joining a working group, please contact the Campaign at 1-877-END-AIDS.

| Faith-based Workgroup: Goal is to develop leadership and participation from faith-based organizations and communities in the Campaign. To subscribe, send an email request to endaids-faith-based-subscribe@yahoogroups.com. |
| Platform Workgroup: Goal is to further the Campaign advocacy and policy platform, with a particular focus on participation by African-Americans and other communities of color and by women. To subscribe, send an email request to endaids-platform-subscribe@yahoogroups.com. |
| Training Workgroup (including Summer Youth AIDS Institute): Goal is to develop AIDS activist training kits, coordinate distance learning, and coordinate organizing and mobilization skills-building interactive workshops. To subscribe, send an email request to endaids-training-subscribe@yahoogroups.com. |
| Outreach/Organizing Workgroup: Goal is to develop and carry out a strategy for domestic and international outreach and organizing. Includes domestic/international subgroup and marginalized communities subgroup. To subscribe, send an email request to endaids-outreach-subscribe@yahoogroups.com. |
| Program/Agenda Workgroup: Goal is to develop the Campaign program and agenda for events in Washington, DC. To subscribe, send an email request to endaids-program-subscribe@yahoogroups.com. |
| Resource Development Workgroup: Goal is to develop resources, including funding and in-kind contributions, for the Campaign to End AIDS. To subscribe, send an email request to endaids-resourcedev-subscribe@yahoogroups.com. |
| Marketing and Media Workgroup: Goal is to create and implement a Campaign marketing and media strategy. To subscribe, send an email request to endaids-marketing-subscribe@yahoogroups.com. |
| Logistics/Caravan Workgroup: Goal is to develop a logistical plan for the caravans (i.e., travel arrangements, food, lodging) to Washington, DC from across the country. To subscribe, send an email request to endaids-logistics-subscribe@yahoogroups.com. |
| Youth Workgroup: Goal is to create opportunities for youth involvement in the Campaign, including the Youth AIDS Institute. To subscribe to the, send an email request to endaids-youth-subscribe@yahoogroups.com. |
Setting your Goals for the C2EA

The C2EA aims to strengthen local, state and regional efforts, rather than being an additional burden to advocates trying to do more with less in a time of many challenges.

For that reason, we are asking everyone to set goals for your participation in the C2EA. You should think about: **What are the ways that affiliation with our national events and our caravans can help you meet local needs and goals?**

In some places, organizations and individuals are using their C2EA affiliation to:

- attract the interest of new volunteers, including students and youth
- help leaders and staff share and learn new skills in advocacy and community mobilization by using this C2EA training toolkit.
- build bridges with groups that may struggle locally with scarce resources but that are united in the fight for more federal funding and better HIV/AIDS policies.
- begin a dialogue with groups that do not work on HIV/AIDS but that are include members, staff, and volunteers affected by HIV/AIDS.
- create a shared understanding among people concerned with the global epidemic, and their neighbors dealing with HIV/AIDS here in the United States.
- get press coverage for local issues by publicizing the links between people around the country joining the C2EA who have shared struggles for treatment, care, services and prevention.
- show their local and state elected officials and governments that there is a national movement united around the same demands that you are working on locally.

**Training tip:**

Put people in pairs or small groups to discuss:
- What do you want from the C2EA as an individual?
- What do you want from the C2EA for your community?
- What can you give to the C2EA?

Then, hold a full group brainstorm to share their ideas. If the group is small, you do not have to break into pairs or small groups.

**Letter to Myself:**

Bring an envelope and piece of blank paper for everyone in the training. Ask participants to spend 5 minutes writing their ideas of how they can benefit from and contribute to the C2EA. Ask them to put their own name and address on the envelope and to seal the letter inside. One month later, mail the letter to them!
The Platform of the C2EA

This training workshop will allow participants to:

• understand the purpose of a platform
• access the full platform, four key demand and four front-burner issues of the C2EA
• identify ways to use the platform in local organizing
• incorporate the platform in media efforts

This training packet includes:

• Four main demands and front burner issues of the C2EA
• Ideas of how to use these materials for local efforts

In addition, you will find the full C2EA platform in the Background Information section.

What is a PLATFORM?
A platform is a document stating the aims and principles of an organization, coalition, or political party.

The Campaign to End AIDS platform includes ten sections on HIV/AIDS in the United States and ten sections about HIV/AIDS in the rest of the world. For each section, it lays out current problems and the solutions that will address these problems.

The platform was drafted by an open working group of the Campaign to End AIDS. It was approved by individuals and organizations with expertise in each sectional area.

How should the platform and related documents be used?
The full platform is very long. WE have also created two shorter documents that are on the next two pages. The first one summarized four main demands from the platform. The second one lays out four top demands for the United States government in 2005. Here are some ideas of how to use the platform at the local level:

1) Create a local or statewide platform that includes ten or more sections about the problems and solutions where you live.
2) If you already have a local or statewide platform, hold a public event or rally with a panel that explains your platform and the national platform to people with HIV and their allies
3) Hold a press teleconference (invite the press to join a conference call for one hour) in which local public health experts, people living with HIV, doctors and/or service providers lay out the issues in the platforms, and talk about why they are involved with C2EA
4) Divide up the platform, and ask each member of your group to prepare a “brief” on each section. Discuss one US and one global section at each of your planning meetings.
5) Find out if your Federal elected officials are on key committees for the front-burner issues, and focus your C2EA efforts on educating them about these issues.
6) Choose the front-burner issue that is most relevant in your local community, and plan out how new energy from the C2EA can push forward on winning this in your local area.
C2EA PLATFORM SUMMARY:
WE HAVE THE TOOLS TO STOP AIDS. LET’S DEMAND THAT OUR LEADERS USE THEM.

When it comes to the global devastation of AIDS, we’re at an exciting--and crucial--juncture. Finally, we have the treatment and prevention tools to halt the epidemic’s deadly toll and then go on to find a cure for those infected and a vaccine for those at risk. The only thing stopping us is lack of political will. So let’s insist that our governments and private institutions take the following steps to contain the pandemic, once and for all:

1. Fully fund high-quality treatment and support services for all people living with HIV everywhere in the world.

From Alabama to Africa, millions of people with HIV lack the anti-retrovirals and other medications, health care and supportive services like stable housing that they need to stay alive. We must end racial disparities in access to care in the US and national disparities worldwide. At the heart of the Campaign to End AIDS (C2EA) is the mandate that every HIV-positive person, in the US or abroad, has access to the treatment and care necessary to sustain health and prolong life.

2. Ramp up HIV prevention at home and abroad, guided by science rather than ideology.

More than 20 years of scientific data show that sexual abstinence, condom use and needle-exchange programs (NEPs) are proven, effective means of reducing the risk and incidence of HIV transmission. But in recent years a disproportionate focus on abstinence-only HIV education has left those at the greatest risk of contracting HIV with an incomplete toolkit of preventive measures. Let’s get back to frank, robust, community-based prevention programs that have been proven to bring down HIV rates—and save lives.

3. Increase research to find a cure, more effective treatments and better prevention tools.

Science has made great strides in the past decade in developing HIV medications that have prolonged countless lives. But those medications are often difficult to take and rife with side effects—and they are not a cure for HIV. Let’s mobilize the political will to find a cure for AIDS and an effective preventive vaccine. While we’re at it, let’s support the development of promising prevention methods, like microbicides (anti-microbial gels that can be an ingredient in sexual lubricants or applied without requiring the consent of one’s sexual partner).

4. Fight AIDS stigma and protect the civil rights of all people with HIV and AIDS everywhere.

Despite an increase in AIDS awareness over the past 25 years, HIV-positive people still deal with stigma that can be, at times, overwhelming and result in devastating consequences, ranging from the loss of jobs and housing to social ostracization and violence. We need the rights of people with HIV/AIDS to be protected by the law, not to have the law used to criminalize people with HIV.

See our full 21-point platform on the web at www.endAIDSnow.org
C2EA KEY DEMANDS:
FRONT-BURNER ISSUES FOR 2005

1. Reauthorize and fully fund the Ryan White CARE Act.

Since 1990, the year it was initially passed, the CARE Act has provided hundreds of thousands of Americans with HIV/AIDS with lifesaving treatment, care and other supportive services. But in recent years, it has also been severely under-funded, leading to waitlists for HIV meds in several states and an across-the-board squeeze on its crucial services. This year, 2005, let’s work to make sure that Congress not only OKs the CARE Act for another five years but keeps its fundamental, existing structure and services intact—and allocates to it the $2.5 billion it needs to be fully operative.

2. Keep Medicaid strong for people with HIV/AIDS and all other beneficiaries.

Medicaid provides lifesaving health care to countless low-income Americans, including 55 percent of all Americans with HIV/AIDS. As budget negotiations play out in Congress this year, let’s fight to protect Medicaid from budget cuts and structural changes that could hinder its ability to help HIV-positive people and others with chronic illnesses and disabilities.

3. Strengthen the global fight against AIDS by fully funding the Global Fund and backing 100% debt cancellation.

The Global Fund to fight AIDS, Tuberculosis and Malaria is a global war chest that funnels resources from nations, organizations and individuals to poor nations hardest hit by those diseases—but it could do so much more for those countries if it got the $1.5 billion it needs from US Congress in 2005 to effectively combat the global pandemic. And let’s continue to urge wealthy nations to cancel 100% of the debt owed by developing nations to the World Bank and the International Monetary Fund, so that impoverished countries can use their own money to fight AIDS and other public-health crises that are threatening their existence.

4. Restore and revive effective HIV prevention worldwide based on the best science.

In recent years, scientifically-proven methods of HIV prevention—such as condom use and needle-exchange programs—have been downplayed, ignored and even discredited entirely by politicians responding to religious ideology that demands complete abstinence from sex outside of heterosexual marriage and by governments that criminalize injection-drug use rather than approaching it as a public-health issue. We desperately need these lifesaving prevention approaches—as well as any methods of HIV prevention backed by sound, scientific data. Let’s demand that governments restore them to their rightful place in the prevention toolkit—and fund them robustly, both here and abroad.

See our full 21-point platform on the web at www.endAIDSnow.org
Media Skills & Strategies

This training will allow participants to:

• develop an understanding of the basic elements needed to get solid media coverage for the C2EA in their communities.
• understand what is “newsworthy” and how to frame the C2EA message to the media.
• be able to effectively pitch their C2EA related story and to prepare spokespeople to speak to the media.
• be able to develop a good press list for their area and develop relationships with reporters.
• know how to write and use press releases.

FRAMES AND MESSAGES to end AIDS

A frame is a concept that explains that one word or series of words gives us a range of meanings that are much larger.

Think of a picture of an eagle in a frame, and the meanings that it will have for many of us who look at it – all those meanings are found within the frame of the picture, even though they are not spelled out in the picture itself or in words.

Even the word eagle, for many of us in the United States, gives us a set of shared symbols and meanings: An eagle is a large bird that is seen as strong and powerful, it has a powerful beak, it often symbolizes our country and often depicted in a solitary pose, in a high position overlooking land and water.

The Campaign to End AIDS give us the opportunity to re-frame HIV/AIDS. That means that we can paint a picture of what it means to think about HIV/AIDS that is different than what many people think now, and that will help people join and support our efforts.

When people think about AIDS, we want them to think about people who are not helpless victims, but who are friends, partners, neighbors, parents and children who know what is needed to end the epidemic. We want them to think of our whole community that is involved. We want to inspire them to join us, rather than having them feel overwhelmed by our challenges.

Why is this important? Because, through effective framing, we can create the social context that makes winning possible. We can do this through our work with the media. Media includes not just the television, newspaper and radio, but also the materials we produce ourselves, like our newsletters, web-pages and posters.

The first step of framing is identifying VALUES

Effective frames start with values. We are a part of the Campaign to End AIDS because we value health, dignity, fairness and equality. Fundamentally, we value love, compassion and caring – we value the lives of all people living with, or at risk of getting, HIV.
We value knowledge that has enabled us to make such big strides in HIV treatment, and that is necessary for people with HIV to stay healthy and for people to protect themselves from infection.

We value the collaboration between different types of people that has helped us do so, and we value the diversity of all our communities that are affected by HIV.

We chose a logo that speaks to these values... We hope that it says: “We're bright enough to stop the epidemic. All we need is the heart.”

To further this frame, we must speak with a confident tone. We are united, knowlegable and committed people, serious and committed to collaborating together. Together, we are confronting our current situation and what the future may hold. We are creative and interesting people who are very different from each other, but united in common cause to end the epidemic.

**The second step of framing gives CONTEXT**

The context of HIV/AIDS includes the challenges we face and the resources or lack of resources we have for meeting those challenges.

This is where we must give a brief, accurate, and inspiring snapshot of the realities of HIV/AIDS in the United States and around the world.

**One way to describe this context could be:**

HIV/AIDS is a growing challenge in our communities and around the world. Here in the United States, we are able to now live with HIV, but this means we need more funding for treatment, medical care and support for more people who are no longer dying of AIDS.

We have proven methods of HIV prevention that need to reach all our communities and a new generation... and that takes the courage to speak honestly about difficult matters of sex and drugs. And we need to support the research that is going to give us a cure for HIV/AIDS once and for all.

Around the world, people with HIV are still dying from HIV. We have to make sure they get what they need in order to live.

But we lack the funding for these programs, and we are not doing enough to fight the stigma and bias that prevents us from really dealing with HIV in the most effective ways.

**But an even shorter way is:**

We know how to prevent and treat HIV, and how to give the support it takes for people to live with the virus here and around the world. Our government is not acting as if the war against AIDS can be won – they are cutting programs, putting money into programs that do not work, and putting restrictions on those that do.

That way we keep people’s attention by framing a complicated story with a faster and general statement that summarizes all the details. Practice telling your local context in 10 seconds or less.
The third and final step of the frame says WHAT WE WANT

Many of us know a lot about AIDS issues. But setting the frame first will give people who have less knowledge a picture of how to think about the details that we understand are important. Now that we have established that people with HIV and their supporters are smart, united, and confident in our ability to fight the epidemic, and that there is a problem because we are not getting the support we need, we can bring it on home with a simple statement of the issue:

We have the roadmap to end the epidemic, and we need our government to join this journey to ending AIDS, instead of setting up roadblocks. This means an end to attacks on our programs, full funding for proven HIV prevention and care for all infected, and a real commitment to opposing discrimination against people with HIV.

This year, we need to fully fund the Ryan White CARE Act and the Global Fund to Fight AIDS, TB and Malaria. We need to stop Medicaid cuts, attacks on HIV prevention programs, and funding increases for abstinence-only programs that are forbidden from giving accurate information about HIV prevention. And we need to step up our research for a cure and a vaccine.

Even in this example, we put the issues (what we need) in terms of a picture – we have a roadmap and are on the journey to end AIDS, and need to remove the roadblocks to this destination. That creates a door which opens up, and leads to the road to ending AIDS.

Here’s one of the great parts of framing – even if people disagree with us, and say that the road to ending AIDS is more complicated or harder than we think, they are still painting the picture that there is a road to ending AIDS. That’s the power of framing – people have to respond to our picture, meaning that we are in control of the story.

What is our MESSAGE?

After framing your issue, developing your key messages is perhaps the most important part of your media plan.

A model for creating winning messages:

1. Problem
What is the problem you are working to address? Step back and look at the big picture. Take a moment to create a message that defines the problem clearly, broadly, and in the most compelling way possible. This is the framing message. It will communicate the scope of the issue or problem, and give it more impact.

2. Solution
This is the “values” message. Use it to communicate a sense of your values: In what kind of society do you want to live? How do you want people to be treated? Make sure to provide hope in your solution message.

3. Action
A call to action. You have already defined the problem and offered a solution. Now, what do we need to get to the solution? The call to action. The action call may be different depending on your target audience. What you ask the governor, state legislature and elected officials to do might be different from what you ask regular voters or community members to do.
As a part of the Campaign to End AIDS, you can use the Campaign platform, frames and media tools to talk about local problems you are working to overcome. We gain power when we address local issues with shared solutions and by acting in concert with people all over the country, and around the world.

**Training Tips**

30 minutes:
Break into small groups and have participants create key messages for the C2EA in their community using the Problem – Solution – Action format. Each group should write the words Problem, Solution, and Action on a big paper and write their message under each part. Have each group present their messages and allow time for critique, discussion, and feedback.

15 minutes:
Don’t assume people know what you are talking about. In the AIDS world, we use all sorts of acronyms, jargon, and inside lingo that folks outside our world might not be familiar with. This exercise is a way to check ourselves on our language. Brainstorm common jargon phrases in the AIDS policy and service world and come up with easy and accessible ways to talk about them to the media in a way that anyone outside the AIDS world would understand.

**Keeping the MESSAGE in our FRAMES:**

All of our messages should fit within our frames. For example, we can choose images and ways of speaking in our messages that reflect these themes from our frames:

**FRAME: CONFIDENCE, KNOWLEDGE AND CARING:**

**Messages: The war against AIDS can be won:** While we don’t have the science for the cure to AIDS as a disease, we know everything we need to know to end the epidemic.

The end to the epidemic – meaning a world where people can access effective treatments, prevention methods and supportive services – is something we know how to do right now. **This is a great way to work in local issues** – you have the local knowledge of what is needed to end AIDS.

**Message: We know how to end the epidemic, and we can work together to end the disease:** Without a cure, some people would still get HIV, but there would be a drastic drop in transmission of HIV, in the death rate, and in the levels of pain and suffering in our families and communities.

And we would put a lot more resources into the effort to find a cure that would save the lives of those infected today and vaccines that would block transmission to anyone not yet infected.

This is why we say that ending AIDS is a matter of political will. If our government, civic, and private institutions made a true commitment to ending AIDS now, we could see an end to the epidemic in our lifetimes.

**Message: Using the logo:**
Our logo symbolizes knowledge through the bright rays of the sun. And it shows caring with the heart. It will take both to end AIDS. We can use the Campaign to ask:

**We have the tools to stop the epidemic. Do we have the heart?**

1-877-END AIDS • www.endAIDSnow.org
FRAME: PEOPLE UNITED ON A JOURNEY AND MOVING FORWARD

Message: We have the road map to end AIDS, and we are taking it on the road.

Travel words are a good way to explain the Campaign as something that is moving us forward in the fight against AIDS. We can also talk about how many of us who have been in this for a long time are now being joined in our journey by a new generation of activists. And caution that we may take wrong turns or get lost or drive in the wrong direction, going backwards if our government continues to cut our fuel supply (funding) or rollback programs.

Again, it can emphasize the connection between our local work and the national Campaign: we are showing a roadmap thousands of local solutions to end AIDS, and taking it on the road this fall in our caravans.

We can also use themes of walking, shoes, walking the walk not just talking the talk... We need our leaders to walk with us... That is why our opening march is called “Walk a Mile in My Shoes.”

Message: The “silver lining” of HIV/AIDS is that it brings us together. We come from very different walks of life but are now marching together for the things we need to keep our families and communities healthy.

Message: The Campaign involves thousands of events, people, place… each one a compelling and important story. If you are fighting for housing for people with HIV, or honest HIV prevention in your schools, you are not alone – use press work as an opportunity to highlight the stories that are unique but related to our struggles across the country and around the world.

Message: People with HIV are not isolated, dangerous, different individuals, we are members of communities. Whole communities are involved with Ryan White programs and prevention and care. Our whole community suffers if people cannot access medications and services, even as our organizations work to cushion the blow. Tell these stories through media events involving whole families, or the staff, clients and volunteers of an organization standing together, proud of their lives and programs.

Message: We are long term survivors joining forces with a new generation of students and young people. We are coming together and working with people around the world. The AIDS movement took the US by storm, and now a generation later we are hitting the streets and highways in a new way -- working in partnership with people around the world, using new technologies like the internet to communicate and share information. We understand that we are stronger together than apart. We have faced much adversity and bias in the past, and we will overcome this new wave of attacks on our programs, our identities and communities, because we refuse to be stigmatized or silenced.

You can use this to talk about a particular challenge at your local level – and then point out that people are uniting to overcome these challenges all over the country and all over the world. This creates a larger and stronger picture to back up what you are asking for at the local level.
**Message Discipline**

Simply put, if we have a message, we must use it over and over, whenever we communicate to the media. Here are some ideas about using messages:

- **Message essentials**
  - Messages capture action, advocacy, and political positions. What are you advocating, which side of the argument do you support, whose interests are at stake? Your message communicates your frame, position, and call for action – all at once, before you lose people’s attention!

- **Condense your issue into key messages**
  - Your message must be concise. You do not have to cover every policy nuance or expound on social history in your messages – save these details for your background materials. Your message should capture the essence of the issue at hand in the most accessible way possible.

- **Repeat your messages over and over.**
  - Every talk you give to a community group, every interview you give to the press, every letter and press release you write all must include your key messages.

- **Respond with reporters’ questions with key messages**
  - Do not answer a reporter’s questions, respond to them. This means that we should look at every question as another opportunity to communicate your message regardless of what the reporter is asking. This takes practice, and is a great way to figure out if your message works.

- **Use messages to direct the interview**
  - In an interview with a reporter, the reporter may be familiar with a different frame on your issue, or be interested in exploring an issue that is not central to your message. Use your message to anchor the interview and you will be better able to steer it in the direction you want.

- **Stay “on message”**
  - Discipline the message; do not get pulled off the message. This is not as easy as it sounds. No matter how outrageous the opposition gets, remember to stay calm, keep your discipline, and bring the focus back to your message.

- **Many messengers, one message**
  - No one can get out a message alone. People should see the same message in op-eds and in letters to the editor, hear it in public service announcements, and watch it on the evening news.

**But is it NEWSWORTHY?**

To grab press attention, your story must be newsworthy. New hooks “hook” the attention of a press person. This list of hooks can spice up your story and help you score press. You can adapt the national materials of the C2EA into local newsworthiness with these hooks:

**CONTROVERSY** sells stories. Frame the controversy to put the opposition on the defense.

**DRAMATIC HUMAN INTEREST.** Include the stories of real people, their victories, tragedies, and adventures.

**TRENDS.** Stories that suggest new opinions, behavior patterns and attitudes. Three is a trend; find at least 3 examples to assert that a new trend is emerging in HIV/AIDS.

**TIMELINES/CALENDAR.** Captures something coming up on the calendar. Focus on the major C2EA events, including the build up to October’s national caravans and the actions in Washington, DC.
NEW ANNOUNCEMENT. “Unprecedented” or “groundbreaking” or “first-ever”. Reporters are only interested in new news, not old news. Make your news fresh, even if you’ve known about something for a while… or… FRESH ANGLE ON OLD STORY. Take an old story and put a fresh twist on it – what’s the most surprising part of what you are working on?

LOCALIZE NATIONAL STORY (and vice versa). Focus on how the national Campaign to End AIDS is important at the local level (i.e. local caravans and participation, particular policy concerns at local level connected to national policy concerns – see section on C2EA platform for more specific ideas).

ANNIVERSARIES/MILESTONES. One year later, one decade later. Use time markers to show success and progress

PROFILES AND PERSONNEL may feature individuals, community leaders, or galvanizing spokespersons who may become news themselves because of their fascinating stories.

SPECIAL EVENT. A big conference, rally or gathering. Frame event to capture the issue and importance. (i.e. C2EA caravan coming through your town).

RESPOND AND REACT to news others have made (i.e. threatened Medicaid cuts – how will they affect people with HIV?)

CELEBRITY. If you have a nationally known celebrity on your side, make sure they are included in the story.

STRANGE BEDFELLOWS. Have unlikely allies come together in solidarity over your issue? Highlight it in your story.

THE REAL PRESS WORK: Media Infrastructure and Press Lists
When we think about media, we often get images of people speaking on camera, or the “perfect quote” getting into a story on the front page. But much of the real work of media is about organizational systems and materials we use to amplify our voices.

Every organization doing media work should have an organized list of reporters. It’s important that you capture and track all relevant reporter information and keep your list updated.

When creating your own media database, be prepared to invest enough time in the research and data entry so your database is complete and has all the information you will need when you are pitching stories to reporters. Here are some tips to remember as you begin your media contact research:

Be a media consumer
It’s difficult to succeed as a media activist when you don’t know which stories the media are covering. To be a part of the media dialog in your community, you must follow the conversation. So watch your local news, listen to talk radio and read your local daily or alternative newspaper. Observe how they are framing the stories, and if those frames present an opportunity for your organization to offer your perspective on the dialog.

Watch bylines
Pay attention to “bylines” -- a line designating who wrote or produced the piece. Start noticing the names of journalists attached to stories—who is covering what, who favors what type of story, who is on what beat. When watching TV or listening to the radio, write down the name of the producer or correspondent. Clip print articles and enter the byline into your database. Focus on those stories that have crossover interest to HIV/AIDS (i.e. health, politics, civil rights, LGBT issues, community activism, etc). You can later pitch a reporter by saying: “Last week you did that piece on so-and-so. I thought you might be interested in this story.”
Pick up the phone
Get to know who works where in the newsroom. Pick up the phone, call and ask who covers what beat at your local media outlet. Enter the names into your database. Visit the newsroom or broadcast station when they have public tours. Learn your way around the newsroom and you will become a more effective media activist.

Make contact when you see reporters
Reporters are part of the community, so when you see them during their private time or covering another event, introduce yourself to them and exchange information or business cards and add to your database.

Swap lists with colleague organizations
Share your media research with coalition partners and allied organizations – they may have lists that can build on yours and vice versa.

Capture reporters who contact you
When a reporter calls your office, it’s important that you get their full contact information and enter them into your database. Given that these reporters have expressed an interest in your work and your issues, it’s likely that these folks would be more receptive to your ideas when you are proactively pitching a story.

Don’t forget alternative/independent and community media
As part of your media database mix, include media serving communities of color, youth media, campus media, business media, gay/lesbian/bisexual/transgender press, progressive press, alternative radio/TV and cable, ‘zines, websites, and other independent media. Your stories might be a great fit for these media outlets, and these outlets can be a very effective way for you to reach specific target audiences.

Expand and prioritize your database
Add all the contact information into a database, including phone and address so you can print in label format for mailing. Do not forget to include e-mail addresses so you can send releases via e-mail. If you have a fax machine with broadcast fax capability, enter fax numbers for your key media.

Once you have developed your database, prioritize it so you can contact media in the most effective manner. You may not have the resources to personally contact all the reporters all the time. Once your database is up and running, you will want to:

Create a sub-list of your top five to 10 reporters. Develop strong personal relationships with this cluster. They get the priority treatment. Keep their names and numbers handy at all times. These are the first to get breaking news calls, pitches, press kits and briefings. Stay in regular contact with them. Have lunch or coffee with them sometime during the year.

Press conferences vs. media events
Press conferences usually involve controlled, formal settings featuring official speakers delivering scripted comments, with a questions and answers session following. They are often called to respond to some news development, such as releasing a statement, releasing a report, or making a newsworthy announcement.

Media events usually feature more spontaneity and contain an element of staging, drama, color, action, and surprise. Media events usually feature more photo opportunities and are more attractive to television.

While press conferences are usually easier to manage and control information and the message at a press conference, they can also be too serious and at times boring. Media events are more spontaneous and dramatic but harder to manage the many elements and control the message.

Staging media events and press conferences
Only hold press events when you have news. Reporters dread news events in which no news is made. Ask the hard question -- is it newsworthy?

• Decide if you need an event or not
Depending on your story, a well-placed pitch phone call to a reporter, resulting in a feature article, may be good enough. Media events are a lot of work, so only organize them when necessary.

• Determine who the news is for
Stage your event targeting your specific audience. That means where you stage the event, who speaks, what the banners look like, etc. will be colored by your target audience.

• Good and bad news days
Schedule your event with the best timing for reporters in mind. Do not stage your events late in the afternoon or evenings when many reporters are on deadline. Mondays are not preferred because offices will be closed over the weekend and you may not be able to reach key reporters in the few days before the event. Fridays may not be good either because the story will likely come out in Saturday’s media—the least read issue of the newspaper.

Late morning is good for a press conference; lunch hour if you are trying to attract participants to a rally; and midweek is good when other news may be slow. The reality of your organizing may mean you have to do it at other times, of course. If you must stage a rally after work, for example, at least do it during the evening television news so the stations can send cameras for live coverage. If on the weekend, make sure weekend reporters/crew know about the event.

• Avoid being bumped
Check for competing events and beware of scheduling your news events on days when other major news will be made. Check community contacts and calendars for what else is happening. Call around to other groups to see if they have anything scheduled.
• **Keep the event short**
About 30-45 minutes is the length of a good press event, especially press conferences. Major rallies may go on longer, of course, but reporters will likely get their stories soon enough after the first few speakers and then head back to the news room.

• **Rallies and marches**
If your event is a major march, rally, or similar gathering, stack the first three speakers with your key spokespersons and instruct them to communicate the messages from the stage. After the first few speakers, reporters tend to go and interview other people.

• **Location**
Make your event convenient to reporters, yet dynamic and appropriate in terms of backdrop. The farther the event is from the newsroom, the less likely reporters will be to come. Make the location appropriate to the issue. The backdrop should symbolize and frame the news, not distract from it.

• **Check reporters in and rope off media areas**
Have reporters sign in at a check-in table at both press conferences and media events. Hand them press kits and schmooze them. For big outdoor rally-type media events, inform reporters in advance the location of the press area – typically near the stage or the command center. Hang a big sign nearby that says “MEDIA.” At big events, section off a media area (often called bull pens), where reporters can conduct interviews, talk with sources, and generally hang out. This is a good place to have water/refreshments and a spare cell phone. Control access to this area, and run your featured speakers through this area for interviews.

**Writing a News Release**

Other than the telephone, press releases and media advisories—often lumped together in the term “news releases”—are the basic methods of communicating your news to reporters.

Starting at the top of the page, all releases should contain:

- Either *For Immediate Release*—meaning the information can be used as soon as the reporter gets it—or *Embargoed*—meaning the reporter cannot use the news until the date specified.
- The date the release is distributed.
- Contact name(s) and number(s), including cell phone numbers.
- Your organization’s logo (at the very top).
- A headline. Most reporters have about 30 seconds to scan a news release. If you don’t catch their attention in the headline, your news won’t get covered. The headline can be up to four lines long, centered, in bold, and written in all caps. The headline should capture the larger frame of the news, communicate a sense of drama, and pull reporters into the story.
**Media Advisories**
This is a short, concise piece advising the media of news to be made. The media advisory is sent out before an event or before news is made.

In media advisories, list the “Five Ws” after the headline and lead, framing paragraph:

**WHO:** Who is announcing the news? This will probably be your organization or coalition. A brief list of speakers and co-sponsors may also be included here.

**WHAT:** What is being announced: a media event, rally, protest, press conference, or release of a report.

**WHERE:** Location, address/directions

**WHEN:** Date/Time

**WHY:** Your key message. It is why you are making news.

If your event will feature strong visuals, tip reporters off to the photo opportunities at the end of the media advisory, which is particularly useful for TV.

**Press Releases**
This document is longer than a media advisory but rarely longer than 2 pages. A press release is usually written like a news story and summarizes your news.

- After the headline, the first paragraph (the lead) is very important. This is the summary paragraph that communicates the most important components and frames the issue for maximum media impact. It must capture the reader’s attention.
- Write the remainder of the press release in decreasing order of importance. The most important news goes at the top, the lesser details below.
- Frame your news—establish its significance and impact, and your position—by the end of the lead paragraph. At the latest your news should be framed by the end of the second paragraph. By the third paragraph you should move your key messages.
- Include one or two sound bite quotes in the press release.

End both media advisories and press releases with the marks ###, which lets journalists know that the release is over. If your release is more than one page, write “more” centered at the bottom of the page, and write “Page 2” with a subject reference at the top left corner of the next page.

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**Training Tip**

20 minutes
Dissect a press release. After going over the essentials of a good press release and media advisory, hand out copies of a problematic press release to participants and have them break into groups to dissect it. After reading the release, have them discuss what is wrong with the press release. After about 10 minutes, come back to the large group and see what people came up with. Then place a “good” version of the same press release on an overhead projector and see how the problems were fixed and how it connects to the ideas that participants had. See sample press releases in appendix.
Pitching a Story
You should call a reporter to pitch your story after sending them a media advisory or press release. Do not call them when you know they are on deadline (usually late afternoon). Late morning (about 10:30am) is a good time to call reporters. Earlier in the week is better. It is not advised to call on the weekend unless some very big news is breaking.

• Offer reporters something they need
The press is always in need of a good story—and you are in a position to give it to them. Half of the success of the pitch call depends on your confidence level; the rest will follow with your messages and how you frame the issue.

• Keep it brief
Reporters do not have time for long calls. You will only have a few minutes to get their attention and must capture their interest immediately. Make sure your pitch contains the who, what, where, when, and why. Do not call simply to ask if they received your media advisory. Pitch the story, reference the advisory or release and offer to send it again if they haven’t seen it.

• Begin with reporters you know
Target specific reporters with whom you have relationships. If they have done a piece on your issue or a similar subject, reference their prior work. At the very least, target reporters in the relevant section of the paper. If you must make a cold call, ask the general assignment editor or producer whom you should contact.

• Offer a hook
There are many tricks for making your story exciting: dramatic human interest, controversy, local angles, anniversaries and other major events, etc. Frame the story so it has greater significance, drama, timeliness and impact for more readers, viewers, and listeners.

• Express enthusiasm
If you are not exciting about the story, the reporter won’t be either. But don’t go overboard with your enthusiasm. Give reporters the necessary information, offer to provide more, and get off the phone.

• Be timely, not obnoxious
If you sense that a reporter is rushed and stressed, offer to call back later. At the very least, acknowledge their situation: “Listen, I know you’re very busy – do you have a moment or should I call back later?”

• Close the deal
Ask reporters whether they are interested in your event and whether they can come. Most will not immediate commit over the phone but will think about it.

• Have one or two back-up pitch angles
If it becomes clear that a reporter is not interested in your pitch, consider a different angle. Perhaps the reporter cannot attend an event, but would be interested in interviewing a speaker at another time. A reporter might respond better to the local human-interest angle of the C2EA than the national policy angle, for example.
Preparing Spokespeople

Being a good spokesperson takes practice and preparation. Spokespeople not only are messengers, but they symbolize the professionalism of your organization and communicate the urgency of the C2EA.

They key to being a good spokesperson is to have your messages in mind well before standing in front of a camera, microphone, or reporter. Self-confidence, poise, and composure are essential.

In most organizations and coalitions, staff leadership and community members affiliated with the organization or affected by the issue act as spokespeople.

To prepare a spokesperson, here are some basic tips:

- You have something important to say, and you want people to listen. Build up your self-confidence and command attention.
- Image is important: Appear poised, in control, and knowledgeable. Relax!
- Have your key messages in mind before the interview. Add something personal before your soundbite to break the barrier between you and the audience.
- Don’t be thrown off by reporters’ questions, no matter what they ask. Discipline the message. Turn the question back to your key messages.
- Do not try to explain everything in your soundbite or interview. Stay on your message.
- If you mess up, it’s okay. Ask the reporter for another shot, unless you are live on the air.
- Practice!

Training Tip

15 minutes
Interview with a reporter. Pair off the participants. Assign one to be a reporter and the other an interviewee. Have the reporter interview the person, asking questions trying to get them off message. The interview tries to move their message without getting distracted by the reporter. One effective way to drive home the point of staying on message is to require the interview’s message to be “my dog has three legs,” or some other made-up idea. This allows the participants to realize that they must move their messages no matter what the reporter is saying. After 5 minutes, have the pairs switch roles. After they are done, have a brief large group discussion of how the activity went.

5 minutes
What does 10 seconds feel like? Use a stopwatch/timer to measure 10 seconds and explain that we only have that amount of time to communicate the key points on our issues to the media. Have participants volunteer to explain their key points on the C2EA in sound-bites while timing them.
Picking your spokesperson

Sometimes the messenger is just as important as the message. There are two kinds of spokespersons you should designate:

1. **Organizational leaders** – These spokespersons officially represent your group and can speak to any issue of relevance. This typically includes executive directors, key program staff, or committee chairs, or board members. Reporters should be able to contact these people at any time for a quote or background information. Make sure that reporters know how to get in touch with these people.

2. **Community members** – It is important to ensure that community voices of people living with HIV/AIDS are included in the media. Be mindful of all of the kinds of diversity—racial, age, sexual orientation, gender, class, and disability—that make up your community, and whether those people are being prepared to talk to the media. Community spokespeople represent the “real people” affected by the epidemic, and their dramatic personal stories can be very persuasive.

Once you have picked your spokespeople, make sure they are on message and understand the C2EA platform and goals. Make sure every spokesperson has the talking points relevant to your event and has the opportunity to practice.

**Opinion Editorials and Letters to the Editor**

You can use the media to communicate the C2EA message directly to your audience without relying on reporters to write stories using op-eds and letters to the editor.

**Opinion Editorials**

- Make them personal, not academic
- Determine who is the best “voice” for the op ed.
  - Director of ASO? “Regular” community member? Notable community leader? PWA activist? Local or national celebrity?
- Keep it brief and to the point
  - Usually 500-800 words, but check op ed length restrictions in your local paper.
  - Use short sentences and short paragraphs.
- Compose an engaging lead paragraph to catch readers’ attention.
- Frame the issue in the first few paragraphs.
- Communicate your messages soon after framing the issue. One entire paragraph should be just your messages. Summarize messages again at the end.
- Elaborate on your points and keep the reader engaged. Do not go on tangents or use lots of words or phrases that only AIDS activists know.
- Cite compelling examples that reinforce your position.
- Make the op ed timely.
- Pitch the op ed to the opinion editorial or editorial page editor. Call first to see the level interest; then fax it over with a cover letter. Do not submit it to competing media unless it gets rejected first.
- Ensure that the editor has your name and number.
- Aim for running the op-ed as close to your news event as possible.
Letters to the editors

- Make them short and concise.
  - Usually 150-200 words, but check local paper restrictions.
- Write no more than three or four short paragraphs.
  - First paragraph cites any previous coverage of a story. The second paragraph introduces something personal and states your side of the story. The third paragraph moves the key messages—the same ones communicated in your press release.
- Personalize the letter.
- Submit the letter via postal mail, fax, or e-mail, depending on local paper’s preference.
- Consider writing “boiler plate” letters.
  - Compose standardized letters that community folks in your “letter tree” can customize with their own personal information.
- Encourage members of your community to write letters.
- Remember that letters are just one tool in your media strategy.
  - Getting a letter printed is valuable, but not as valuable as a front-page story or an op-ed.

Much of this media skills training was adapted from:


SPIN Project’s Train the Trainers Kit (2004).

Background Resources

Spin Project: www.spinproject.org

The Ruckus Society Media Training Manual: www.ruckus.org/resources/manuals/media/index.html

Turn on the News – ActionMedia: http://www.turnonthenews.com

We Interrupt this Message: www.interrupt.org

For training: Community HIV/AIDS Mobilization Project: www.champnetwork.org
Organizing Local Events

**This training will allow participants to:**

- Develop an understanding of the basic elements needed to organize effective local events that meet your goals for the C2EA in your communities.

- Learn strategies to use local events as an organizing tool to strengthen alliances, increase community participation, and develop leaders.

**Why should we do local events?**

Local events should bring us closer to reaching the goals in our local campaigns.

Public events can be effective organizing tools in our local campaigns. The planning of the event is an opportunity to increase involvement of different groups and community leaders and also to strengthen and train your local advocacy network. The event itself can help build momentum for C2EA by helping to establish new alliances, increasing public interest and awareness, attracting media attention, and putting pressure on elected officials.

There are many types of events your working group can organize. These events may be rallies or protests, community forums, accountability sessions, faith-based vigils, youth speak-outs, cultural performances, or direct actions. (See the Local Events Ideas Tip Sheet.) However, every event should have one or more goals.

**EVENT GOALS:**

<table>
<thead>
<tr>
<th>Event Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>Increase people’s awareness of the campaign.</td>
</tr>
<tr>
<td>Education</td>
<td>Teach people about important issues.</td>
</tr>
<tr>
<td>Accountability</td>
<td>Put key decision makers or influential leaders on the spot and force them to take a stand on key issues.</td>
</tr>
<tr>
<td>Networking</td>
<td>Create space for people to meet and learn about each other.</td>
</tr>
<tr>
<td>Open Dialogue</td>
<td>Generate conversation in a community or group as well as between different communities or groups.</td>
</tr>
<tr>
<td>Mobilize</td>
<td>Bring together large numbers of people to show support.</td>
</tr>
<tr>
<td>Organize</td>
<td>Move people to engage in collective action.</td>
</tr>
<tr>
<td>Alliance Building</td>
<td>Bridge different groups or communities that do not usually work together to build power.</td>
</tr>
<tr>
<td>Momentum Building</td>
<td>Builds on other C2EA activities to increase excitement about your campaign.</td>
</tr>
<tr>
<td>Media Attention</td>
<td>Attract press coverage (see page xx for a set of materials about press events and getting coverage).</td>
</tr>
<tr>
<td>Fundraising</td>
<td>Generate funds for the C2EA.</td>
</tr>
<tr>
<td>Direct Action</td>
<td>Draw media and public attention to specific issues.</td>
</tr>
</tbody>
</table>
Training Tips:

Ask the group: 10 minute brainstorm
What the worst event was that they ever attended?
What was the best event that they ever attended?
Write the elements of the best and worst events on big paper.

What makes an event EFFECTIVE?

Focused message: What do you want people to understand or know when they leave?

Example:
If it is an outreach forum for faith-based leaders, you may want them to walk away convinced that HIV/AIDS is an issue that their church should be addressing with its members.

Focused goal: What do you impact do you want your event to have?
Your event may have more than one goal.

Examples:
The faith-based community forum may aim to build alliances with religious leaders and move religious leaders to organize C2EA working groups at their church.

You may also want media coverage of the event that spreads the focused message of African American church leaders join the fight to end AIDS.

SMART Goals: You should aim to make the goals for your event SMART:
Specific
Measurable
Attainable
Relevant
Time specific

Examples:
You may aim to have 20 faith-based leaders from communities highly affected by HIV/AIDS to attend the meeting, endorse C2EA, sign a pledge to preach about HIV/AIDS in the pulpit and agree to have a C2EA organizer present about the campaign after services with the aim to start a C2EA working group at their church.

If media coverage is a goal, identify which media outlets you want to cover your event and the specific message you want them to cover. (See Media Skills and Strategies for information on how to achieve this goal.)

Training Tip:

SMART Planning: 15-30 minutes
Break participants into small groups and have them identify:
• The type of event they would like to organize.
• The message of the event.
• The goals of the event using the SMART model.
Then, have everyone share the type, message and goals of their event with the group.
**Event Planning as an Organizing Tool**

Organizing an event is an opportunity to establish and strengthen alliances, develop leaders and deepen community involvement with the C2EA.

*Don’t miss this opportunity by doing all the work yourselves!* Involving organizations, leaders and even businesses outside your core group in the organizing of the event, can bring you closer to reaching your larger goals of raising awareness and building a stronger movement to end AIDS.

**Endorsements and Event Sponsors**

Identify the organizations, leaders or constituents who you want to be involved with the C2EA. Target the key well-respected or influential players, ask them to endorse the campaign, sponsor the event and take on an important, but manageable role in planning the event.

Ask each event sponsor to identify a representative or contact person who will be responsible for carrying out the agreed upon tasks. Your core working group should work closely with these representatives and bring them together to form an organizing committee.

**Roles in Event Planning** include...

- Program
- Turn out (getting people to come!)
- Publicity
- Set up/Clean up
- Media Liaison
- Greeting and Sign-in
- Materials
- Refreshments
- First Aid and Emergency planning
- Follow-up after the event
- Time-Keeper
- For rallies: Marshals, Police Liaison
- Master of Ceremonies / Welcoming Speech
- Closing remarks

Many of these roles and particular tasks within those roles can be strategically delegated out to groups, leaders, individuals, and businesses that can strengthen the C2EA in your community.

**Training Tip:**

Brainstorm with the group how various roles and tasks could be delegated out to particular groups and discuss how involving those particular groups could strengthen C2EA locally.

**Developing a Program that Meets Your Goals**

The program is going to be designed according to the purpose and goals of your event and will be strongly influenced by the targeted audience.

**Think of your audience...**

If there will be many different kinds of people there, you will want to have a planning and event structure that honors difference while highlighting themes that unite people.

You have your set of goals, but it might be helpful to also think about the goals and purposes of your audience. In your planning, brainstorm what people want out of events, and try to meet their goals, not just yours. If you do address their self-interest, your audience may be more likely to attend, get involved or respond to your event.
**Training Tip:**
Brainstorm with the participants what would draw them to events. Some participants may suggest: music, celebrity speaker, useful information, sponsorship from a particular organization, and an exciting action, such as “Walk a Mile in My Shoes.”

**What makes a powerful program?**

**Inspiring Speakers**
Diversity of voices: A balanced program that represents different perspectives or communities will help to demonstrate the breadth of the campaign. This may include a youth activist, religious leader, people who can share personal experiences, a political leader, or a more radical organization with more mainstream organization. You may want to get speakers who are well-known and well-respected.

**Cultural Performances**
Art, film, music, theater are often the most powerful and effective communicators. You don’t necessarily need a litany of speakers to get your message across. Cultural components also show solidarity by having different types of dance or music performances during the program. If you have a number of speakers, this also helps to avoid monotony.

**Make it Fun!**
Incorporate interactive activities that create a space for people to share their knowledge, perspective, meet other people, stay awake, and get involved. Parents are more likely to come if there are fun activities for kids.

**Strong, Inspiring Facilitation**
The flow of your event will depend who facilitates it. Pick your facilitator or MC carefully. Who is well-respected? Dynamic? Efficient? You don’t want a facilitator who is going to turn the podium into a soap box. A strong MC/facilitator should keep speakers/presentations to their allotted time limits and make sure that one voice does not dominate the event. Consider what kind of tone you want set for the event and select your MC/facilitator accordingly.

**Timing**
The MC/facilitator keeps time and makes it move at a reasonable pace. Shorter is better than longer. The MC/facilitator’s job is to make the transition between different speakers and presentations smooth and to tie it all together.

**Contentious Issues**
Events like accountability sessions, dialogue sessions, or alliance building forums may generate conflict. This is not always a bad thing - conflict can build energy, foster a mutual understanding and deepen people’s commitment. However, it is important to have good facilitation that can ensure that the conflict is productive. As event planners, it is your responsibility to identify contentious issues ahead of time, and plan out how to deal with them in a way that respects all who are involved. Contact the Campaign if you need help finding a facilitator.
Recognition
People like to feel appreciated and important. For example, you might encourage organizations to help with your outreach event if they will have the opportunity for some positive publicity or to attract new clients or members. Be sure to recognize the organizations or groups of people who are in attendance, not just celebrities or politicians.

It might also be important to honor who is not there. Events can start or end with moments of silence to honor those we have lost to HIV/AIDS or who are too ill to attend.

Call to Action
If one of your goals to get people to get involved with C2EA, the call to action will be the part of the program that will directly pitch this goal. Though it depends on the purpose of your event, the call to action part is often the most important aspect of your event.

Don’t leave it to the end and let it get cut short! Make sure to incorporate your call to action throughout the program. You may want to ask the celebrity speaker, well-loved performer, or well-respected community leader to pitch the call to action. Whoever it is, ask them to say it with passion! The call to action should excite and move the audience to do something.

What makes an effective call to action?
An effective call to action should have similar qualities to your goals. The call to action should also be SMART: Specific, Measurable, Attainable, Relevant, and Time Specific.

Make it clear how the call the action will help the campaign. People should feel that the action is meaningful and worthwhile. If at all possible, make the call to action fun!

The call to action could also have an outreach component, such as petitions signing or recruiting others to engage in the action. Your call to action should be designed to spread beyond the audience at your event and incorporate their friends, family, and co-workers.

Training Tip:
Break the participants into small groups and give each group a hypothetical campaign scenario. Have them develop a call to action to address the aim of the campaign and also how they want to pitch the call to action. Then have a representative from each group pitch the call to action.

Create Networking Space
Whether it’s a group of organizations or a group of individuals, people often like to meet new people when they go to events. Building relationships is an essential part of building a movement. Depending upon the kind of event you organize, you might want to make space in the program for people to introduce themselves and/or interact.

Event Tip:
Make sure that members of your group reach out and speak one-on-one to audience members. It’s an opportunity to find out the priorities, interests, resources, and ideas of audience members. It’s also an opportunity to get them more excited about the campaign and to get them involved.
**Turn Out**
Imagine all the work you need to do to pull off a local event. Now, add in twice as much time spent on actually getting people to come to your event. Turn-out is often the most time-consuming component of a successful local event. An organizing committee or organizational network can be extremely helpful for doing effective turn out.

**Why should people want to come to your event?**
When you developed your event program, you answered that question. Turn-out is the way to communicate that answer to people you would want to attend. Some people might be attracted to the whole event or the general idea; others may want to come to see a particular speaker or performer or to meet new people. The event should, ideally, address their practical needs and will be appealing to them. Let people know what’s in it for them.

**Training Tip:**
A good way to start the discussion of effective turn out tactics may involve a brainstorm with the group about what outreach efforts have lead them to attend events or what turn out tactics they have to be effective for previous events.

**Effective Turn Out Tactics**

**The Rule of Three**
You may have to use the Rule of Three: even your best friends may need to hear or read about an event three times before they are sure to attend.

This could consist of a flyer in the mail, an email invitation and a personal phone call. Or it might be an announcement they hear at church, an offer of a ride from a case manager, and an invitation from a peer to go together.

**Volunteer Outreach Committee.**
If you are going to continue to have events, you can form a volunteer group from different organizations and communities that focuses on turn-out. Be sure to honor their important work just as we would any volunteer.

Friendly and outgoing people who are well-respected by their community or organization make great turn-out volunteers! Make sure you know how much you appreciate their work.

**One-on-One Contact**
Usually the most effective. People are more likely to listen to someone they know or with whom they have something in common.

**Phone Banking**
Phone banking can be an extremely effective turn out tool. All you need is accurate phone lists, available phones, volunteers and an accessible script.

Ask organizations if they will phone bank for the event, if they have a volunteer base to do so and available phones in their office. The volunteers can call members of the organization to ask them to come to your event.

It is helpful to prepare a script that callers can use to make sure everyone is getting the basic information. Check out the sample C2EA script for ideas. You can have different scripts for different phone lists or organizations to focus more on what will motivate particular people to
come. There may be home-bound people who would like to help who can also make calls to ask others to come, and they may be able to talk about how the issue relates to them personally.

Organizational Outreach
Identify organizations and institutions that are already connected to large groups of people. When organizations do commit, ask them to choose a number as a goal of people they will get to the event. It is okay to ask them what methods they will use to reach these numbers, and to offer help.

Even if an organization will not commit to helping with large-scale turn out at first, ask them to send a few representatives to the event. If they see it goes well, they may be more willing to help more next time around.

Teach-In
A teach-in is a form of turn-out that is a more in-depth presentation about the issues we are working on and why we are having a local event. It is a good way to let members of a group know more details and to invite them to increase their involvement as participants or volunteers at the event. If your event includes activist components, like an accountability session or an event that might include the media, it can be good to prepare people ahead of time through a teach-in.

Announcements
Ask people to make announcements at relevant events, office meetings, church, and other gatherings of many people. For members of faith organizations, an invitation from the spiritual leader of their group can be very compelling. Involving faith leadership in event planning can be a way to open those doors.

Tabling
Set up a table at place where you might see people who you want to come to your event. Tabling is a way to distribute information and engage in one-on-one dialogue.

Flyering
Flyering can be the third part of the Rule of Three, but not all three parts! Handing out a lot of flyers to strangers rarely gets people to come, though it may reinforce other outreach strategies.

Email and Internet
This can be a very effective outreach tool for people who use computers. However, make sure you use other outreach tactics so that you don’t exclude people who don’t use computers.

“Bring a friend”
When you talk with someone who says they will come, ask them to bring one or two other people with them.

Logistics to Look out For…
A Caution About Costs
Even if your event is not designed to be a fundraiser, it is important to consider the financial aspects. A concert can be expensive to produce. Always make sure that the bottom-line costs are clear when working with sponsoring bars or venues so you don’t get a nasty surprise at the end of the night!
**Location, Location, Location**
No matter what type of event you choose, location is a crucial component. If it is your first event, try to pick a small space unless you are sure that it will be a large turn-out. It is better to have a room be too crowded and packed with energy than one with a lot of empty space that makes people feel small and isolated. Pick a location that is well-known and that people go to often. You might want to consider parks, churches, schools, or community centers. There must be transportation available, and it should be accessible to people in wheelchairs or who have other mobility issues.

**Timing**
Events should be held at a time when people are available to come when they are not at work or school and also at a time when they feel it is safe to travel. Sometimes, if your purpose is to engage people who work on HIV/AIDS issues during the day, you may choose to have a meeting during the day so people can come during the work hours, but this will limit participation from others. It all comes down to knowing your audience.

**Food and Refreshments**
Try to have food/refreshments at your event and make sure you advertise this. People like free food. Think of what kind of food your audience eats when deciding what business to ask for donations. Food is another way to show solidarity with various groups. Food and refreshments also create more opportunities for outreach. For example, a local bakery isn’t just good for donations of pastries for the event. It is also a place for spreading the word about the C2EA to staff, customers and vendors!

**Transportation**
Part of your turn-out plan should include ways of getting people there. Make sure that public transportation is accessible. If it is possible, encourage people to come as a group by car pooling or using a bus.

**Child Care**
Parents may be more likely to come to events with childcare and/or kid-focused activities. Sometimes it is not possible to offer childcare if the location is not insured to do so, so be sure to check ahead of time or work with local providers to arrange childcare.

**Sign in**
Make sure that you get people to sign in with full contact info. Have a database or a system of organizing that information all ready to go so that you can use the information right away. Make sure that all of the participants get informational and educational materials to prepare them for the next step.

**Follow-Up**
Make sure that your group meets soon after the event to evaluate whether you accomplished your goals for the event and plan follow-up to the participants. You should evaluate who was there and who wasn’t there. Plan to do follow-up for both the participants and the people who didn’t show up.

Contact the participants soon after the event to encourage them to follow through with the call to action and explore how they can get involved with the campaign. Try not to let too much time lag between the event and the follow-up so that you don’t lose the energy and momentum created by your successful event!
Fundraise To Build
The Campaign To End AIDS

Fundraising is about building power.

• More money raised means more people as riders on the Caravans, more publicity and visibility, more support, and more tools for future organizing.

• Fundraising expands our base by expanding the number of easy, straightforward ways people can and do become involved and connected to C2EA.

For many people who do support us, it is easier to give money than it is to give time, but each one needs to be asked.

• Giving money rather than just lip service deepens the affinity of our supporters. Those who dig into their own pockets to give are more likely to recognize, root for, and stand by us.

• Fundraising increases buzz and visibility. Whether it is an appeal to your list serves for contributions, or holding a house-party of ten people who tell ten more, or selling campaign tee-shirts and pendants throughout the summer, you are increasing the profile of the Caravans!

• Fundraising for C2EA is not profit driven; it reminds us of our sense of social value

If a non-profit is providing day care in our neighborhood, and it costs $150 in staff time and other items per child, every week, but the community can only afford to pay $50, the daycare doesn’t close up shop and move to a more affluent community.

There is an inherent social value in providing quality day care to children even though the market of the community cannot bear the actual cost.

In other societies or historically, the kinds of services that non-profits provide (care for the elderly, feeding the hungry) were/are often provided by the community in some fashion. In today’s America, we look to non-profits to provide these services.

Fundraising for the C2EA reminds those around us that it is our responsibility to support work that has social value.

Why do people give donations?
#1 reason is: Because they are asked.

Once they are asked, most people give because of two types of connections:
  1. Connection to the issue and the values it represents
  2. Connection to the person who asked them for the donation.
Connection To The Issue:
Most people act from enlightened self interest: This means they can see how it will benefit themselves. Of course, this will be dependent on how they define themselves, their needs and interests.

To go back to the day care example, we’d need to find a way to explain to a potential donor why they should make up the difference between what the service actually costs, and what the market will bear.

We could say: “You or your child may not benefit directly but if you are a person who cares about children or someone who cares about looking as though you care about children, you will want to give because society benefits from having well taken care of and nurtured children to grow into strong, productive adults.”

It is your responsibility to figure out why they should give and what the meaning is to them. For example, one person might give because they feel the government wrongly takes children from their parents or because they feel connected to social justice issues.

When you are trying to figure out why they should give to you, keep in mind their values. This should drive your approach. People give to groups when they see a connection to their own values.

Keep in mind: Fundraising is about personal values — not about money

Connection To The Asker
People give because they care. They care about you, about what you do, and they don’t want to say no to you.

Fundraising is friendraising
• Make them a friend of your organization and the Campaign
• Move them to feeling like they care about it
• Move them to feeling like they are part of it
• Moving people from stranger, friend, donor, and eventually advocate

Friends give to friends. People buy girl scout cookies not because they like them, or because they are better than supermarket cookies, but because their relatives and neighbors ask!

Training Tip: Fundraising Role Play (30 minute total)

1. Solo work: 3-5 minutes: Think of/write down greatest objections/fears: what is the worst that could happen if you ask someone for a donation? What is the weakest pitch / most insurmountable obstacle?

2. Partner Up, and decide who will be the donor, and who will be the asker.
   If you are the donor, make up a personality and set of interests. Introduce yourself…
   If you are the asker, take 5 minutes to plot out the approach to your prospect

3. Make the Ask! The donor should ask a few questions and put up roadblocks, but don’t be impossible… Say no two times (if you can), then repeat, switching roles

4. Discuss: What were roadblocks? How were they handled? What persuaded you / could have persuaded you? What was the connection to the group? Did you speak to their values and interests, and could you have done even more?
What kind of money am I raising?

All contributions to the Campaign to End Aids are tax-deductible. Contributions generally fall into one of three categories:

SMALL CONTRIBUTIONS: Usually range from $1.00 - $100.00.

LARGE CONTRIBUTIONS: Large contributions generally range from 1,000 -100,000 or more.

IN-KIND CONTRIBUTIONS: Large or small, in-kind contributions are non-dollar gifts of any kind. In-kind donations for us will range from food to travel to staff to computers and items to sell or auction off on behalf of the campaign.

How do I get started?

It’s easier than you might think, and with the groundbreaking website developed by C2EA, it has just gotten a whole lot easier.

1. Set concrete goals that fit with your participation goals for yourself, your group of friends, or your organization.

Although costs will vary from stop to stop and route to route, let’s use an example that each rider will cost $1500, including cost of returning home from DC. How many riders do you want to send assuming money could be raised to do it?

10 riders x 1500.00 per rider = $15,000
15,000 divided by 4.5 months = approximately 3500-4000 per month

2. Remember that the top reason people give money is because they are asked. For non-activist supporters, making a contribution is often the only or easiest way to show support. Assume people will give if asked. Ask for the support you need.

3. Communicate an effective message. Effective fundraising messages emphasize a concrete strategy for which the money is being raised. “Give to support a local riders on a 50 state caravan and march on Washington” or “Give money to create a Youth Training Institute so activist tools can be passed from one generation to the next” should work really well.

4. Ask for specific amounts for specific purposes and personalize where possible. Ask for $10.00 to feed a rider for a day, or $10,000 to underwrite the cost of a van of riders. People respond best to a specific plan rather than a more general contribution for a general effort.

5. Utilize the C2EA FUNDRAISING TOOLS:

- Each Caravan has their own web page with the ability to collect donations.
- Each Caravan web page also has a calendar function so that individual events can be publicized each month.
- Tee-shirts and pendants are available for individuals and for organizations.
- Sample appeals to individuals and to small businesses for In-Kind contributions.
- Sample grant request for foundation support
Meeting your Fundraising Goals:

If you want to raise $100 – 1000:

As an individual, send out your own personal appeal to your friends, family, and all your lists serves to ask for donations of $35.00 to feed you or another person who is riding.

Invite 20 local businesses to contribute $100.00 to support a rider for a week.

Put out fundraising jars around the city to collect to support for local riders.

Appeal to strangers by posting an appeal on the web – on the C2EA site, Craig’s list, and other sites to support a rider or a van of riders.

Appeal to service agencies, local government, churches, and community organizations to support one rider by donating $1000.00.

Solicit “In-kind donations” (donations of goods or services, instead of money) for your event to kick off the C2EA in your city, or to support the riders when they come through your town. Spaghetti dinners and pancake breakfasts or donated sleeping space for a night are great In-Kind donations. You can also solicit items to sell – on Ebay, locally, etc. to support our riders.

Sell C2EA Tee-shirts and Pendants on your page of the Campaign site and/or at events all through the summer.

If you want to raise $1000 – 10,000:

Send out a personalized request to each your email lists, or to everyone in your address book, asking for $100.00 contributions to support 1 rider for a week.

Invite 20 people you know to your home or neighborhood restaurant with checks for 10/50/100.00 contributions.

Invite strangers to sponsor you – on Ebay, Craig’s list, personals, local personals using your own story and bio.

Post your story on the C2EA web site and ask for support

Sell C2EA Tee-shirts and Pendants at events all through the summer.

Ask local institutions, i.e. businesses, churches to put donate boxes out for folks to drop bills and change. (Also creates visibility).

Solicit in-kind donations:
• Caravan Route Housing
• Caravan Route Supper or Breakfast and a lunch
• Merchandise to be sold or auctioned
• Printing
• Fundraising Event Space and supplies
• Event Entertainment
If you want to raise $10,000 – 100,000:

Invite 40 people to give 100.00 each.
Organize 5 people each to have a house-party of 10 who give 100.00
Ask supporting or service or business organizations to sponsor.
Organize local celebrity to host an event: an auction,
Advertise your caravan route on the web.
Solicit IN-KIND Contributions.
Request local foundation support
Sell lots and lots and lots of tee-shirts and pendants.

Don't forget to THANK YOUR DONORS!

A handwritten note or call will mean a lot to those who are supporting you. “Thank before you bank” – make sure to get your thank you note in the mail or make that call before you deposit the check, or as soon as you hear of an on-line donation!

For more information, check out:

Pack your Bags! Planning for the Caravans

classified by Jennifer Flynn, New York City AIDS Housing Network: Flynn@nycahn.org/718-802-9540

This training workshop will allow participants to:

• understand how the C2EA caravans will operate
• develop ideas on how to recruit a diverse group of caravan participants from their community
• understand what it takes to be able to participate in the C2EA caravans
• make their caravan accessible to a range of people with HIV/AIDS

Overview of the Caravans:
There is a long history in our country and around the world of people taking to the streets on journeys to fight for justice.

Caravans of people traveling across the country makes for a compelling story that attracts the attention of people who may not usually pay attention. And it is an opportunity for some of us to have a once-in-a-lifetime experience, meeting people who have a shared struggle but very different lives in very different places.

Although October seems like a long time away, it is important to start planning for the C2EA caravans now. In order to pull this off successfully, there are many logistical issues that we have to take into account.

C2EA Structure for the Caravans, and What it Means to You:
The C2EA has three organizational structures that relate to the caravan:

1. Logistics and Caravans Working Group: This is the national group working on the caravans. We meet by conference call and would love to have your help! To join, sign up for our email list: send an email request to endaids-logistics-subscribe@yahooogroups.com. Or contact Jennifer Flynn, New York City AIDS Housing Network: Flynn@nycahn.org/718-802-9540

2. Each Caravan has an Organizing Committee: These committees will meet for the first time at AIDS Watch, and will reach out to all registered C2EA members to let them know how to become a part of the right one, based on where they live. To find out how to join your Caravan Organizing Committee, check out www.endAIDSnow.org or contact the C2EA national office: 1-877-END-AIDS.

3. Every State will have a C2EA Working Group. Each state should send two representatives to the Caravan Organizing Committees that pass through their state. To find out how to join your state working group, check out www.endAIDSnow.org or contact the C2EA national office: 1-877-END-AIDS.
**Why Should You Get on the Bus?**

Because an event of this magnitude is the RIGHT response to a disaster of this magnitude.

- There are 8 vehicle routes and 1 walking caravan. For each route, we will provide at least one charter bus, and we invite people to come in additional cars and vans.

- Caravans are going through every single state except Hawaii and Alaska.

- Caravans will have activists from every single state, including Hawaii and Alaska. We will also have participants from Puerto Rico and the Virgin Islands.

- Each caravan will have at least 10 actions in the local communities that they go through – where they stop has not yet been determined.

**Because the caravans will all meet in Washington, DC for FIVE DAYS OF ACTION:**

October 8: Caravans Arrive in DC, Organizing Summit and Concert to End AIDS

October 9: Morning/Day of Prayer to End AIDS at churches throughout DC Interfaith Prayer Service Demonstration at White House

October 10: March thru DC neighborhoods most impacted by AIDS Rally at the Lincoln Memorial

October 11-12: Hill visits and demonstrations Organizing training and networking for post-October activities

**Getting people on the bus and getting stuff along the way**

- Call up ALL of your local social justice organizations, AIDS service organizations, food pantries, churches, etc.

- Tailor your request to their needs. For example, if your local ACORN chapter is doing voter registration, make sure you tell them that there will be a rally with lots of people for them to register. Tell your local ASO that this a way for them to bring home some more funding for services.

- Organize “Teach-Ins” where you share information about the campaign – be sure to have sign-in sheets to get contact information.

- Call the people who you talk to, again and again, to encourage their participation, get to know them—DEVELOP A RELATIONSHIP!

- Be positive, upbeat, a problem solver! Not a complainer, overly pessimistic, or sarcastic—THIS IS A HUGE TASK but it’s worth it!

- *Everyone can do something:* If you can’t get access to possible bus riders, ask businesses to sponsor a leg of the bus ride, donate meals to riders, donate money, hold a house party, ANYTHING! (see grassroots fundraising section for more fundraising ideas).
Are you really getting on the bus?

- People say yes, but don’t always mean it. If you want a bus, you need to be able to fill it. If you want to have a rally in your hometown, you need to be able to get people there. To “gauge” this, follow these criteria:
  - Ability to raise $300 locally
  - Past ability to hold “actions” of at least 100 people
  - Names of people on the buses

REMEMBER: ASK EVERYONE AT LEAST 3 TIMES IF THEY ARE STILL COMING!

- If there can’t be a rally in your hometown, try to get people to the nearest one, and/or help your neighbors welcome the caravan!

Who is on your bus?

Methods for selecting participants for your bus caravan:

- Request a “deposit” or the purchase of a ticket for the bus. This is a huge time commitment for caravan riders and a huge financial commitment for the AIDS community! For people who can’t pay, involve them in fundraising efforts.

- Hold at least 2 mandatory meetings that people have to attend. At these meetings assign leadership roles (bus captains, phone bank leaders, Food Servers, Press spokespeople)—titles increase accountability.

- Make sure the bus tells the story C2EA wants to convey. Having HIV+ people on the bus, having people of color who are disproportionately affected, having women included help convey the message about what AIDS is doing to our communities and makes us think of effective solutions. Having all white college students might help your numbers, but it’s not a great media story and makes decision makers think of different solutions than those we are proposing. The C2EA is about different types of people working in partnership.

Now that you have great caravan riders, you need to get the word out!

- Ask everyone to give basic info (your Caravan Organizing Committee will provide the forms)

- Compile short descriptions of the riders & send to coordinator@endaidsnow.org

- Identify your press spokespeople (these should be the people who have the BEST STORIES), and schedule a “media committee” meeting where you go over media skills, talking points. These people should start hitting the phones to get reporters to your nearest caravan stop! (see media skills section for more information).

Getting in the press

(see media skills section for more ideas on getting press coverage)

- Every town, city, county has some local press—you can usually get a list on the internet, or from your library, or by just picking up the local paper and finding their contact info.

- Send them a Press Release about your caravan and include the short bios of your riders.
• Call them, call them, call them—we can’t be reminded enough to turn out to the rally, to follow the family from Lucy, Washington in the car to Seattle to get on the bus, etc.

• Be creative, persistent and clear in your press efforts.

Checklist/Timeline for Caravan Planning
The Logistics and Caravans Working Groups will work with each Caravan Organizing Committee to determine which stops along each route will be Profile Events. Profile events will be our major events along the road that we will seek to bring to the attention of local, regional and national press.

In order to be considered as a profile event, we will ask you to provide us about your ability to reach the following milestones:

By May 30:
-- Establish local planning committee and select delegates to represent your local planning committee in your state C2EA working group and caravan organizing committee.

-- Identify local youth leaders (Age 16-26) to participate in June 25-30 Summer Youth Organizing Institute in Denver, CO, and raise funds to cover their costs of participation

-- Identify host organization that will provide a desk, phone and computer access for the youth when they return from the Institute.

By June 15:
-- Hold local “kick-off” event to announce C2EA and caravans

-- Participate in C2EA fundraising and local events trainings via conference call

-- Set fundraising and participation goals for events

-- Send information to local and regional media about youth participating in C2EA Youth Organizing Institute

-- Let the C2EA know about your plans, through the Caravan Organizing Committee.

By July 15:
-- Identify local organizations, faith institutions and/or schools that will provide food, lodging and meeting space during the caravans.

-- Identify local participants who will be joining the caravan

August 1:
-- Send in names, biographical information and photos of at least 2 caravan participants who will be spokespeople to your Caravan Working Group.

-- Prepare a financial report on contributions to date, to cover costs of caravan participants.
**Getting all our people to DC**

The Campaign to End AIDS wants to end AIDS for everyone – and that means a lot of different types of people who are living with, or at risk of, HIV/AIDS.

In our society, we are often put in opposition to one another, or may have had personal histories that lead to mistrust of other people. If we are committed to a journey to end AIDS, we can model that world through our work to make our caravans accessible to all who are a part of ending this epidemic.

There are tools provided in this kit to help make our caravans open to a range of people:

- **Healthcare:** bring enough medications, ask about refrigeration, storage, etc.

- **Parole:** Many people living with HIV and people in their communities have had experience with incarceration. If they are on parole, they need permission to travel across state lines. In the background documents, you will find draft letters that people can adapt and take to their parole officers.

- **Ask people not to carry illegal drugs or weapons on the bus and state that you will not be responsible for them.** Have people sign a waiver.

- **Methadone:** Methadone is a medical treatment that requires consistent use and a lot of interaction with providers that can make travel challenging. In our background documents, there is a draft letter that people can use with their methadone programs. Please note that it is increasingly difficult to get take home meth, and it might be VERY difficult for the buses to go to local pickup sites.

- **Other Special Needs:** Keep in mind that not everyone may be able to be accommodated, but ask early on in your outreach so the C2EA can try to get every person to DC.

**Can't Go On The Caravan, What Do I Do?**

Many people on methadone, parole, care-giving commitments, or with serious healthcare needs will not be able to travel to DC on the caravan. **BUT THEY ARE STILL INVALUABLE TO C2EA:**

- **Recruit them to help organize the local rally at the nearest caravan stop.**

- **Have them make a placard with their name, picture, story, etc.**

- **See if they can make it DC for one-day or 2 days and encourage them to fundraise for a plane ticket.**

- **People who are not traveling are great for local press stories because they can stay behind and talk to reporters, make follow-up calls, etc.**
In-Reach: Mobilizing Our Own Organizations

This training will allow participants to:

• Understand the importance of mobilizing within our own organization

• Discuss barrier to internal mobilization and create practical plans for effective in-reach

• Learn the basics of regulations affecting non-profits, regarding lobbying and elections, and find out where to access additional information

What is In-Reach?

In the early days of the HIV/AIDS movement, people living with HIV and their loved ones demanded, and won, resources for HIV/AIDS treatment, care, prevention, research and support.

This network of HIV/AIDS groups and efforts has created a strong sector that help millions of people living with HIV, their families, and their communities. It helps other people who benefit from research gains that have crossed over into other diseases. And it helps people who access prevention information and tools and are able to stay uninfected.

We often think of outreach as the way to get more people involved. We reach out into our neighborhoods, into other organizations, into schools, and so on.

But we must not forget the importance of reaching in!

It has now been almost a generation since many of the groups in our network were founded. They may have been created in first wave HIV/AIDS activism, or in the next waves of our fight that won additional funding and resources for more groups rooted in communities of color. Or they may have been HIV/AIDS-specific programs added on to more general community support, medical or service organizations.

In-reach is the process of reaching back into our own organizations. In-reach means we are making sure that our seasoned veterans and a new generation of staff, volunteers, members and clients are taking their next steps into advocacy.

In-reach can allow us to connect back to our roots as advocates, and to connect our vision of a better world to our day-to-day struggles to make sure people have what they need to survive in this world.
Training Tip:
Our Vision and Our Work: 20 minutes
Put one question on each of three pages of flip chart. Pair people off with someone they do not already know. Ask them to each take 2 minutes answering each of these questions:

- What is your vision for the world in which we want to live?
- What is the current social and political climate affecting our vision of this world?
- How does our organization fit into the picture? How does our organization reflect the worlds of today, and of our vision of the world in which we want to live?

Why Should We Do In-Reach?

In-Reach is important because our organizations are powerful.

Power is the ability to make things happen. Our organizations make things happen every day.

Our organizations have:
- Power of board + staff + members/clients
- Power of history, experience, reputation and a role in our communities
- Power of resources: equipment, expertise, meeting space
- Power to mobilize, speak to the media, organize events and focus attention on the issues affecting our clients and constituents.

Setting In-Reach Goals
The Campaign brings a good opportunity to set goals for in-reach. Goals can include:

- building relationships with local press by holding an event or series of events about the C2EA and local issues
- creating an internal “mobilization plan,” including a phone tree where one staff person will each call two other staff people to let them know of breaking news or important events
- training members, clients, peer educators and staff in community mobilization tools by using the training kit or connecting to the C2EA training working group
- having two to two dozen clients, staff, peers or volunteers serve as an internal education committee, providing in-service trainings on the C2EA platform and how it relates to local issues
- increasing participation of staff and clients in the C2EA working groups
- staffing or hosting meetings of our statewide working groups
- donating staff time to organizing the caravans or local C2EA events
- providing space for a C2EA summer intern

The best in-reach goals will help the C2EA and your organization both become stronger and more powerful.
Building In-Reach into Our Organizations

When you set goals for C2EA In-Reach, what systems can you set up that will live on after any particular event or action?

Showing our involvement:  Set up a poster-board where you can put announcements of upcoming events. But don’t stop there – keep the flyer up afterwards, and create a collage with photos of members of your group at the rally or event, quotes of what they thought about the event, and clippings of any newspaper coverage of the event.

Make it a Program Activity:  What if one meeting a month of the weekly support group has an advocacy focus, where members learn about an issue, and decide how to take action? What if every staff meeting ends with letter-writing, or a brainstorm on how to involve more clients in advocacy?

Create a Public Policy Committee:  The Community Advisory Board, Board of Directors, or staff can have an ongoing group that stays involved with important campaigns

Make it a Part of Staff Development:  A strong organization has staff with mobilization skills who are ready to speak out and get others involved to further your mission and vision of a better world. How are you training staff and peers to build their skills?

But No One Listens To Me…

Some of us are stereotyped or typecast as THE activist in our group or region.

People are tired of us trying to get them to meetings, to rallies, and to press conferences! If this fits your case, it might be time to get another messenger...

Can you swap organizations with an ally? They can come speak to your group, and you can speak to them. Or think about who would be an impressive advocate for your organization, and work with the C2EA team to see how we can get them into your organization!

Training Tip:

Practicing our Pitches: 20 minutes

Pair up with someone you do not know. Each person has five minutes to convince their supervisor (played by the other person) about why they should be involved with the Campaign. Afterwards, share with the group if there were concerns or questions you could not answer, and brainstorm responses.

Meet our Organizations Where They Are At…

As peer educators, case managers and counselors, many of us know that we cannot force people to change. We cannot force them to be involved in advocacy, either! Remember to use all your listening skills when you are doing in-reach – find out what interests your colleagues, and let them know there are ways to be a part of C2EA that fits their interests.

Sell the march using their language, If they are part of a union, talk about collective power and highlight the effects of AIDS on workers globally and link to the push for healthcare. If they are an AIDS service organization, talk about attacks on HIV prevention funding, etc.
And don’t overwhelm them if they show interest. Ask for things first that do not mean a big workload.

Ask a colleague to go with you to approach your Executive Director, so you are not the only one asking for more organizational involvement in the C2EA. And when you go to the top, try to make sure they understand how the Campaign will help build energy for local goals, rather than taking energy away for something else. Show how the Campaign relates to local issues, using the platform and other tools. And make sure they know about how similar organizations in cities or rural areas are contributing.

Here are other things to ask from your organizations:

- Will they post information about C2EA on their listserv, blast fax, include in mailings.
- Ask if they will help organize an organizing meeting with their membership, clients, etc.
- Ask them to encourage staff to get involved. Get names and numbers and then call those people yourself.
- Ask for financial support. Break it up into small things (like paying for the sound system or donating one), ask for help finding support
- Ask for an endorsement
- Ask if they are a part of regional, statewide or national networks, and ask them to contact the members to encourage them to join the C2EA

Listen carefully to concerns they may have about involvement. If you can’t address these concerns, contact the Campaign so we can help provide information to answer their questions or provide alternative ways to be involved.

**Regulations Affecting Non-Profit Advocacy**

Many of us have heard that “non-profits are not allowed to do advocacy.” This is not true.

**Non-profits (also known as 501(c)3 organizations) can do more than we think:**

“Fear of an IRS audit, no matter how unlikely, has deprived many non-profits of their voice and has hurt the very constituencies that they intend to serve.”

Jeffrey Berry, Tufts University, Washington Post, 11/30/03

There are no federal limitations on tax-exempt non-profits (501c3 status) doing advocacy (in a general sense). There are specific regulations affecting non-profits in two areas: lobbying and electoral activities.

We may find more support for in-reach if we make sure our supervisors, Executive Directors and board members understand these regulations.
Lobbying falls into two categories:

**Direct Lobbying:** When you state your position on specific legislation to legislators or other government employees who participate in the formulation of legislation or urge your members to do so.

**Grassroots Lobbying:** When you state your position to the general public and ask them to contact legislators (reaching beyond your membership...)

But we must realize that much of our advocacy is not lobbying. Please note the specificity of the definitions above, and check out this example:

“The State Assembly is considering a bill to make gun ownership illegal. This outrageous legislation would violate your constitutional rights and the rights of other law-abiding citizens. If this legislation is passed, you and your family will be criminals if you want to exercise your right to protect yourself”

This example is not lobbying. It does not include a call to action (such as “call your Senator today and tell her to vote no on Bill 101.”) What does the IRS say about lobbying? It says we are allowed to do it as non-profits, but it cannot be the major thing we do:

1) “no substantial portion of the organization’s activities can be lobbying”

   This is probably sufficient for most organizations that do not have staff devoted to legislative mobilization, but the lack of definition for “substantial portion” can make folks nervous...

2) Organizations can file the 1 page Form 5768 to elect the “1976 lobby law” option

   This election allows you to spend 20% of the first $500,000 of your annual expenditures on direct lobbying 15% of the next $500,000, and so on, up to $1 million a year. And you may only spend 25% of what you spend on direct lobbying on grassroots lobbying.

Therefore, if you have $100,000 in permissible lobbying expenses a year, you can spend $75,000 on direct and $25,000 on grassroots lobbying.

There are organizations that will walk our organizations through this process. See the lists at the end of this section

The basic rule on elections and candidates is this: non-profits cannot endorse candidates.

However, we can engage in a lot of election-year activities as long as they do not endorse or contribute funds to a candidate and do not favor one party, candidate or group of candidates over another.

**Non-profits can:**
- Register voters
- Sponsor candidates forums and debates
- Educate candidates on issues
- Issue legislative scorecards and report cards
- Educate and train the public and media through voter guides, surveys and polls
- Obtain candidate position statements on questionnaires
- Sponsor and campaign on ballot initiative
Non-profits cannot
Ask a candidate to endorse our platform – *if they endorse it, we are considered to be endorsing them*… but you can ask for their platform or position on our issues
Endorse or oppose a candidate of political party
Contribute money to a candidate or political party
Display any bias for or against a candidate or political party
Question an individual about his or her candidate or political party preference during voter registration

**For more information:**

**Resources on Non-Profit Regulations:**

The Alliance for Justice: 202.822.6070

Charity Lobbying the Public Interest: [www.cipi.org](http://www.cipi.org)

The SPIN Project: [www.spinproject.org](http://www.spinproject.org) and their book: *Loud and Clear in an Election Year*


**Non-profits and advocacy:**

Online resource hosted by OMB Watch to support capacity building for nonprofit advocacy.

[www.buildingmovement](http://www.buildingmovement):
The Building Movement Project supports nonprofit organizations to work towards social change by integrating movement building strategies into their work.

**Training on mobilizing AIDS organizations:**

The CHAMP Academy provides workshops to help AIDS and community-based organizations overcome barriers to increased participation in mobilization and advocacy efforts
Building Bridges: Linking Across Affected Communities

This training workshop will allow participants to:

• identify and analyze the barriers to solidarity among folks in the AIDS community/movement/sector, with a focus on differences and issues that create tensions and divisiveness;
• examine how power and privilege operate in the AIDS community/movement/sector based on HIV status, race, gender, sexual orientation, class, nationality, age, and religion;
• understand the importance and strengths of diversity in the AIDS community/movement and to become a better ally to marginalized communities; and
• see C2EA as a way to work across differences and rise up out of competition with one another in order to build a stronger, more effective movement to end AIDS and link up and build alliances with other social justice movements.

Introduction and Rationale

HIV can infect anyone. We sometimes call it an “equal opportunity virus” and rightly point out that as long as the epidemic is raging unchecked, the whole society is at risk. Yet we also know that AIDS does NOT equally affect all parts of society.

When we say disproportionate (“dis-pro-portion-it”), we mean that something is out of proportion. Proportion has to do with the balance in size or strength between different parts.

For example, if 50% of our community is female, and 50% of home-owners are female, we would say that the balance of home-ownership is “in proportion.” But if 80% of home-owners are female, we could say that a “disproportionate” percentage of home-owners are female.

The AIDS epidemic thrives on injustice, inequality, oppression. The epidemic disproportionately affects those whom are marginalized and relatively powerless, including communities of color (most disproportionately African Americans), women, young people, transgender people, gay men and lesbians, and drug users. For example, African Americans are disproportionately affected by HIV, because they make up 12% of the total number of people in our country, but 50% of AIDS cases.

Oppressed and stigmatized communities are not only marginalized from the centers of power in society, but we are typically isolated from each other.

We are often distrustful toward each other, because of lack of experience working together for common goals and because of the psychological and social consequences of oppression -- things like racism, sexism, homophobia.
We also often feel like we have to compete and sometimes fight with each other for a share of resources that is proportionate to our community's need. It is not uncommon for resentments to build when another community that got there first or has more power seems to get an unfair share of the resources.

Outside the HIV/AIDS community, other disease or social-problem advocacy groups often feel envious or even resentful toward those of us in AIDS for what they see as special privileges and resources to begin with compared to what they get.

*All these tensions and contradictions get worse when the resources are scarce to begin with and then stay flat or shrink over time, like they are now in the fifth year of deeply conservative governmental rule.*

Of course, the powers-that-be *love it* when we fight with each other, and remain distrustful. “Divide and conquer” is a time-honored strategy of small minorities to maintain power over a much larger majority.

As long as we keep fighting among ourselves, they keep shrinking our share of the society’s total resources and give more and more of it to wars overseas, and tax breaks and subsidies for the rich here at home.

*When we build bridges across our divisions on the road to unity in action, then we begin to get stronger. We build real power that we can use to win real gains.*

These divisions are deeply rooted. Most of us have little practice in bridging and overcoming them, in turning our diversity of experience into strengths as a coalition and network. *So it takes a lot of work.* This workshop is a start. It will be a time we can start to frame the issue and the tasks ahead of us each back home, and commit ourselves to taking concrete steps upon our return as we build the Campaign to End AIDS.

### Training Tip

**Common Ground:** 10-20 minutes

This activity serves as an “ice-breaker” as well as an introduction to the issues to be addressed during the workshop. It provides participants with the opportunity to see the differences and commonalities in the room. Ask participants to stand in a large circle without chairs. The facilitators proceed to read a series of statements that require participants to step inside the circle if the statement applies to them. Facilitators can make up their own statements, depending on the group they are working with. Some examples include:

*Please join me on common ground if…*

- You are gay/lesbian/bisexual
- You are transgender
- You are HIV+
- You are an AIDS service provider
- You are a person of color
- You are from the West Coast
- You did not receive quality sex education in school
- You have had a friend(s) or family member(s) die of AIDS
- You are an activist

After facilitators get it started, participants can begin to call out their own statements. Wrap it up by acknowledging both the diversity and lack thereof in the room. Who is here, who is not, and why are we all here together.
How oppression plays out in the AIDS community

AIDS is intimately linked to many different forms of oppression—racism, sexism, heterosexism, economic inequality, and xenophobia (fear of foreigners), to name a few.

In order to really end the epidemic, we have no choice but to struggle against all forms of inequality and exploitation—indeed, it is this system of oppression that creates the context for AIDS to continue to be an epidemic today.

Below are some statistics on how different oppressed communities are disproportionately impacted by HIV/AIDS:

Communities of Color
Racial and ethnic minorities have been disproportionately affected by HIV/AIDS since the beginning of the epidemic.

People of color now represent 71% of new AIDS cases
People of color represent 64% of those estimated to be living with AIDS

• African Americans have the highest AIDS case rates of any racial/ethnic group, followed by Latino/as, Native Americans, whites, and Asian Americans.

• The AIDS case rate per 100,000 people for African Americans was 9.5 times that of whites in 2003.

• HIV was the third leading cause of death among African Americans between the ages of 25 and 34 in 2001, and the sixth leading cause of death for Latinos and whites in this age group.

• HIV was the number 1 cause of death for African American women ages 24-34 in 2001.
• Survival after an AIDS diagnosis is lower among African Americans than other racial/ethnic groups. (statistics from Kaiser Family Foundation, 2004)

Race and ethnicity are not risk factors for HIV infection, in and of themselves. Rather, they are markers for other factors that put people at higher risk for HIV infection, including limited economic resources and unequal access to health care.

Women
Women account for a growing proportion of new AIDS diagnoses, rising from 8% in 1985 to 27% in 2003.

• Women of color are particularly affected.

African American women account for 67% of estimated new AIDS diagnoses among women in 2003. Latinas accounted for 16%.

• As of December 200, HIV was the third leading cause of death for all women ages 25-44, and the first leading cause of death for African American women.
• Women are more than twice as likely as men to contract HIV through unprotected heterosexual intercourse. HIV is transmitted eight times more efficiently from men to women than from women to men.
• There is currently no method of STD prevention that is entirely female-controlled.

**Young people**
At least half of all new HIV infections are estimated to be among those under the age of 25. About 25% are 21 or younger.

- As of 2002, HIV was the 7th leading cause of death among 15-14 year olds in the US
- Among youth, teenage girls and youth of color have been particularly affected.

In 2002, teen girls represented 51% of HIV cases reported among 13-19 year olds.

African American youth represented 65% of AIDS cases reported among 13-19 year olds in 2002. Latino teens represented 20%.

Perinatal HIV transmission (transmission of HIV from mother to newborn during pregnancy, childbirth or breast feeding) has declined significantly in the US, largely due to antiretroviral treatment. The majority of cases that still occur are among African Americans.

**Men who have sex with men**
Men who have sex with men accounted for about 57% of AIDS diagnoses in men in 2003.

Young men and men of color who have sex with men are at a particular high risk, according to CDC studies, and have low levels of awareness of infection status among those with HIV.

**Injection Drug Users**
Injection drug users (IDUs) account for about 36% of the cumulative total of AIDS cases in the U.S. and about 28% of new HIV infections each year.

People of color are disproportionately represented among IDU-associated HIV cases

Needle and syringe exchange is one prevention strategy that has been proven to reduce HIV transmission without increasing drug use. However, there is a ban on using federal funds for this purpose, and it is not available in most areas.

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**Training Tip:**
**Four Corners**: 40-60 minutes
This exercise allows participants the opportunity to explore the roles everyone plays as individuals in the system of oppression, and how these roles play out in the AIDS community. Hang four signs in four different corners of the room, each with the following statements:

1. A time when you have been targeted by oppression in the context of AIDS work
2. A time when you have been a force of oppression in the context of AIDS work
3. A time when you witnessed an act of oppression and did not do anything about it in the context of AIDS work
4. A time when you resisted or challenged oppression in the context of AIDS work

Divide the participants into four groups and assign each group to a different corner of the room. Give the groups 8-10 minutes in each corner to discuss personal experiences they have had related to what is on the sign. Debrief the exercise in the large group after rotations are complete.
“Wedges” in the Community

The differences and distrust in the HIV community can thought of as “wedges.”

Wedges split and divide us. They are used consciously or unconsciously by our opponents to keep us focused on fighting and competing with each other, rather than uniting to demand more resources to meet needs and work to end AIDS.

Some wedges are clear and easy to name and describe. Others are more complicated, as when more than one type of social oppression is at work. Someone, for instance, may crave unity with his black or Latino/a sisters and brothers, yet feel hampered in that desire by a feeling that his/her love of people of the same gender is not accepted within that community.

In addition, we face additional wedges in the AIDS community due to the difference in levels of funding between different cities, different states, and different regions of the country.

Some states pay more than others for AIDS prevention, treatment, care and/or research. Some states do not contribute at all. This creates uneven levels of care depending on where you live. Also, cities and states are forced to compete with each other for federal dollars.

This exercise will focus our attention on identifying the wedges that are most important in our own communities and then brainstorming ways to start overcoming them.

Training Tip

**Wedges Brainstorm:** 20 minutes
Ask participants to brainstorm the various “wedges” in the community – the differences and issues that create tensions and divisiveness. (i.e. funding, racism, religion, political ideology, etc.) while writing these on a large paper visible to the group. After there is an extensive list, pick a few of the key issues, and ask participants to explain what each issue or problem is. Ask participants to give SPECIFIC EXAMPLES of how they have seen this play out in their communities and workplaces.

Then move to a discussion of the political/structural context of these “wedges.”
**Discussion questions:**
- WHY do these barriers/problems exist?
- WHO created them?
- WHO do they benefit?

Building Bridges Across Differences

Bridges over water or canyons knit together communities that were previously isolated and empower members of those communities to move more freely across all of a city or region.

Similarly, building bridges within our HIV community and movement can help knit us together, open up many new connections and possibilities, allow more movement and creativity.

It can help us build power, for each of our constituent parts and for our community as a whole. In fact, it is *essential* that we do this work if we are going to build enough power to successfully confront the forces of right-wing reaction and move to end AIDS.
Training Tip

Moving Towards Action: 40 minutes

Pose some of these questions to the group:
- Difference makes our movement strong, but how are we going to address them and work together honestly and effectively?
- How are we going to take up each other’s fights as our own?
- Given the real power dynamics within the AIDS community (i.e. we’re not all affected the same way based on race, class, gender, immigration status, etc.), where is our common ground?

After a few minutes of discussion, which should build on the previous discussions, ask participants to take a few minutes to write a letter to themselves about how they can go back to their own communities and work to build bridges across affected communities when organizing for the Campaign to End AIDS.

Whose voices are not represented, or are marginalized, in the AIDS advocacy or service work you are doing? What concrete steps can you take to create a more diverse and thus stronger movement to end AIDS?

Participants will put the letter in a self-addressed envelope and seal it, and facilitators will mail it to them in 6-8 weeks (or something).

A good way to close this training is to do a go-around where each participant states one concrete thing she or he can do to build bridges in their AIDS activist work in their local community.

Background information

Anti-oppression training:

www.projectsouth.org


Education for Changing Unions (Burke, et al., 2002).

Being an ally:

http://www.wwu.edu/chw/preventionandwellness/allypages/allybuilding.html#2
http://lgbt.unc.edu/allies/

Impact on of HIV/AIDS on different communities:

http://www.kff.org/hivaid/us.cfm
www.aidsaction.org
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C2EA PLATFORM SUMMARY:
WE HAVE THE TOOLS TO STOP AIDS. LET’S DEMAND THAT OUR LEADERS USE THEM.

When it comes to the global devastation of AIDS, we’re at an exciting—and crucial—juncture. Finally, we have the treatment and prevention tools to halt the epidemic’s deadly toll and then go on to find a cure for those infected and a vaccine for those at risk. The only thing stopping us is lack of political will. So let’s insist that our governments and private institutions take the following steps to contain the pandemic, once and for all:

1. Fully fund high-quality treatment and support services for all people living with HIV everywhere in the world.

From Alabama to Africa, millions of people with HIV lack the anti-retrovirals and other medications, health care and supportive services like stable housing that they need to stay alive. We must end racial disparities in access to care in the US and national disparities worldwide. At the heart of the Campaign to End AIDS (C2EA) is the mandate that every HIV-positive person, in the US or abroad, has access to the treatment and care necessary to sustain health and prolong life.

2. Ramp up HIV prevention at home and abroad, guided by science rather than ideology.

More than 20 years of scientific data show that sexual abstinence, condom use and needle-exchange programs (NEPs) are proven, effective means of reducing the risk and incidence of HIV transmission. But in recent years a disproportionate focus on abstinence-only HIV education has left those at the greatest risk of contracting HIV with an incomplete toolkit of preventive measures. Let’s get back to frank, robust, community-based prevention programs that have been proven to bring down HIV rates—and save lives.

3. Increase research to find a cure, more effective treatments and better prevention tools.

Science has made great strides in the past decade in developing HIV medications that have prolonged countless lives. But those medications are often difficult to take and rife with side effects—and they are not a cure for HIV. Let’s mobilize the political will to find a cure for AIDS and an effective preventive vaccine. While we’re at it, let’s support the development of promising prevention methods, like microbicides (anti-microbial gels that can be an ingredient in sexual lubricants or applied without requiring the consent of one’s sexual partner).

4. Fight AIDS stigma and protect the civil rights of all people with HIV and AIDS everywhere.

Despite an increase in AIDS awareness over the past 25 years, HIV-positive people still deal with stigma that can be, at times, overwhelming and result in devastating consequences, ranging from the loss of jobs and housing to social ostracization and violence. We need the rights of people with HIV/AIDS to be protected by the law, not to have the law used to criminalize people with HIV.

See our full 21-point platform on the web at www.endAIDSnow.org
C2EA KEY DEMANDS:
FRONT-BURNER ISSUES FOR 2005

1. Reauthorize and fully fund the Ryan White CARE Act.

Since 1990, the year it was initially passed, the CARE Act has provided hundreds of thousands of Americans with HIV/AIDS with lifesaving treatment, care and other supportive services. But in recent years, it has also been severely under-funded, leading to waitlists for HIV meds in several states and an across-the-board squeeze on its crucial services. This year, 2005, let’s work to make sure that Congress not only OKs the CARE Act for another five years but keeps its fundamental, existing structure and services intact—and allocates to it the $2.5 billion it needs to be fully operative.

2. Keep Medicaid strong for people with HIV/AIDS and all other beneficiaries.

Medicaid provides lifesaving health care to countless low-income Americans, including 55 percent of all Americans with HIV/AIDS. As budget negotiations play out in Congress this year, let’s fight to protect Medicaid from budget cuts and structural changes that could hinder its ability to help HIV-positive people and others with chronic illnesses and disabilities.

3. Strengthen the global fight against AIDS by fully funding the Global Fund and backing 100% debt cancellation.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a global war chest that funnels resources from nations, organizations and individuals to poor nations hardest hit by those diseases—but it could do so much more for those countries if it got the $1.5 billion it needs from US Congress in 2005 to effectively combat the global pandemic. And let’s continue to urge wealthy nations to cancel 100% of the debt owed by developing nations to the World Bank and the International Monetary Fund, so that impoverished countries can use their own money to fight AIDS and other public-health crises that are threatening their existence.

4. Restore and revive effective HIV prevention worldwide based on the best science.

In recent years, scientifically-proven methods of HIV prevention—such as condom use and needle-exchange programs—have been downplayed, ignored and even discredited entirely by politicians responding to religious ideology that demands complete abstinence from sex outside of heterosexual marriage and by governments that criminalize injection-drug use rather than approaching it as a public-health issue. We desperately need these lifesaving prevention approaches—as well as any methods of HIV prevention backed by sound, scientific data. Let’s demand that governments restore them to their rightful place in the prevention toolkit—and fund them robustly, both here and abroad.

See our full 21-point platform on the web at www.endAIDSnow.org
INDIVIDUAL REGISTRATION FORM

The Campaign to End AIDS (C2EA) is people living with HIV/AIDS and individuals, coalitions and organizations, united in action to demand an urgent and effective response by our government to end the AIDS pandemic.

___________________________________________________________

Name

___________________________________________________________

Organizational affiliation (if any)

___________________________________________________________

Street address

___________________________________________________________

City, State, zip

Day phone: ________________  Cell phone: _____________________________

email: ____________________________

Please check the following items you are interested in:

___ Send weekly updates on C2EA to my email address
___ Let me know how to become a rider on the Caravan to End AIDS
___ I want to help with local fundraising efforts
___ I want to help organize a caravan kick-off/welcoming event in my city
___ I can provide cooked meals/overnight housing for caravan riders
___ I can help publicize C2EA in my area
___ I want to make a donation to the Campaign $ ______________
___ Keep me posted on upcoming C2EA meetings & events in my area

Please fax this form to 202.408.1142; email it to coordinator@endaidsnow.org; or mail to:
Campaign to End AIDS: 925 15th Street, NW, 2nd floor, Washington, DC 20005.
For more information, visit www.EndAIDSNow.org or call 877-EndAIDS (1-877-363-2437)
ORGANIZATIONAL ENDORSEMENT FORM

The Campaign to End AIDS (C2EA) is people living with HIV/AIDS and individuals, coalitions and organizations, united in action to demand an urgent and effective response by our government to end the AIDS pandemic.

The undersigned Organization endorses the following four front-burner demands of the Campaign, and the National Caravans & March to converge on our nation’s Capitol in the fall of 2005 for Five Days of Action in Washington D.C. to End AIDS.

1. Fully fund high-quality treatment and support services for all people living with HIV everywhere in the world. From Alabama to Africa, millions of people with HIV lack the anti-retrovirals and other medications, health care and supportive services like stable housing that they need to stay alive. At the heart of the Campaign to End AIDS (C2EA) is the mandate that every HIV-positive person, in the US or abroad, have access to the treatment and care necessary to sustaining health and prolonging life.

2. Ramp up HIV prevention at home and abroad, guided by science rather than ideology. More than 20 years of scientific data show that sexual abstinence, condom use and needle-exchange programs are proven, effective means of reducing the risk and incidence of HIV transmission. But in recent years, a disproportionate focus on abstinence-only HIV education has left those at the greatest risk of contracting HIV with an incomplete toolkit of preventive measures. Let’s get back to frank, robust, community-based prevention programs that have been proven to bring down HIV rates-and save lives.

3. Increase research to find a cure, more effective treatments and better prevention tools. Science has made great strides in the past decade in developing HIV medications that have prolonged countless lives. But those medications are often difficult to take and ripe with side effects—and they are not a cure for HIV. Let’s mobilize the political will to find a cure for AIDS and an effective preventive vaccine. While we’re at it, let’s support the development of promising prevention methods like microbicides.

4. Fight AIDS stigma and protect the civil rights of all people with HIV and AIDS everywhere. Despite an increase in AIDS awareness over the past 25 years, HIV-positive people still deal with stigma that can be, at times, overwhelming and result in devastating consequences, ranging from the loss of jobs and housing to social ostracization and violence. We need the rights of people with HIV/AIDS to be protected by the law, not to have the law used to criminalize people with HIV.

Once signed on as an organizational endorser, the name of the organization may be used on C2EA promotional materials, including but not limited to, website, e-mail and flyers unless the endorser specifically requests written authorization to use the endorser’s name on such materials.

Name of Organization (As you would like to be listed)

Please indicate the scope of your organization: ___ National ___ State-wide ___ Community Based

Name and title of authorizing individual

Street address

City, State, zip

Day phone: ____________________ Cell phone: ____________________ Fax: ____________________

email: ____________________ Website: ____________________

Please fax this form to 202.408.1142; email it to coordinator@endaidsnow.org or mail to Campaign to End AIDS, 925 15th Street, NW, 2nd floor, Washington, DC 20005.

For more information, visit www.EndAIDSNow.org or call 877-EndAIDS (1-877-363-2437).

1-877-END AIDS • www.endAIDSNow.org
THE PLATFORM OF THE CAMPAIGN TO END AIDS:

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Finally, we have the treatment and prevention tools to halt the epidemic’s deadly toll and then go on to find a cure for those infected and a vaccine for those at risk.

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(C2EA intends the platform to be a 'living document,' and we'll continue to clarify the platform after next week's kick-off events and beyond--but we know now what it will take to end AIDS, and we've got it all here in the C2EA platform.)
DOMESTIC 10-POINT PLATFORM

HEALTH CARE

PROBLEMS

America’s health care system doesn’t provide consistent access to high-quality HIV medical care, essential support services and lifesaving HIV medications to those who need them.

Health systems fail to recognize and address gender-based inequality and the dynamics that leave women and girls vulnerable to HIV.

Health systems don’t always meet women’s reproductive health needs or adequately facilitate access to health care, including HIV counseling and testing, prevention, and treatment services.

SOLUTIONS

Maintain and expand the Medicaid program

• Strengthen Medicaid and oppose funding cuts, caps or block grants that lead to reductions in benefits and services
• Pass the Early Treatment for HIV Act to allow states to cover people with HIV in Medicaid before they become disabled by AIDS

Reauthorize and fully fund the Ryan White CARE Act

• Ensure quality care by maintaining health care and supportive services and local control, including representation for people living with HIV/AIDS
• Fully fund the AIDS Drug Assistance Program so ADAP waiting lists are a thing of the past
• Increase funding to hard-hit communities and states
• Expand services for HIV-positive women and men in the African-American, Latino, and other hard-hit communities

Strengthen the Medicare drug benefit

• Require private plans to cover all HIV-related medications, including treatments for co-occurring conditions and newly-approved or off-label uses
• Remedy the complexity of the new Medicare prescription drug benefit program by simplifying enrollment and expanding outreach and consumer education

Expand the Minority HIV/AIDS Initiative

• Support and expand minority-run community organizations in the hardest-hit areas
• Expand health care, prevention and service infrastructures where they’re most needed

Invest in supportive services for low-income, HIV-affected women, men, and families
• Ensure a strong foundation of housing, public benefits, child care and family services so people with HIV/AIDS can gain and maintain access to health care

Design and implement interventions to help women and girls empower themselves to overcome barriers to health care, such as restricted mobility, HIV stigma, and lack of treatment literacy

Develop and support leadership by HIV-positive women and girls and support their sexual and reproductive rights, which include access to HIV care, treatment, and supportive services

Expand mental health services and care for HIV-positive women

Expand appropriate counseling for HIV-positive women about their options and choices for contraception, pregnancy, and childbirth

Integrate HIV/AIDS services into a range of health services including: primary health care, family planning, antenatal care, tuberculosis and sexually transmitted disease services to address women’s different needs and reduce stigma

Tailor HIV programs to the social and biological vulnerability of adolescent girls and their special needs, including access to information and services on sexual and reproductive health

Support and promote human resource training for health care providers on HIV and gender

BENEFITS & OUTCOMES:

• Provide stable health care to the 50% of Americans living with HIV/AIDS who don’t have it now
• Reduce the American AIDS death rate by more than half
• Ensure adherence to HIV treatment and prevention measure, blocking multi-drug resistant strains of HIV
• End racial and gender disparities in the domestic AIDS epidemic
• Empower women and girls to make informed decisions about their own health
• Increased access to quality medical care that integrates HIV prevention, counseling and testing, and treatment services with other health services
• Improved understanding of HIV among health care providers and a greater ability to respond to the special needs of women
HIV PREVENTION

PROBLEMS

While America has scored an historic public health success by bringing the HIV infection rate down dramatically since the beginning of the epidemic, new infections are still too high. Despite the fact that HIV is a fully preventable disease, the United States suffers 40,000 new HIV infections each year -- worldwide someone is infected with HIV every eight seconds.

Amazingly, public attention and funding for HIV prevention initiatives has dropped in recent years. Program cuts have hit high-risk communities the hardest, including gay men and men who have sex with men, African Americans, Latinos, Asian Pacific Islanders and Native Americans.

Youth aren’t getting science-based education regarding HIV transmission, and new federal HIV prevention models don’t adequately address the role of HIV-negative people in curbing transmission.

The ban on federal funding for sterile syringe access remains in place, despite federal studies showing such programs reduce HIV infections without increasing drug use. This policy failure is deadly: almost 40 percent of Black AIDS cases as of 2003 can be traced to dirty needles.

Women and girls are at risk for HIV due to social, economic, and biological vulnerabilities which make their prevention needs complex and distinct from those of men and boys. Health strategies that focus on individual behavior change cannot address this paradox.

While some young people choose to abstain from sex and substance use, many do not. Young people are at high and increasing risk for HIV infection. While some information on HIV/AIDS is valuable, it is not always sufficient to protect young people from infection, as they are often without the resources or opportunity to obtain effective prevention tools.

SOLUTIONS

Make real science and science-based data the foundation of all HIV prevention initiatives

Increase public funding for HIV prevention programs that target the entire population -- regardless of their HIV status -- to provide lifesaving information and reduce stigma

Lift the ban on federal funding for needle exchange and provide access to sterile syringes for those Americans who are injection drug users

Tell youth the truth: factual information on high-risk sex and sexual behaviors must be included in all sex education and HIV prevention programs for young people and HIV prevention tools including condoms must be available at the same place and time

Encourage the use of condoms for those who are sexually active
Increase funding for effective real-world HIV prevention for the LGBT community, including gay men and men who have sex with men

Support honest discussions and policy innovations to incorporate proven-effective harm reduction principles into HIV prevention and treatment efforts

Ensure community stakeholders have final approval on HIV prevention materials and programs

Support public health strategies that focus on systemic prevention interventions

Assure women’s right to abstain from sex if they want to

Fund programs to empower women and girls to carry out their own sexual choices

Increase educational and employment opportunities for women so they do not have to engage in transactional sex to survive

Invest in production of safe housing for women and girls

Expand protection against violence, including sexual abuse, rape, and domestic violence

Expand access to current prevention tools, including condoms and the Female Condom

Make sure young people receive age-appropriate comprehensive education on HIV/AIDS, including the effects of substance use on judgment, the modes of HIV and other STD transmission, and scientifically evaluated methods of prevention.

- Curricula should build self-esteem and encourage respect for others and include issues relevant to both genders regardless of sexual orientation and to transgender youth

- Ensure that HIV prevention information and tools are available in places where young people gather

- Ensure comprehensive school-based programs with HIV prevention components that reach young people before behaviors are established and include information on delaying sexual behavior and on how young people who are sexually active can protect themselves from HIV and other STDs

- Increase availability of comprehensive HIV prevention in community-based organizations, churches, and shelters so that youth who are not attending school because they are homeless, have runaway or are juvenile offenders can acquire the knowledge and skills necessary to avoid infection

- Provide condoms and other prevention tools in the same venues where HIV education occurs.

•
• BENEFITS & OUTCOMES

• Reduced HIV infections in all communities
• Reduced HIV infections and better health among women and girls
• Cost benefits from HIV infections and their related healthcare expenses averted
• More bang-for-the-buck HIV prevention programs
• Reliance on science and reason instead of bias and irrational judgments for public policy
• Informed young people who possess greater awareness of the psycho-social factors contributing to HIV risk
• Greater knowledge of how to avoid infection
• Greater access to the tools necessary to keep themselves and others healthy
RACIAL DISPARITIES

PROBLEMS

The HIV/AIDS epidemic in America is marked by extreme racial disparities: African Americans now account for 54 percent of annual new infections, though they are just 13 percent of the population; Latinos comprise only 12.5% of the nation’s population but over 20% of the AIDS cases; African Americans account for two-thirds of new AIDS cases among teens, but are only 15 percent of the national teen population; Native Americans also suffer disparities in HIV infections and AIDS cases. Last year, Black women accounted for 72% of all new HIV/AIDS cases among women in the United States.

The United States still doesn’t have an effective nationwide HIV prevention and education program for Spanish-speaking communities. HIV-positive African Americans are seven times more likely to die from HIV-related illness than their white counterparts. One study found that African Americans in treatment for HIV were twice as likely as whites to have not received state-of-the-art AIDS treatments.

SOLUTIONS

Begin a massive new federal initiative to reduce HIV infections and AIDS cases and improve health care in minority communities through public communications, public health and infrastructure investment

Utilize the Ryan White CARE Act and expand the Minority HIV/AIDS Initiative to increase funding for counseling, testing, treatment and care in communities of color in accord with current surveillance data and new information on HIV prevalence

Develop and implement a culturally and linguistically competent initiative to address HIV/AIDS among all segments of Spanish-speaking populations, including immigrants, those with limited English proficiency, youth, LGBT and the elderly. Engage the communities and leaders at every stage of development and administration, ensuring proper understanding of literacy, cultural and religious values and family/community support systems and ensuring trust and effectiveness of the program

Increase CDC funding to national, regional and local community-based organizations (CBOs) for HIV prevention services targeted to hard-hit minority populations

Increase HIV prevention funding for HIV prevention and targeted HIV, Hepatitis and AIDS prevalence studies among African Americans, Latinos, Native American and Asian-Pacific Islanders

Strengthen all public programs serving large numbers of minority Americans at-risk for or living with HIV/AIDS, including Medicaid, Medicare, ADAP, welfare, Social Security, public housing, and civil rights and anti-discrimination efforts

BENEFITS & OUTCOMES
• Reduced HIV infections and improved public health in the hardest-hit communities
• Improved opportunity for individual and community development through improved health
• Reduced public costs for HIV/AIDS and related expenses
HIV STIGMA

PROBLEMS

Since the beginning of the epidemic, harsh and negative societal attitudes toward gay men, injection drug users and racial minorities have fueled disdain and apathy concerning HIV/AIDS. These attitudes have created a guilt-ridden atmosphere of secrecy that puts the entire populace at greater risk for HIV infection. The shroud of misinformation, shame, and unwillingness to openly discuss HIV/AIDS creates barriers to voluntary counseling and testing and treatment and effective public policy.

SOLUTIONS

Move towards a public policy that embraces open public discussion concerning HIV and real-world modes of transmission. Insist on an open and honest exchange of facts and opinions between the public, legislators and policymakers

Fight discrimination against vulnerable populations who do not have reasonable access to prevention and medical care

Routinize HIV testing with full pre-test and post-test counseling and privacy protections

Recognize that sex education in our schools is essential to curbing the transmission of HIV and other STDs, and that age-appropriate information for youth will save lives

Create specific programming and initiatives that will create greater understanding and tolerance for members of the Lesbian, Gay, Bisexual and Transgender communities

Support the right of drug users to seek a life free from drugs by providing adequate funding to eliminate waiting lists for rehabs and provide drug treatment on request

Work aggressively to reduce HIV-related stigma through fact-based education that will combat the public perception that HIV infection is related to immoral behavior

BENEFITS & OUTCOMES

- Information about HIV will be grounded in scientific facts rather than myth and superstition.
- People with HIV will be less likely to hide their status and more readily disclose to potential sex and needle sharing partners.
- American society will prioritize caring for individuals in need and respect the rights of Lesbian, Gay, Bisexual and Transgender persons.
RESEARCH & SCIENCE

PROBLEMS

Current therapies for HIV are complex and often have debilitating side effects, which makes adherence difficult. Further, many HIV-positive people experience treatment failure or intolerance to one or more of their prescribed drugs. The potential rise of multi-drug resistant strains of HIV also makes the development of new medications even more imperative.

Behavioral and social science research should be the foundation of our public health response to the AIDS epidemic. High quality and ethical research can test and verify the factors that increase an individual’s risk for HIV infection and the interventions and strategies best suited to help them decrease his/her risk for transmission. Government officials and the public rely on good science to develop effective HIV prevention and treatment programs. Barriers to research, including censorship and under funding, must be lifted in order to make greater progress against HIV/AIDS.

We need new biomedical interventions such as microbicides -- which can be controlled by women -- and vaccine technologies to help prevent infections.

HIV can be prevented through certain behavioral interventions, including the use of male and female condoms. However, women are not always in a position to opt out of sex or to negotiate condom use when their partners are unwilling.

The development of women-controlled methods of prevention in general, and microbicides in particular, should be a research priority. Yet microbicide research is drastically underfunded, with only 2% of NIH’s $68 million HIV prevention research budget going toward microbicides in 2004. And HIV-positive women have been insufficiently represented in research and trials.

Strong social factors like sexism, women’s financial and caretaking responsibilities, domestic violence, sexual abuse and rape affect their ability to access information and services on HIV prevention, diagnosis, care, and treatment...

Genetic differences mean that people of different races and ethnicities may respond differently to the same medication. The influence of culture, history, geography, and social constructs affects the way different populations adhere and respond to treatment, as well as to prevention interventions. Yet ethnic and minority populations—African Americans, Latinos, American Indians, Asians, and Pacific Islanders, among others—are often under-represented in clinical trials, making it difficult to determine possible risks and safe and effective dosages for all HIV-positive people.

SOLUTIONS

Increase federal funding and prioritize development of simpler, less toxic and more effective therapies for the treatment of HIV, opportunistic infections, and co-infections.

Support more research on treatment options and strategies for starting, switching, sequencing, and interrupting therapy.
Fund behavioral and social science research without restrictions in the content of materials developed or issues studied.

Support studies of the disparate risks and consequences of HIV infection, access and use of health care and quality of prevention and health care services among populations whose gender, age, race/ethnicity, sexual orientation, income and geographic location vary.

Ensure proportional representation of women, young people, and minority populations in behavioral and social science trials.

Increase targeted research and product development to expedite and optimize new microbicide and vaccine technologies.

Expand National Institutes of Health vaccine partnerships with industry and academic institutions.

 Expedite clinical trials for promising candidate vaccines and microbicides that have demonstrated safety.

Increase access to appropriate animal trials of HIV vaccines.

Prioritize and dramatically increase funding for microbicide research.

Increase funding for all five Phase 3 microbicide trials now underway to assure completion.

Expand participation of HIV-positive women in microbicide trials to assure that new products being evaluated are safe and effective for them.

Increase scientific inquiry into societal factors that may contribute to women’s increased risk for infection.

Support norm change research to improve our understanding of how certain societal factors place women at risk for infection and reduce their ability to access care.

Increase research investigating ways to change social norms and male attitudes around sexual and domestic violence, cross-generational sex, and the rights of women in marriage and other relationships.

Increase the number of minority investigators conducting behavioral and clinical trials.

Expand participation of minority populations in clinical research studies.

Ensure scientific research with broad racial and ethnic representation at universities, medical schools, hospitals, and research institutions in the United States and abroad.

Increase research aimed at improving the health of minority populations.

***Research on children, IDUs, MSMs, heterosexual men …
Increase research into re-infection and any demonstrable impact on treatment efficacy toward the development of science-based behavioral recommendations for people with HIV in treatment

BENEFITS & OUTCOMES

• Improved health and quality of life for all people living with HIV/AIDS
• Better, more effective HIV prevention efforts and less HIV infections
• A broader array of prevention and treatment options that can benefit everyone, regardless of race/ethnicity, gender, sexual orientation, age, geography, or socio-economic status
• Reduced risk of multi-drug resistant strains of HIV and better treatment adherence
• Increased knowledge about how co-infections and opportunistic infections affect the body
• More effective public health strategies for women of all ages
• Millions of lives saved through even partially effective microbicides
• More effective and efficient health care and service delivery, saving public funds
CORRECTIONS

PROBLEMS

America’s prisons and jails don’t provide adequate or high-quality HIV treatment or prevention services to people who are incarcerated, and they don’t provide adequate or high-quality transitional services to those reentering their communities.

As a result, prisoners suffer preventable HIV infections, illnesses and deaths and communities suffer from preventable HIV infections and health care costs, particularly in Black and Latino communities marked by high rates of incarceration for nonviolent offenses.

Because there are far more men in prison than women, HIV programs used in correctional facilities are often developed with men in mind. But women who are incarcerated are more likely to be HIV-positive than their male counterparts.

SOLUTIONS

Ensure all incarcerated individuals receive adequate and appropriate health care based on the United States Public Health Service Guidelines

- Stop the abuses by private prison health contractors and ensure adequate resources to federal, state and local corrections systems to ensure high-quality HIV care for all prisoners
- Based on national guidelines, make free post-exposure prophylaxis HIV treatment available to inmates who are raped, engage in unprotected sex, or share syringes putting them at high risk for HIV infection

Establish sensible HIV and Hepatitis C prevention policies in prisons and jails

- Require all prisons and jails to make available HIV prevention tools, including peer-support and education programs, condoms and sterile syringes
- Entitle all incarcerated individuals to free, voluntary, and confidential HIV counseling and testing services upon entry, repeatedly during incarceration, and before release

Ensure transitional planning and post-release services for all incarcerated people living with AIDS and HIV

- Link returning PLWHAs to health care, housing, supportive services, employment and HIV prevention resources
- Provide transitional supplies of HIV medications to ensure continued adherence to treatment

Develop alternatives to incarceration for non-violent offenders on a large-scale basis

- Provide drug treatment on request as an alternative to incarceration where it makes sense

Create and deliver women-specific HIV education, care, and treatment in correctional facilities, including reproductive health and mental health services
Develop more effective programs that provide women in prisons with the skills and knowledge to avoid infection and, for HIV-positive women, the ability to access HIV care.

Address the severe deficit of inmate safety in state and federal prisons in the U.S. Protect inmates from assault and rape and increase penalties for guards and prisoners who carry out assault and rape.

Ensure that HIV care and service providers have full access to incarcerated people living with or at high risk for HIV/AIDS.

**BENEFITS & OUTCOMES**

- Reduced HIV infections in correctional facilities and in all our communities
- Improved health and reduced health care costs for HIV-positive people who are incarcerated
- Healthier, stronger communities and less AIDS deaths
- Reduced HIV infections for women in and out of prison
- Improved health for women in and out of prison
- Help improve the health of men inside prison and upon release
- Reduced public costs for HIV-related health care in correctional facilities and in the community
- Increased opportunities for public health education and interventions
HARM REDUCTION & SUBSTANCE USE ISSUES

PROBLEMS

Even though many western nations (such as Australia and Canada) that share economic and political philosophies with the U.S. have adopted harm reduction policies to reduce the impact of illegal drug use, American policymakers have been resistant. We have not faced the growing need for harm reduction and drug treatment programs in our country and thus put thousands of Americans at high risk for HIV and hepatitis. We have particularly neglected high-risk groups not well served by current programs, including Spanish-speaking and LGBT communities.

The sharing of intravenous drug use equipment not only creates a health threat to users themselves but also creates risk to others within and beyond their social network. Our country is living without the safety net that universal access to sterile syringes and drug treatment programs could provide. And we continue to pour money into a failed “war against drugs” that favors interdiction over drug treatment.

People with mental illness and/or chemical dependency don’t get adequate access to health care, HIV care and prevention resources, leading to needless illness, death, expense and high-risk behavior.

SOLUTIONS

Lift the Federal ban on the funding of syringe exchange program and include them in a comprehensive effort to bring drug treatment to the injection drug use community

Dramatically increase federal funding to expand drug detoxification and treatment facilities in the U.S.

Invest in new programs to address substance abuse problems and support recovery for Spanish-speaking and LGBT communities

Reform criminal laws to favor drug treatment before incarceration for drug users

Create Innovative, interdisciplinary programs that address HIV, substance use and mental illness

Ensure that HIV-positive substance users receive high-quality healthcare and treatment options to address HIV disease.

Ensure that psychiatric services address the risk factors inherent for those who experience chronic, persistent mental illness and provide appropriate HIV testing, healthcare and treatment for HIV disease.

BENEFITS & OUTCOMES

• Reduced HIV infections among injecting drug users
• Reduced public expenditures on HIV/AIDS, chemical dependency and related costs
• Improved public health in hard-hit communities
PUBLIC BENEFITS AND INCOME SUPPORT

PROBLEMS

The AIDS epidemic in America is increasingly made up of very poor people, hundreds of thousands of people with HIV/AIDS who depend upon welfare and/or Social Security benefits for survival. Many people remain disabled by AIDS or other co-occurring conditions and need public support to stay alive, healthy and connected to care. And many people want to work but have high barriers to employment.

SOLUTION

Maintain access to Social Security Disability and Supplemental Security Income benefits

- Stop privatization efforts that would cut disability benefit levels and divert trillions of dollars from the U.S. Treasury
- Retain disability criteria that recognize episodic illnesses and functional limitations

Include new disability protections in reauthorization of the Temporary Assistance for Needy Families (TANF) program

- Require medically appropriate assessment of barriers to employment and self-support for all HIV-positive welfare beneficiaries
- Establish a new federal HIV sanction exemption that would allow participation in workfare and training but protect against loss of lifesaving health care and other supports due to welfare sanctions.
- Require real accommodations in employment and training programs
- Marriage promotion/abstinence?

Invest in specialized job-training and employment programs for people living with HIV/AIDS

- Prioritize programs that provide or link to real jobs and secure health care for those who can work
- Expand state Medicaid Buy-In programs to ensure stable health care when transitioning to work

BENEFITS & OUTCOMES

- Better health and less high-cost illnesses among –people with HIV/AIDS with stable income
- More consistent adherence to HIV treatment and prevention regimens
- More Americans living with HIV/AIDS moving towards employment
IMMIGRANT POPULATIONS

PROBLEM

Immigrant populations are at high risk for HIV and have poor access to health care and HIV care, treatment and prevention. Latinos, Africans, Asian-Pacific Islanders and other immigrant groups suffer high barriers to information on HIV/AIDS, prevention resources and basic and specialized health care. Irrational discrimination still blocks travel and immigration by people living with HIV/AIDS.

SOLUTIONS

Expand and improve health care and supportive services for immigrants

- Restore Medicaid eligibility to legal immigrants and make Medicaid available to all immigrants
- Remove restrictions for immigrants in public housing programs
- Invest in targeted initiatives to improve HIV care and prevention for immigrant communities

Lift the HIV travel and immigration ban

Invest in community-based and faith-based groups providing effective HIV education, treatment, prevention and care services to immigrant populations

BENEFITS & OUTCOMES

- Improved health and reduced HIV infections among immigrants
- Reduced costs for extraordinary health care expenses for uninsured immigrants
- Stronger and healthier communities
- An end to irrational discrimination against immigrants and travelers living with AIDS and HIV
HOUSING

PROBLEMS

When it comes to HIV/AIDS, housing is health care, and housing is HIV prevention. People with AIDS and HIV can’t reliably manage or improve their own health care if they’re homeless or in unstable housing. And people who are homeless are more likely to engage in high-risk behaviors, including sex-for-shelter or sex-for-money transactions. Medically appropriate and stable housing for all people living with HIV/AIDS will give other health care interventions a chance to work.

Poverty, domestic abuse, and rape contribute to women becoming homeless. HIV-positive women who lack safe and securing housing are less able to make and keep health care appointments and to follow difficult medication regimens and are at increased risk for infection.

And America’s veterans are at particularly high risk for homelessness and HIV infection, adding to our moral responsibility to ensure funding and policies that end the twin crises of homelessness and AIDS.

SOLUTIONS

Increase resources for AIDS housing

- Stop the cuts and increase funding for the Housing Opportunities for Persons with AIDS (HOPWA) program at HUD; fully fund McKinney-Vento, Housing Choice vouchers and other HUD housing programs, protect and extend Section 8 subsidies
- Establish a National Housing Trust Fund, a dedicated source of funding to produce, rehabilitate or preserve 1.5 million units of housing affordable to low-income people over the next ten years.
- Increase incentives for state and local funding for AIDS housing and operating subsidies

Increase services for people who experience long-term or “chronic” homelessness

- Authorize and fund a new program to link those experiencing chronic homelessness with permanent housing and mainstream services that will help to stabilize their lives and advance their recovery and move to self-sufficiency, with specific funds for people with HIV/AIDS
- Match funding from states and local governments, fund multi-year renewable grants based on sound performance criteria; employ a simple applications process compatible with existing housing resources; promote coordination between and among federal agencies, state agencies and local private and public organizations.

Ensure housing and services for those returning from incarceration

- Fund a range of comprehensive services to assist persons returning from jails and prisons to communities nationwide, including expanding Department of Justice grant programs

Develop expanded safe housing for women with low incomes and women who are threatened with domestic or sexual abuse
BENEFITS & OUTCOMES

- Better health care for people living with HIV/AIDS and reduced expenses on homeless shelters, emergency housing, and extraordinary medical costs
- Less HIV infections due to improved HIV prevention among formerly homeless people
- Stronger communities and more stable families
- Improved health and reduced homelessness for women
- Reduced HIV infections and reduced public costs for HIV-related health care
- Living conditions for women that improve health outcomes
GLOBAL 10-POINT PLATFORM

GLOBAL ACCESS TO TREATMENT FOR ALL PLWHAS

PROBLEM
IN 2005, almost 40 million people are living with HIV worldwide. Almost 88% lack access to the medication available in wealthier countries.

SOLUTION

Work alone and in collaboration with other donors and the UN system to provide treatment for the six million people with HIV who are in immediate clinical need of antiretroviral drugs.

Support with staff, financing and technical assistance the World Health Organization’s efforts to get 3 million people with AIDS on antiretrovirals by 2005, and reaching universal treatment coverage for all in clinical need by 2008.

BENEFITS & SOLUTIONS

• Millions of lives saved
• Billions in health care and economic costs saved
• Increases in global security, stability and solidarity.
FUND THE FIGHT AGAINST AIDS

PROBLEM

Global public health efforts don't currently have enough resources to stop AIDS, despite the availability of effective treatments and prevention tools. The United States doesn't pay its fair share of global AIDS costs.

SOLUTION

Commit at least $30 billion over the next four years to fight global AIDS.

Pay at least 33% of the projected needs of the Global Fund to Fight AIDS Tuberculosis and Malaria ($1.5 billion for fiscal year 2006), while also sustaining additional forward-financing of at least one third of the following year’s projected budget. This advance funding provided a budgetary safety margin as well as incentives for bold new treatment scale-up applications.

Support rapid utilization and expansion of existing physical and human capacity in developing countries, prioritizing sustained investments in public sector health care training and provision facilities.

BENEFITS & OUTCOMES

- Millions of lives saved through access to treatment, care and prevention.
- Increases in health and life expectancy in the developing world increases global security and enhances economic development opportunities.
DROP THE DEBT OF THE 50 POOREST COUNTRIES

PROBLEM

The world's poorest countries pay billions of dollars in debt and interest each year to the world's richest nations in the form of loan repayments to the International Monetary Fund and the World Bank. Sub-Saharan Africa alone pays $15 billion each year to these wealthy multilateral institutions, leaving these most impoverished countries starved of the resources needed to ramp up AIDS and public health programs. These debts were usually incurred by departed corrupt governments at usurious interest rates, and the principle has been paid over and over.

SOLUTION

The United States should direct the International Monetary Fund and the World Bank to drop 100% of the debt of the 50 poorest countries, using the internal resources of these international financial institutions to finance debt cancellation. The US and other wealthy nations should not finance debt cancellation by making new contributions to the IMF or World Bank. Debt cancellation should be straightforward and simple, and it should result in additional resources available for investment in national priorities including health and education.

BENEFITS & OUTCOMES

- Billions of dollars freed up for nations to use to finance national AIDS treatment, care and prevention plans and other health and education spending
- Increased control by poor nations over their own AIDS programs and their own health and future development
END USER FEES AND LIMITATIONS ON HEALTH CARE AND EDUCATION SPENDING

PROBLEM

With the support of the U.S. government, the International Monetary Fund and the World Bank continue to require or support poor countries to charge fees for formerly free public services such as health care and education, resulting in massive declines in health systems utilization and school graduation rates.

At the same time, the IMF caps total in-country public expenditures, putting deep limits on the ability of impoverished nations scale-up spending or even to receive donor aid to finance scale-up of AIDS treatment, prevention and care services.

SOLUTION

The US should require the IMF and World Bank to oppose the imposition of all user fees in both health care and education sectors. Additional U.S. resources should be provided to developing countries that stop fee collection to fill budget gaps created by the removal of these payments from consumers.

The U.S. must insist that the IMF and World Bank drop all direct and indirect limitations on health care and education spending. Governments should be permitted and encouraged to increase public spending in these two vital sectors for wage support, expanded employment, and revitalized health and education systems.

The U.S. must commit to the principle of free care in its own bilateral initiatives by the end of 2005.

BENEFITS AND OUTCOMES:

- Increased utilization of health care services by poor people, including better adherence to treatment regimens
- Increased attendance at schools, especially by girls
- Rapid scale-up of health care capacity, including the capacity to deliver HIV/AIDS treatment and care.
HEALTH CARE WORKERS AND INFRASTRUCTURE

PROBLEM

Due to underfinancing from donor nations, structural adjustment programs imposed by the World Bank and International Monetary Fund, and the "brain drain" of health care professionals out of poor nations, health care systems are crumbling and there is a critical shortage of trained health professionals in developing countries. This undermining of health care systems and shortage of health care workers severely limits the capacity to provide treatment and care services to people with HIV and to rapidly utilize donor financing to fight AIDS.

SOLUTION

Wealthy nations must finance hard-hit countries to develop and improve their own nationally-owned health care systems and infrastructure. New donor investments must also be made to greatly scale up the capacity of medical care and education institutions to provide skilled and community care, while graduating new accredited professional and non-professional care providers.

Any volunteer corps involved in care delivery in developing countries should be a temporary measure to deliver care concurrent with medical training that graduates new health care workers and strengthens in-country public health education systems.

US rules against paying recurrent expenses like salaries should be rolled back to make significant new investments to increase pay and retention in the health sector. Wealthy nations and corporations must cease the active recruitment of health care professionals from the global south. Existing health care workers need salary increases and other compensation to increase retention and reduce out-migration of health professionals to wealthier nations.

Invest in training and support that empowers, trains, and pays HIV-positive individuals, women and other lay community health providers for the untrained, unpaid community care provision and peer education services they are providing already in hard-hit poor countries facing an acute shortage of trained health care professionals.

BENEFITS & OUTCOMES

- New cadre of trained and paid professionals and non-professionals will be able to meet the treatment and prevention targets of the WHO's 3 x 5 program and the US bilateral AIDS initiative, saving millions of lives
- Redress of harmful structural adjustment programs and underinvestment that have contributed greatly to global inequity of access to care and treatment
- Health systems investments and improvements enable nations to reach global development targets such as the millennium development goals.
GLOBAL ACCESS TO LOW-COST MEDICATIONS

PROBLEM

Intellectual property rules in global trade pacts frequently prohibit or delay access to affordable, life-saving generic medicines. New bilateral free trade negotiations are used by the United States to supercede and erode the limited safeguards contained in already-restrictive WTO global trade rules. In particular, the U.S. is attempting to limit the abilities of impoverished nations to break drug monopolies when necessary to promote access to life saving medications, and restricting the importation of lower-cost drugs. The US even seeks to erect new data-exclusivity and drug registration barriers that give big pharmaceutical companies a monopoly even in countries where they have not sought or obtained a patent, or where patent barriers to generic competition have been overcome.

SOLUTION

US trade policies should promote, rather than limit, access to affordable generic medications in developing countries. WTO rules should be seen a ceiling for intellectual property protections; the U.S. should stop seeking additional drug company monopoly protections in bi- and multilateral trade negotiations.

Poor countries should receive technical assistance to enact new laws utilizing flexibilities in patent monopoly rules to promote access to medicine. The developing world should have freedom to import generic medications from other countries when they lack capacity to manufacture medicines efficiently in their own countries. Medicines should be recognized as a distinct category, different from other products, where the right to health and the right to life prevail over purely commercial interests.

BENEFITS AND OUTCOMES

- Because of the lower costs of generic medicines, more people can be treated and millions of lives will be saved through faster access to the newest HIV treatments
- A vibrant generic market with multiple competitors can help ensure product supply and continue to drive prices lower over time
- Research and development by innovators will not be adversely affected because poor countries cannot currently afford to buy the more expensive products produced by brand-name companies.
GLOBAL AIDS AND ITS IMPACT AMONG CHILDREN

PROBLEM

Millions of children worldwide will be orphaned by AIDS as a result of the deaths of their parents and/or caregivers. Orphaned girls are particularly vulnerable to sexual violence.

AIDS and public health care workers outside the U.S. often have no or inadequate training in the health care needs of children. Children living with AIDS outside the United States don't have access to pediatric formulations of HIV medications.

Impoverished children are required to pay user fees to attend public schools, greatly reducing graduation rates.

SOLUTION

Invest billions of new dollars to address the needs of children orphaned or vulnerable due to HIV/AIDS

Invest to end the imposition of user fees in developing country public education systems has dramatic outcomes in reducing HIV infection among young people, while greatly improving economic prospects

Work with other nations to ensure the implementation of national policies to provide support to orphans and children infected and affected by HIV through enrollment in school, housing, and access to health and social services by 2006

Protect orphaned girls from rape and sexual violence, and expand access to HIV prevention and reproductive health services

Bring pediatric formulations of HIV medications to children worldwide through low-cost generics, while expand training of health care, public health and AIDS program workers to include pediatric HIV/AIDS

Provide treatment to HIV+ family members.

BENEFITS & OUTCOMES

• Stronger nations, improved economies and safer and happier children
• Millions of lives saved through effective HIV treatment programs which sustain families and workers
• Stable families and workers and new economic opportunities provided through increased adult participation in the workforce while greater utilization of public education services increases economic development opportunities
• Countries with an environment of hope and opportunity education increase global security and enhance economic development.
GLOBAL EMPOWERMENT OF WOMEN & GIRLS

PROBLEM

Women worldwide face higher risk for HIV infections due to social factors including sexism, women's financial and caretaking responsibilities, domestic violence, sexual abuse and rape.

Existing international AIDS efforts don't always take the particular needs and roles of women into account when developing and implementing public health and service initiatives.

Globally, women and girls lag behind in accessing HIV education, care and compared to men and boys, studies show. Poverty is a key reason behind the female gap or lag in HIV treatment access.

Women and girls lack access to treatment education and experience low levels of literacy in many settings.

American and global studies show the majority of women with HIV are exposed through sex with a husband or long term partner, not by casual sex or drug use.

SOLUTION

Integrate support for women's rights as an integral part of AIDS funding, including the promotion of legal reforms in areas such as inheritance rights, marriage rights and property rights

Support enforcement of laws prohibiting gender-based violence and other violations of women's rights

Protect women and girls from sexual and domestic abuse, including abuse in marriage and other long-term unions; make sure that reforms in statutory law are not undermined by customary or religious law or practice

End harmful customary practices such as "wife inheritance" and ritual "cleansing" of widows", and should enforce prosecution of rape, including marital rape

Give urgent attention to the link of HIV and rape in zones of conflict and protect women and girls in zones of resettlement and refugee centers. Emergency health services should be available to raped women, including rape counseling and post-exposure prophylactic therapy. Military personnel should receive appropriate training around sexual violence and rape.

Dramatically increase U.S. support for universal access to primary education, including measures to assure equal access for girls, and efforts to ensure women's economic independence, including income-generating programs

Policymakers must consider the greater economic vulnerability of women and girls and focus on non-medical needs for food and employment, transport, and child care

Develop benchmarks for women and girls' access to treatment using gender equity as the measuring stick
Identify barriers to accessing HIV services and implement strategies to overcome them

Provide long-term monitoring of access to treatment to assure equity of access.

Link HIV treatment programs to food, job and other programs

Expand non-written means of education and communication, including pictograms, radio, drama and songs to better convey AIDS and public health messages

Address the needs of married women who are faithful to one partner and may not perceive themselves to be at risk

Meet the HIV prevention needs of married women who now make up the bulk of HIV-positive women globally.

BENEFITS & OUTCOMES

- Reduced HIV infections and improved health for all women
- More effective public health and HIV/AIDS care programs throughout the world
- Stronger, healthier communities and reduced public costs for HIV/AIDS treatment
GLOBAL RESEARCH & DEVELOPMENT

PROBLEM

Antiretroviral treatment is not a cure. We need new biomedical interventions such as microbicides -- which can be controlled by women -- and vaccines to treat and prevent infections. Side effects and dosing schedules of HIV medications still limit easy adherence to treatment.

SOLUTION

Increase targeted research and product development to expedite and optimize new microbicide and vaccine technologies

Expand National Institutes of Health vaccine partnerships with industry and academic institutions

Expedite clinical trials for promising candidate vaccines and microbicides that have demonstrated safety

Expand investments in gender-based research to measure the benefit vs. toxicity of HIV drugs in women's bodies, their ability to take up and adhere to treatment, the impact of HIV on reproductive health, and important issues such as nutrition

Develop simplified antiretroviral treatment and monitoring tools adapted for use in resource-poor settings as well as novel and adaptive treatments for tuberculosis and malaria

BENEFITS & OUTCOMES

- A vaccine that stops the biggest health threat in history will be the biggest accomplishment in history, saving hundreds of millions of lives
- Microbicides will afford greater freedom to women to control the risks of transmission
- Better compliance with treatment and reduced risks of drug-resistant strains of HIV
GLOBAL IMMIGRATION

PROBLEM
The United States bars entry and travel by people living with HIV. Many states in the United States bar access to public health services to immigrants or undocumented residents.

SOLUTION
End all bans on travel and immigration by HIV-positive people
Allow immigrants and undocumented residents living with AIDS and HIV full access to public health care programs

BENEFITS & OUTCOME

• Improved health and reduced HIV infections among immigrants
• Reduced costs for extraordinary health care expenses for uninsured immigrants
• Stronger and healthier communities
• An end to irrational discrimination against immigrants and travelers living with AIDS and HIV
GLOBAL HIV PREVENTION AND PUBLIC HEALTH

PROBLEM

HIV prevention programs and policies are often inadequate and fail to address real-world means of HIV infection and social pressures that increase high-risk behaviors. AIDS prevention programs are increasingly hampered by ideological considerations. In the development of public health programs, HIV is too often separated from other high-priority needs.

In addition to HIV/AIDS, tuberculosis and malaria are the major diseases of poverty that kill millions every year and contribute to an environment of hopelessness and instability in the developing world.

And HIV stigma continues to hamper public health efforts worldwide; the shroud of misinformation, shame, and unwillingness to openly discuss HIV/AIDS creates barriers to voluntary testing and treatment and effective public policy.

SOLUTIONS

Disease prevention policies must be guided by science, not politics

Support effective science-based prevention strategies, rather than politicized and unscientific approaches such as abstinence-only interventions

Commit adequate resources and ensure access to a global supply of HIV prevention commodities and programs to avert 29 million of the most preventable new adult HIV infections projected between now and 2010

Address the vulnerability of married women and the link between HIV and forced sex or marital rape as well as domestic abuse

Reform legal systems to recognize marital rape and rape, and to prosecute rapists and sexual traffickers of women and girls

Uphold the targets set out with leaders of other wealthy nations in the G8 Okinawa 2000 agreement: to reduce tuberculosis deaths and prevalence of the disease by 50% by 2010 and to reduce the burden of disease associated with malaria by 50% by 2010, with major and proportionate financial contributions by the United States

Finance the implementation of artemisin-based combination therapy (ACT) in areas of high resistance to first-line treatments

Move towards a public policy that embraces open public discussion concerning HIV and real-world modes of transmission. Insist on an open and honest exchange of facts and opinions between the public and legislators policymakers

Fight against discrimination toward vulnerable populations who do not have reasonable access to prevention and medical care

1-877-END AIDS • www.endAIDSnow.org
Create specific programming and initiatives that will create greater understanding and tolerance for members of the LGBT and drug user communities

Work aggressively to reduce HIV-related stigma through fact-based education that will combat the public perception that HIV infection is related to immoral behavior

BENEFITS & OUTCOMES

• Reduced HIV infections and reduced public costs worldwide
• Improved public health and millions of lives saved through effective HIV, TB & malaria prevention and treatment
Solidarity Project: Linking U.S. AIDS Policy at Home and Around the World

What is SOLIDARITY? Unity among individuals with a common interest. Around the world, we are linked to individuals with the common interest of ENDING AIDS.

What would it mean to put solidarity INTO ACTION?
We will end the epidemic by demanding the resources from those who control them. At this time, the United States government is the largest funder of research and programs on HIV/AIDS around the world. People living with HIV and their supporters around the world are speaking out about what they need to fight the epidemic. It is our role to make sure that our government responds.

The US Government is publicizing its involvement in global AIDS work to people here and around the world.
This gives us the opportunity, and responsibility, to show people around the world that not all US AIDS policies are helpful, appropriate, or given enough funding.
For example, there are 232,000 people in the United States who can not count on access to the treatment they need for HIV. Yet our government is setting treatment access policies for other nations around the world. The federal funding ban on syringe exchange has cost the lives of thousands of people in our communities. The government says it knows syringe exchange works, and that it stops HIV transmission without increasing drug use, but still refuses to let people use their local share of HIV prevention funds for these programs. So what policies are recommended when our government advises other governments on how to deal with the spread of HIV through drug use? To not do syringe exchange!

But what about the $15 billion Bush gave to fight AIDS in Africa?
In a time when our programs are being cut, it can be hard to hear about funding going to other efforts. Even though a tiny slice of our national budget goes to funding in other countries (especially if it is not connected to the military), it can seem like “our” money to fight AIDS in our country is being taken away and given elsewhere... But solidarity means we need to get the facts (see next page)
The Truth about Bush’s $15 billion for Global AIDS

MYTH: The Bush Administration recently contributed $15 billion for global AIDS.

FACT: In February 2004, the Bush Administration pledged to give $15 billion to global AIDS programs in total over five years through the President’s Emergency Plan for AIDS Relief (PEPFAR). But U.S. funding for global HIV/AIDS in 2004 was actually only $2.25 billion. The U.S. has contributed nowhere near $15 billion to fight global AIDS since announcing PEPFAR, and there is no guarantee that the government will give this much over five years.

MYTH: $15 billion is a generous contribution to fighting global AIDS through 2008.

FACT: $15 billion over five years is not nearly enough to stop, or even control, the global pandemic. Many economists agree that the US should give at least $30 billion through 2008, twice the amount of Bush’s “emergency plan.”

MYTH: Since Bush has committed to fighting global AIDS through the $15 billion initiative, the U.S. is contributing more than its fair share to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

FACT: The Bush Administration is only contributing $200 million to the Global Fund for 2005, about one-third of what it contributed last year. Most of the U.S. government’s global AIDS money is contributed through bilateral (country to country) programs, rather than the Global Fund. Bilateral funding allows the Bush Administration to not have to justify its decisions on AIDS funding to people with HIV in that country or the international public health community. Right now, the Global Fund is the best way to fund efforts to stop AIDS. Our government should contribute annual payments to the Global Fund at levels equal to at least 33% of the Fund’s needs, our share of the global economy.

MYTH: The United States government is contributing billions of dollars to effective HIV care, and prevention based on scientific facts throughout the world.

FACT: The Global Fund is active in 127 countries. PEPFAR includes only 15. Effective prevention strategies such as needle-exchange programs, safer sex education for sex workers, and condom promotion for all who may need them are discouraged or banned under PEPFAR.

What are shared problems in our government’s AIDS policies in the US and in other countries?

PREVENTION: US policies push abstinence and marriage – even though these programs do not decrease HIV rates – rather than comprehensive programs that include info on abstinence plus safer, or that provide condoms or sterile syringes.

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<td>The President’s Emergency Plan for AIDS Relief (PEPFAR) promotes global HIV prevention through a focus on “abstinence and behavior change for youth.”</td>
<td>The federal government currently spends over $140 million every year on abstinence-only-until-marriage programs.</td>
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<td>PEPFAR clearly states that efforts to prevent HIV/AIDS among youth will focus on abstinence-only-until marriage, on “secondary abstinence,” and on messages about “being faithful within marriage.”</td>
<td>The President has been clear about his support for abstinence-only education and has repeatedly vowed to increase federal funding to these programs. The programs are forbidden from giving honest information on condoms and sexuality, even if teachers know youth are at-risk.</td>
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<td>Countries such as Cambodia have publicly complained that their HIV prevention programs have been weakened by US policies preventing dollars from being used to purchase, distribute, and educate about condoms.</td>
<td>Every study of these programs shows that they do not lower rates of sexually-transmitted diseases. In some cases, schools where more students took a pledge to stay virgins had higher overall rates of STDs!</td>
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TREATMENT: Putting drug companies and big business profit over human needs means that people cannot access medical care or get the medicines that they need.

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<td>The lives of at least 5-6 million of the 40 million living with HIV around the world are in danger today because they cannot get combination anti-HIV treatment.</td>
<td>Only about half of the individuals aware of their HIV status in the US who need combination therapy have consistent, ongoing access to these drugs. This leaves more than 233,000 people with HIV in the US who do not have access to treatment.</td>
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<td>The World Health Organization approved generic AIDS drugs that cost as little as $140 per person a year. The Bush Administration has required that US money not be used to buy these drugs if they are not cleared by our FDA.</td>
<td>Strict Medicaid rules that include very low monthly income requirements and limited enrollment periods mean that many people go in and out of the program. In most states, HIV+ people have to get AIDS to get Medicaid, rather than getting treatment to stay healthy.</td>
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<td>That usually mean only using brand-name drugs costing 4-10 times more, which people and programs cannot afford.</td>
<td>New Medicare regulations ban the government from negotiating for lower drug prices.</td>
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FOR IMMEDIATE RELEASE

Contacts:
Tim Murphy, Housing Works: 347-236-7829 or tmurphy@housingworks.org
Julie Davids, CHAMP: 646-431-7525 or jdavids@champnetwork.org

Thursday, May 5: AIDS Protesters Bring 8,000 Pairs of Shoes to White House to Kick Off Nationwide Campaign To End AIDS

Washington, DC – This Thursday, thousands of people living with HIV/AIDS and their defenders from across the nation will mass in Washington to launch the Campaign to End AIDS (C2EA), a vast new coalition of HIV-positive Americans, activists and organizations demanding that world leaders take proven steps to stop the epidemic in the U.S. and abroad.

The “Walk a Mile in My Shoes” march steps off at 12 noon Thursday from the Navy Memorial at 7th St NW and Pennsylvania Avenue. At 1pm, Campaign members will sound off at a lively rally in Lafayette Park before 3,000-plus expected protesters. The crowd will then line up a solemn procession of 8,000 pairs of empty shoes in the shadow of the White House, to symbolize the 8,000 people worldwide who die of AIDS daily. Simultaneously, the Campaign will hold kick-off events in a dozen cities—and unveil the dynamic new website www.endAIDSnow.org, featuring a 21-point plan to halt the epidemic worldwide.

“On May 5, we invite our leaders to join us in walking the walk of AIDS compassion, not just talking the talk,” said the Campaign’s co-chair, Rev. Charles King, an HIV-positive ACT UP veteran and cofounder of the New York City AIDS agency Housing Works. “We have the science to work miracles with treatment and prevention tools. Let’s show some political will and employ those tools to end AIDS in America and abroad.”

At a time when funding shortfalls have led to waiting lists for lifesaving AIDS drugs in up to 16 states and federally-funded abstinence-only programs have threatened two decades of scientifically proven HIV prevention, the Campaign has brought together an unprecedented array of forces. It is mobilizing everyone from gay male survivors of the epidemic’s first wave to injection-drug users to African-Americans like New York City’s Fatima Prioleau, an HIV-positive mother of five who will speak on Thursday. “The epidemic is thriving while funds and compassion dwindle,” she said. “Now we’re telling leaders: No way will we die on your watch.”

The Campaign is also uniting a broad spectrum of organizations, including long-standing national groups like AIDS Project Los Angeles and New York City’s Gay Men’s Health Crisis; rural and regional groups such as the Regional Interfaith AIDS Network (RAIN) Oklahoma and the Southern AIDS Coalition; and grassroots activist leaders, including ACT UP/Philadelphia and Community HIV/AIDS Mobilization Project (CHAMP).

Thursday kicks off a series of bold Campaign events this year. This summer, more than 150 young activists will gather in D.C. for the Campaign’s Youth Training Institute. In September, people with HIV/AIDS and activists from every state will join up in nine cross-country caravans, converging on Washington for five days of action, advocacy, prayer and support on October 8-12.

“As a young person, I am honored to be part of a worldwide network of people living with HIV and activists fighting this epidemic,” said the Campaign’s Kaytee Riek of the Student Global AIDS Campaign. “Together, we have the power to end AIDS—and with C2EA, we’re taking it on the road this fall, through every state.”

A wealth of digital images of Thursday’s colorful kick-off will be immediately available at www.endAIDSnow.org.

# # #

1-877-END AIDS • www.endAIDSnow.org
PRESS RELEASE EXERCISE: Fold paper in half before distributing. Read aloud the sample press release and ask participants what works and what doesn't work. Then unfold paper to review answers.

SAMPLE PRESS RELEASE:

ATTENTION MEDIA

The AIDS Consortium is furious with the City Council for not approving funding at the rates suggested by the local RWCA planning council -- again! -- when so many PWAs still need support. Even ADAPs are being cut, leaving our community with little hope.

"This is clearly a racist attack on our community," said Joan Jackson, chair of the AIDS Consortium board of directors. "First they cut our housing funding, and now treatment money. How are we supposed to survive?"

"I'm calling for a phone zap of all council members!" said Mark Matthews. "We are so mad at those assholes."

Community members pledged to protest the funding cut proposal all month.

WHAT'S WRONG WITH THIS RELEASE?

1. No headline, no contact information, no dateline (time and location).
2. Too many acronyms that are never explained -- RWCA, PWA, ADAP. Pretend a cousin who knows nothing about AIDS is reading this and be sure to explain all insider jargon and programs fully.
3. The crisis is never fully explained -- use specific amounts (statistics about infections, dollar amounts, program participants) whenever possible. Don't rely on rhetoric to make your point for you.
4. Avoid simply complaining about an issue -- especially if it's not new. Identify the specific new problem clearly and outline solutions. Whenever possible, be sure your solution involves something in addition to just calling for more money. And be sure to demonstrate your community's strength -- if you can reasonably estimate turning out 100 people to protest, say so.
5. Avoid unnecessarily divisive language -- and save accusations of racism and homophobia only for most extreme, hateful attacks.
6. Avoid name-calling -- and NO obscenity allowed.
7. Quote members, clients, or people directly impacted by the issue at hand whenever possible -- not just higher-ups.
8. Be sure to fully ID and provide context for each quoted source -- why should the reporter care what Mark Matthews says?
9. Be sure to include an ACTION or SOLUTION with specific steps and ways for people to get more information or get involved.
SAMPLE FUNDRAISING LETTER

May 6, 2005
Eric Garcetti, Member, Los Angeles City Council 13th District
200 North Spring Street, Room 470
Los Angeles, California 90012

Dear Councilman Garcetti:

On behalf of the LA Organizing Committee for the Campaign to End AIDS, Being Alive of Los Angeles, AIDS Project Los Angeles, the Los Angeles Gay and Lesbian Center and Bienestar Human Services, I am writing to you about the Campaign and to ask for your support.

The Campaign to End AIDS (endaidsnow.org) is a broad-based coalition mobilizing people living with HIV/AIDS and their allies in communities throughout the U.S. to sharply increase the level of governmental; and civic action to end AIDS as a pandemic in this country and around the world. We are a new national and local network welding the power of individuals and organizations, government and businesses, whether primarily HIV/AIDS-related or not.

More than 8000 people die every day, and in the US alone 40,000 are newly infected each year, mostly the young and the poor. The power exists to end the social and economic disaster of the AIDS crisis by providing effective treatment, support, prevention and freedom from stigma and discrimination to all who are infected, affected or at risk – if we choose to harness and use it.

Our national goal is to raise 1 million dollars between now and September 1, 2005 to support a 50 state Caravan and March on Washington that will call upon our government to use the tools available today that can end this pandemic. That convergence in Washington, and a summer of organizing and an institute to train and mentor a new generation of leaders, will be the basis for a five-year campaign to actually end AIDS as a social crisis, and speed the day of conquering it biologically as well.

Here in Los Angeles, we want to raise $100,000 to support 200 or more riders from LA, for whom this caravan will be a life-transforming, leadership-forging experience itself.

There are several ways to become involved in support of the Campaign. Here are four of the most important:

Become a Campaign Partner by underwriting a full van of riders for $5,000.
Become a Campaign Contributor by contributing $500.00 to fund 1 rider.
Become a Campaign Sponsor by contributing $100.00 which will feed and house a rider for a week!
Help us host Community Meetings and Fund-Raisers to both spread the word about the campaign and give more of your constituents the opportunity to become involved.

HIV/AIDS is a problem that unites us and that can be solved if we demonstrate the will. I will be calling your office in the next week to discuss your potential support.

Sincerely yours,
Walt Senterfitt, PhD, RN and Person Living With AIDS

1-877-END AIDS • www.endAIDSnow.org
CARAVAN RIDER SPONSORSHIP FORM

The Campaign to End AIDS (C2EA) is people living with HIV/AIDS and individuals, coalitions and organizations, united in action to demand an urgent and effective response by our government to end the AIDS pandemic.

Starting from September 18, 2005, riders from around the country will kick-off the National Caravans to End AIDS. Nine caravans will make stops in various cities on an AIDS visibility tour through America, to converge on Washington DC for Five Days of Action to End AIDS in October. Your generous financial assistance will help send a rider on this historic event to help end the AIDS pandemic, both here and abroad.

When you make a tax-deductible contribution in the following suggested amounts:
  • $10 will feed the rider for one day
  • $35 will fill a tank of gas plus a bag of chips for the driver
  • $100 will provide overnight shelter for a week
  • $1,000 will pay for all expenses for one rider all the way to DC

Thank you for doing your part in helping a rider to join the Caravan to End AIDS.

Rider’s Name ________________________________________________________________

City __________________State ________________ Phone/email_________________

Please make your check payable to: Campaign to End AIDS

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Campaign to End AIDS
925 15th Street, NW, 2nd floor, Washington, DC 20005.
For more information, visit www.EndAIDSNow.org or call 877-EndAIDS (1-877-363-2437)
LETTER FOR PAROLE OFFICERS

April 29, 2005

<Parole Officer name>
< address>
<City, State, Zip>

Dear Officer:

I am writing to request the ability for (insert marcher’s name here) to request permission for (Marcher’s Name) to participate in the Campaign to End AIDS in Washington, DC from Oct. 8-12th. We will be traveling by bus, leaving on (insert departure date). If you need to contact (marcher’s name) during this time period, you can call (insert the bus captain’s name and number).

You should be proud that your work with (Marcher’s name) has made it possible for him/her to join this crucial action to finally stop the spread of AIDS. The march is being coordinated by a national steering committee and there will be on-site medical providers, including full day treatment services provided by Housing Works. Feel free to contact (some medical person or program director at Housing Works I guess) to discuss this issue further.

(marcher’s name) can give you more information about the march and is also seeking donations in his/her name to support this Herculean effort. In addition, I would be happy to meet with your administrators to discuss the particular logistics of this march and how we can ensure that (marcher’s name) remains focused on his/her treatment plan.

Thank you for all that you do to fight against HIV/AIDS.

Sincerely,

Charles King (or whoever, but it might be better to have someone high up sign)
Chief Executive Officer
LETTER FOR METHADONE PROVIDERS

April 29, 2005

<Case manager name>
<Meth clinic name>
<meth clinic address>
<City, State, Zip>

Dear Case Manager:

I am writing to request the ability for (insert marcher’s name here) to take home methadone for the period of April 15th - May 5th, 2005. (Marcher’s Name) has bravely agreed to participate in one of the most historic events to take place in our life time—The March to End AIDS. This historic march is from New York City to Washington, DC.

You should be proud that your work with (Marcher’s name) has made it possible for him/her to join this crucial action to finally stop the spread of AIDS. The march is being coordinated by a national steering committee and there will be on-site medical providers, including full day treatment services provided by Housing Works. Feel free to contact (some medical person or program director at Housing Works I guess) to discuss this issue further.

Given the logistical complications of the march, it would be very difficult for (marchers name) to pick up methadone at local clinics along the march route.

I also encourage your participation in this march. (marcher’s name) can give you more information about the march and is also seeking donations in his/her name to support this Herculean effort. In addition, I would be happy to meet with your administrators to discuss the particular logistics of this march and how we can ensure that (marcher’s name) remains focused on his/her treatment plan.

Thank you for all that you do to fight against HIV/AIDS.

Sincerely,

Charles King (or whoever, but it might be better to have someone high up sign)
Chief Executive Officer
**Trainer Tips**

We hope you will use this kit to train others.

You will find tips for exercises and activities to make your C2EA training as interesting, effective, and interactive as possible throughout this training kit.

However, good training is just as much about the facilitation as it is about the content or curriculum. This section provides some ideas on how to be a more effective, democratic facilitator.

**Getting ready for the training:**
Before your training or workshop...

- Consider your audience. Who will be at the training? What are their backgrounds? What are their previous experiences with the workshop background?

- Goals. Be sure to have clear goals about what you hope to accomplish from your training.

- Consider the space. Is the space accessible to all participants? Is it wheelchair accessible? Is it large enough? Do you need any additional equipment (TV/VCR, easel, chairs, etc.)? Are there restrooms near by?

- Refreshments. Can you serve food and refreshments?

- Outreach. Are you conducting outreach to ensure diversity and representation that reflects the make up of your community?

- Co-facilitation. Consider co-facilitating the training with someone else and prepare with them before hand.

- Gather materials and equipment; prepare copies of handouts.

- Write down an agenda and goals on easel paper (or on a board) for participants to see.

- Circulate a sign-in sheet to gather the contact information of participants.

**Tips for Effective Facilitation:**
The facilitator is the engine that keeps the meeting running smoothly. They maintain energy, conduct a decision-making process that has been identified by the group, and help the group keep track of their discussions and ideas. Here are some things that a facilitator can focus on:

**Turning a room of individuals into a group:**
- Set a positive tone of respect in the group, and speak openly about wanting all individuals to feel like a part of the group.

  Develop ground rules as a group. Ground rules can be an effective way to develop an atmosphere of trust and respect.
Watch for power imbalances between individuals and groups of participants—and point them out. If it is mostly men speaking, or older people speaking, the facilitator can ask for more women or young people to speak.

Be flexible with your agenda—there may be times when an activity needs to go longer than planned or an activity might not be working for the participants. There are many ways to meet your goals, even if you have to cut an activity.

Good listening includes checking for non-verbal cues given in body language. If people look bored, they probably are!

Challenge oppressive or insulting language and remarks, without attacking the person who made the remark

Work to have equal participation between all members of the meeting or group:

Small group discussions allow participants to share their perspectives in closer settings. You can suggest that people break into smaller groups to discuss different aspects of a plan. Then, encourage a variety of participants to report back from discussions to the larger group.

If only a few people are talking, consider a “go-around,” in which each person in the circle or groups is asked to speak (with the opportunity to “pass” if they do not want to speak.)

It’s great to pause and ask for people who have not spoken to speak. Some people need more time to get their thoughts together and will be grateful for the invitation.

It is also useful to tell people that you would like them to hold off on speaking multiple times if other people have not yet spoken.

Describe and document the group’s work

Summarize key points and highlight points of agreement.

If people do not fully agree on a decision, point that out to the group, and suggest that the group move on to other topics where they might be able to have agreement.

When issues come up that are not on the agenda, or that can not be solved by the group that is present, write them up on a “parking lot” sheet of paper that can come to the next meeting or that people can follow up on outside the meeting.

Don’t fish for “right answers” when having a dialogue. If there are key points you need to make through a discussion or activity, be sure to state it, instead of trying to lead participants to giving you the “right” answer.

Allow participants to “pass” on an activity, which conveys a message of respect to choose their level of involvement.

Take breaks when needed or use energizing activities. If you don’t take breaks when needed, participants will likely disengage from the conversation.
Setting up the room:

Check to make sure everyone can hear and see well.

Arrange seats in a circle if the goal is discussion/dialogue.

Set up a chalkboard or big sheets of paper to document the progress of discussion and to serve as a central focal point.

Who should facilitate?

Consider using a facilitator who is not the most involved member of the group.

Often, people who are the most involved with the work also end up facilitating a meeting. This can be very challenging because group leaders may have a lot of information to contribute and/or strong opinions.

If possible, find a facilitator who is not involved in every detail of the work. If you can not find someone within your group, consider asking an allied group if you can swap – they can provide a facilitator for your meeting, and you can facilitate theirs!

• Two people can co-facilitate, with one keeping track of the list of people who want to speak, and another writing down comments on a board or flip chart. Co-facilitation is also a good way to share skills between more and less experienced people.

• When possible, try to find another person who is not facilitating to handle logistics (i.e. room set up, meals, etc).

• Expose yourself as a learner. Don’t be afraid to say, “I don’t know.” Use these moments as opportunities for the group to figure out what new information they need to discover.

• Be forgiving to yourself when you make mistakes. It’s human nature, and it presents you with a learning opportunity.

Adapted from:

Additional Resources

Project South
www.projectsouth.org

Highlander Research and Education Center
www.highlandercenter.org

SOUL – School of Unity and Liberation
www.youthec.org/soul
Operational Assumptions of the National Coalition Building Institute

1. **To train teams of peer leaders is the most effective way to empower people to take leadership in reducing racism.** Often the greatest obstacle to taking action to address racism and other forms of discrimination is the sense that individual initiatives have a minimal effect in light of the enormity of the problem. NCBI's strategy to overcome this key obstacle is to train a corps of employees who reclaim power by leading concrete, replicable prejudice reduction workshops in a variety of work settings.

2. **Programs to welcome diversity require an ongoing institutional effort.** Too often the only systemwide effort to address diversity issues are briefings concerning civil rights statutes. More needs to be done. The most effective training teams include the participation of all employees, from the most senior administrator to the most recent recruit.

3. **The establishment of proactive training programs that build strong intergroup relations are more effective than programs that respond to specific incidents of racism or crises.** There is a tendency for organizations to launch prejudice reduction programs only following a painful series of racial incidents. Although this response is understandable and at times appropriate, one may be left with the false impression that the primary goal of this work is to curtail overt acts of bigotry. An effective prejudice reduction program, however, must be much more than crisis intervention. The peer training model offers a constructive preventive alternative to crisis intervention.

4. **Programs that welcome diversity need to include all of the visible and invisible differences found in the workplace [and classroom].** Racism in the U.S., particularly in regard to African-Americans, must always be a primary focus of any prejudice reduction program. In addition, a major institutional effort to welcome diversity should be inclusive of the many visible and invisible differences among employees [and students], including nationality, race, ethnicity, gender, sexual orientation, religious affiliation, physical challenges, age, and socioeconomic class.

One of the more controversial issues in prejudice reduction work is whether to address a range of discrimination issues or to focus solely on racism. The concern of many anti-racism activists is that the inclusion of other issues can be used as a convenient tactic to avoid the more difficult work on racism. NCBI has found that the effectiveness of anti-racism work is actually enhanced by including a discussion of other institutionalized forms of discrimination.

5. **Prejudice reduction programs that are based on guilt, moralizing, or condemnation often rigidify prejudicial attitudes.** A great challenge in doing anti-racism work is avoiding two extremes; if people are targeted and required to label themselves as racists, sexists, etc., they can quickly become defensive and thereby lose to the work; if the programs are too comfortable, the hard issues never get raised and the racism goes unchallenged. NCBI's prejudice reduction workshop model strives for a proper balance by assisting participants to take risks and to raise tough issues without violating their own sense of integrity and self-worth.

6. **Anti-racism programs are most effectively conducted with a hopeful, upbeat, sometimes even raucous tone.** The effects of discrimination are serious, and therefore many mistakenly assume that effective anti-racism work requires a deadly serious approach. In fact, the most empowering NCBI programs left eager to fight against institutionalized racism, have always included boisterous cheering and riotous laughter alongside more sober moments.

The text above was taken chiefly from "Peer Training Strategies for Welcoming Diversity" (Cherie R. Brown and George J. Mazza, 1991), the NCBI website, and other NCBI materials.