

local news

Advocates and service providers for people with HIV and AIDS in the Portland metro area are pleased. They will receive nearly all of the \$1.5 million in supplementary 1995 Ryan White Comprehensive AIDS Resources Emergency Title I grants they requested to help provide HIV/AIDS health and social services.

"We're delighted. I believe this happened thanks to the committed work of local and state health officials, members of the HIV and local communities, and a whole assortment of people who wanted to ensure we had the resources to provide these critical services," says Jim Clay, the newly appointed executive director of the Portland area HIV Services Planning Council, Ryan White CARE Act, Title I.

The council, which represents five Oregon counties—Multnomah, Clackamas, Washington, Columbia and Yamhill—as well as neighboring Clark County in Washington, was established following the 1990 passage of the Ryan White CARE Act, the first comprehensive federal program to provide substantial support to people with HIV/AIDS.

The act is divided into four titles that grant federal funds to states, cities and community-based organizations. The purpose of Title I is to provide emergency assistance to areas that have been disproportionately affected by HIV/AIDS. Title I grants are awarded to the chief elected official of the city or urban county (in this case, Multnomah County Commission Chair Beverly Stein) that provides outpatient and ambulatory public health services to the most people with HIV/AIDS. This official in turn appoints a planning council to conduct needs assessments, allocate funds, and establish services. Council members must include representatives of health care, social and mental health service professionals, people with HIV, community leaders, and state governmental officials. Planning councils are designed to assure local community input in creating a continuum of care services in their community.

"We probably spent close to a year conducting this needs assessment," says Rudy Vasquez, co-chair of the Portland area HIV Planning Council, Title I. "We conducted several focus groups and met with all different facets of the community—people of color, women, service providers. We really wanted to get a sense of their needs."

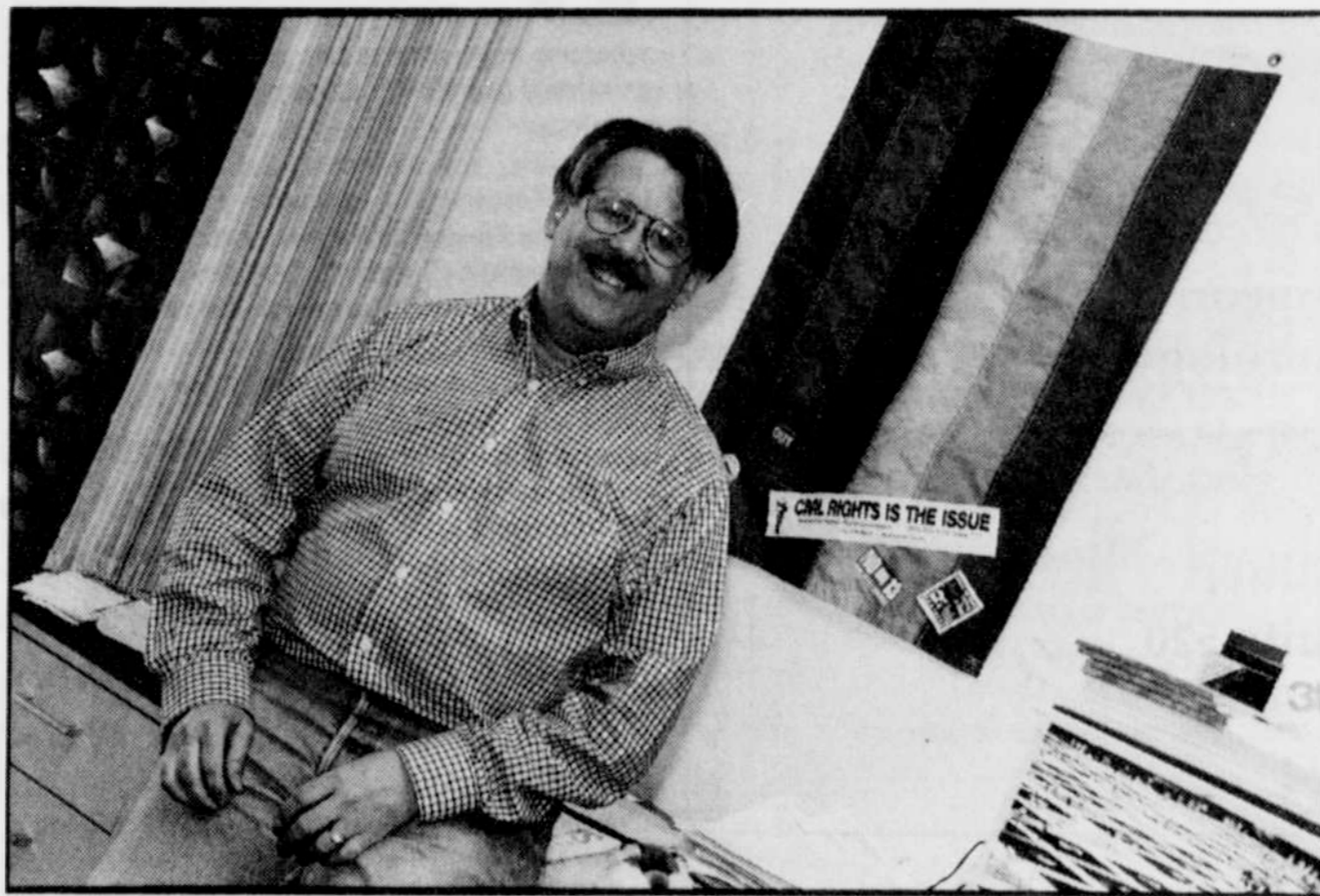
This past December, the Portland metropolitan area received \$986,510 in Ryan White CARE Act formula grants, which are awarded noncompetitively to metropolitan areas reporting 2,000 or more cumulative cases of AIDS. Sixteen cities qualified for grants in 1991; that number has increased this year to 42 (including the Portland area) due to rapidly growing caseloads.

Last month, federal Health and Human Services Secretary Donna Shalala announced the allocation of an additional \$174.7 million in supplementary 1995 Ryan White CARE Act grants to help

Local officials delighted

Nearly all the Ryan White CARE Act funds requested to provide HIV/AIDS services in Multnomah County are granted

by Inga Sorensen



Jim Clay

urban areas deal with the growing costs of care for uninsured or underinsured men, women and children with AIDS. The supplemental grants are awarded competitively based on evidence of the unmet needs of each area's residents living with HIV.

"The Ryan White CARE Act represents the largest governmental dollar investment for the care of people with HIV infection and AIDS. These grants ease suffering and prolong the life of thousands of Americans," says Dr. Philip Lee, HHS assistant secretary for health and director of the Public Health Service. (Title I receives by far the largest portion of funding of the act's four titles.)

Ciro Sumaya of the federal Health Resources

and Services Administration, which administers the Ryan White CARE Act funds, adds: "The grants expand the number and variety of ambulatory medical services and help reduce inappropriate use of more costly in-patient and emergency-room services."

Based on findings of an exhaustive needs assessment by the area planning council, the Multnomah County Health Department, in conjunction with the council, applied for

\$1.5 million in supplemental funds and was ultimately granted \$1,416,224.

Among the materials submitted by local officials to HRSA is a chart detailing 17 service categories they plan to provide and/or expand, as

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well as the dollar amount requested. Topping the list, which is prioritized, is housing assistance, followed by health insurance continuation, case management, medical care, and day or respite care. Other priority categories include funding for food banks and home-delivered meals for people with HIV and AIDS, transportation, drug reimbursement, client advocacy, and buddy/companion services.

"The fact that we got nearly all of what we requested seems like a real vote of confidence for the work we've been doing," says Clay. "I think it indicates that the city, county, state and local communities have been really effective in working together."

Says Vasquez, "We worked very closely with [various governmental entities] to make sure we're not duplicating services and wasting resources."

According to Clay, the county recently received "written and official" notice of the HRSA grant award and has sent out a request for proposals from community-based organizations and agencies seeking to provide the services outlined by the council and county.

Vasquez says the funds could be disbursed to selected service providers as early as May 1.

Commitment to federal funding for HIV/AIDS was tested a few weeks ago when U.S. House members threatened to slash \$13 million in 1995 Ryan White CARE Act funds and \$23 million for prevention programs at the Centers for Disease Control. Sen. Patty Murray (D-Wash.) joined forces with Rep. Nancy Pelosi, a San Francisco Democrat, to push two amendments that restored those cuts. The amendments were adopted by the House Appropriations Committee during an eight-hour marathon session of the committee. All committee Democrats and 13 Republicans voted in favor of the amendments, giving Pelosi and Murray a 37-18 margin of victory.

"I have seen the devastating effects of this epidemic," says the 44-year-old Murray. "AIDS is the leading cause of death of Americans in my age group. That is sobering and scary. How many Cal Andersons and Greg Louganises will it take before we get serious?"

Congress will decide perhaps by late spring whether to reauthorize the Ryan White CARE Act, which expires Sept. 30.

"There is a large discussion in Congress about this right now and there seems to be strong bipartisan support for the need to continue providing resources for HIV/AIDS services," says Clay. "There is, however, some debate as to whether that should be done through the Ryan White CARE Act or through a block grant to the state."

He adds: "I definitely would like to see Ryan White refunded because an infrastructure is already in place and it works well. If we switched to block grant funding, or any new system, it would require creating a whole new infrastructure. That would only waste precious time and money."

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