

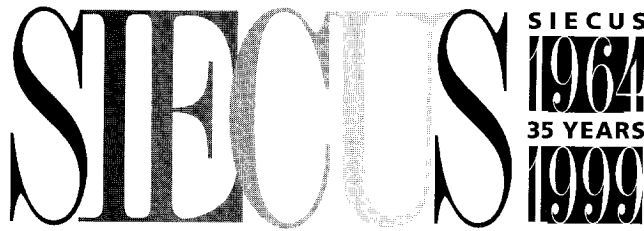
VOLUME 27 NUMBER 5

# STOCUS

R E P O R T

CULTURALLY COMPETENT SEXUALITY EDUCATION PROGRAMS

JUNE/JULY 1999



## R E P O R T

VOL. 27, NO. 5 • JUNE/JULY 1999

**Debra W. Haffner, M.P.H.**

President and CEO

**Christopher J. Portelli, J.D.**

Director of Information

**Mac Edwards**

Editor

The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public. The *SIECUS Report* publishes work from a variety of disciplines and perspectives about sexuality, including medicine, law, philosophy, business, and the social sciences.

Annual SIECUS subscription fees: individual, \$65; organization, \$135 (includes two subscriptions to the *SIECUS Report*); library, \$85. Outside the United States, add \$10 a year to these fees (in Canada and Mexico, add \$5). The *SIECUS Report* is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

All article, review, advertising, and publication inquiries and submissions should be addressed to:

Mac Edwards, Editor

*SIECUS Report*

130 West 42nd Street, Suite 350

New York, NY 10036-7802

phone 212/819-9770 fax 212/819-9776

Web Site: [www.siecus.org](http://www.siecus.org)

E-mail: [medwards@siecus.org](mailto:medwards@siecus.org)

Opinions expressed in the articles appearing in the *SIECUS Report* may not reflect the official position of the Sexuality Information and Education Council of the United States. Articles that express differing points of view are published as a contribution to responsible and meaningful dialogue regarding issues of significance in the field of sexuality.

SIECUS is affiliated with the University of Pennsylvania

Graduate School of Education

3700 Walnut Street

Philadelphia, PA 19104-6216

Copyright © 1999 by the Sexuality Information and Education Council of the United States, Inc.

No part of the *SIECUS Report* may be reproduced in any form without written permission.

Design and layout by Alan Barnett, Inc.

Proofreading by E. Bruce Stevenson

Printing by Success Printing

Library of Congress catalog card number 72-627361

ISSN: 0091-3995

# Contents

## ARTICLES

3

REACHING THE HIP-HOP GENERATION  
WITH "PRO-SOCIAL" BEHAVIOR MESSAGES

Ivan Juzang, President, MEE (Motivational Education Entertainment) Productions  
Philadelphia, PA

6

ASIANS AND PACIFIC ISLANDERS:  
NO LONGER THE "OTHER"

C. N. Le, Director of Education, Asian & Pacific Islander Coalition on HIV/AIDS (APICHA)  
Queens Community Center  
Jackson Heights, NY

9

CAMBIOS: A SPANISH-LANGUAGE APPROACH  
TO YOUTH DEVELOPMENT

Angel Luis Martinez, Senior Associate, Cornerstone Consulting Group, Inc.  
San Francisco, CA

11

HETRICK-MARTIN'S EXECUTIVE DIRECTOR  
SPEAKS OUT FOR SEXUAL MINORITY YOUTH

Mac Edwards, *SIECUS Report* Editor

## ALSO IN THIS ISSUE...

FROM THE EDITOR

THE AGE OF CULTURAL COMPETENCY

By Mac Edwards ..... 2

FACT SHEET

HIV/AIDS AND PEOPLE OF COLOR ..... 13

REVIEWS ..... 15

SIECUS ANNOTATED BIBLIOGRAPHY

HIV/AIDS PREVENTION RESOURCES ..... 17

THE AGE OF CULTURAL COMPETENCY

Mac Edwards

I have just returned from a Conference on “Sexuality Through Midlife and Aging” cosponsored by SIECUS and the Kinsey Institute that brought together experts to suggest future directions for research, education, and policy.

During the final day of the meeting, one of the participants pointed out that not only is there limited information on the subject of sexuality and aging but that no one has addressed the problem of making new information available in a culturally competent manner.

I was particularly proud of SIECUS when I heard this statement because we are involved in a Sexuality Through Midlife and Aging Initiative (of which the Conference was a part) as well as an Outreach Initiative devoted to developing new partnerships with communities of color and promoting cultural competency in sexuality education.

These two new Initiatives will dovetail in helping to bring important new information on sexuality and aging to culturally diverse groups throughout the United States.

IN THIS ISSUE

This *SIECUS Report* looks at cultural competency from several other perspectives. This includes articles on programs targeted to African-American youth, to Asians and Pacific Islanders, to Hispanic young people, and to gay, lesbian, bisexual, and transgendered youth. Although the articles focus primarily on local initiatives, they include information that professionals across the nation will find useful.

In “Reaching the Hip-Hop Generation with Pro-Social Behavior Messages,” Ivan Juzang of Motivational Education Entertainment points out that educators need to realize that the United States has become multilingual and that a minority culture like African-American youth may have its own communication style as well as unique notions about the role of communication itself.

In “Asians & Pacific Islanders: No Longer the ‘Other,’” C. N. Le of the Asian and Pacific Islander Coalition on HIV/AIDS explains not only how this agency works but also that it is a major source of information which other organizations can use to better understand the cultural complexities of these people.

In “*Cambios: A Spanish-Language Approach to Youth*

Development,” Angel Luis Martinez tells how Cornerstone Consulting adapted an English-language curriculum to help Latinos in California learn about intimacy and personal involvement with the ultimate goal of preventing unwanted pregnancies and STDs. He also speaks of the sense of “otherness” that Latinos often feel—a sense that often hinders their ability to feel positive about themselves.

Finally, I interviewed Verna Eggleston, the executive director of the Hetrick-Martin Institute (HMI), about the agency she heads to help lesbian, gay, bisexual, and transgender youth in New York City. Although HMI essentially is local, she is involving it in youth service projects worldwide. “I want HMI to be there when groups are talking about child welfare,” she said. “I want them to understand our youth and to include them in their plans.”

MORE INFORMATION

This issue also includes a new Fact Sheet on “HIV/AIDS and People of Color.” It is designed to help professionals better understand the scope of infection.

We have updated our “SIECUS Annotated Bibliography on HIV/AIDS.” It includes information for a variety of individuals and groups ranging from adolescence to teachers. It also includes information on curricula and national organizations that provide services or assistance.

THE NETWORK

As part of our Outreach Initiative, SIECUS is currently forming a National Network of Sexuality Educators of Color. (See “SIECUS Launches ‘The Network’” on page 14 for more information.)

We have seen in our Outreach efforts that individuals working with communities of color on sexuality issues often do not identify themselves as sexuality educators. Unfortunately, this usually results in their being left out of the information-sharing loop. We hope The Network will provide them with access to current information and to technical support on comprehensive sexuality education.

We are proud of our work to bring culturally competent information on sexuality issues to people who need it. We look forward to sharing our successes with you in future *SIECUS Reports*.

# REACHING THE HIP-HOP GENERATION WITH "PRO-SOCIAL" BEHAVIOR MESSAGES

Ivan Juzang, President

MEE (Motivational Education Entertainment) Productions  
Philadelphia, PA

*Motivational Education Entertainment (MEE) first began researching urban African-American youth in the early 1990s and gained prominence with its report Reaching the Hip-Hop Generation. It has continued studying this group throughout the 1990s to help influence the decisions they make concerning such issues as drugs and sexual relations.*

*As this article indicates, MEE has found that it can best enrich its knowledge base and create a more refined intervention plan by using focus groups. Through such groups, it attempts to see how young urban African-Americans see their world and the world around them. By developing a cultural and communication environment that relates to its target audience on their terms, MEE has succeeded in reaching this audience through media and public health campaigns.*

*MEE feels that communication usually fails when the communicators don't understand the dynamics of the population they are trying to reach.*

—Editor

**T**he mainstream media's well-intentioned educational messages aimed at African-American youth are reaching the wrong audience with the wrong information. The messages are being heard but no one is listening. As African-American youth respondents to MEE Productions' research on the hip-hop generation have indicated: "No one is really talking to me."

## NOT THAT EASY

The failure of these and other education efforts targeted toward African-American youth usually lies in the assumptions upon which communications strategies are based. The assumptions include:

- that there is a homogeneous "street culture"
- that inner-city youth are making decisions in their mid to upper teens about whether to engage in self-destructive or antisocial acts
- that the dominant culture's linear style of communication is effective for an audience that comes from an oral tradition
- that mainstream society has enough credibility with this audience to dispense super-parental injunctions like "Just say no!" and "Stay in school"

It is not that simple.

"Street culture" dissolves upon close observation into a

series of overlapping subcultures—drug cultures, hip-hop cultures, age-defined cultures—whose common traits and needs are very different from those assumed by outsiders. On the streets, where childhood can be very brief, decisions about drug use and sexual behaviors are made much earlier than mainstream culture imagines.

And the mainstream assumption that the streets harbor rudderless, leaderless young people yearning for a catchphrase upon which to focus their lives is treated with the derision it probably merits.

This culture has its leaders. It has a social structure. But, like the white counterculture movement of the 1960s, African-American inner-city teenagers are far more certain of who they are *not* as opposed to who they *are*. And their efforts at self-definition—even when this includes behaviors they know are antisocial and self-destructive—are defended on grounds that are, at least, authentic.

## AUTHENTICITY IS THE KEY

Authenticity is the key to reaching this audience. But it is a mutating target whose powerful engine is the hip-hop culture. This music-centered, male-dominated, rebellious voice of urban youth shapes—and is shaped by—the language, culture, fashion, and world view of a generation alienated not only from the Eurocentric dominant culture, but also, to a surprising degree, from its own African-American heritage.

In addition, one unifying characteristic among different manifestations of "street culture" is an overwhelming male orientation. Many of the roles and identities open to young women in this culture seem to conform to male projections.

Hip-hop is, in many respects, a classic youth subculture rejecting the norms and values of the mainstream, measuring success in terms of peer approval, and equating power with the ability to influence the subculture's constantly changing insider cues, tastes, and values. Its strengths are its energy and creativity. Its major weakness is its demand for uncritical adherence to its orthodoxies as a condition of acceptance. This is a shortcoming rendered all the more hazardous by the culture's macho encouragement of risk-taking—substance abuse, sexual promiscuity, and being a "street player."

The oppressive orthodoxy of the streets creates a "spiral of silence" which inhibits the free discussion of controversial issues. Under these conditions, even majority opinions can become suppressed, and individuals will rarely voice concerns

about particular behaviors if speaking out will risk their being perceived as rejecting not only a particular behavior but also the peer group itself. Since it is the peer group that sanctions behavior, it is the peer group that must be seen talking about dangerous and antisocial behaviors in a “safe” and authentic context.

An obvious corollary to this dependence upon peer approval is that no immutable code of behavior is possible. The best that can be achieved is a rough and temporary situational ethic. Any success achieved in changing the behavior of this subculture will need constant and carefully targeted reinforcement.

### COMMUNICATION STRATEGIES

Despite a high regard for oral communication skills and the power of argument, there is a literal-mindedness among young urban African-Americans that make analogy, hyperbole, and other indirect forms of argumentation poor tools for conveying a message to them.

In focus groups, teens watched with rapt attention a graphic public service message showing a laboratory rat dying from crack cocaine. They dismissed its antidrug message, however, on the grounds that “I ain’t no rat.” Similarly, the line from an Afro-centric rap song “Black is a color, ‘blackness’ a state of mind” could not be explained by even the oldest member of an MEE focus group.

The universal teenage rejection of authority extends in the street culture even to an admired celebrity. Inner city teens would be delighted to meet their favorite NBA star if he came to their school to speak against drugs. But they would discount the appearance as “playing the game,” performing one of the obligations of being a celebrity. They would feel he had little to tell them about living their lives.

On the other hand, an acknowledged peer would have great credibility to speak on a subject of direct relevance. For example, a young, impoverished, unwed mother could speak compellingly about the gritty realities of teenage pregnancy.

Similarly, depictions of environment must be authentic and current. But adherence to this reality is judged in terms of attitudes and behaviors, not simply in terms of locale. The film *Boyz-n-the-Hood* was well received as an accurate depiction of life in most East Coast urban areas, even though it focused on urban Black culture of the car-oriented West Coast. Conversely, the film *New Jack City*, which presented the drug culture and life in urban projects, was criticized because it did not conform with “the way it happens around here.”

Appeals to African-American sensibilities are also likely to be ineffective. Few of the students interviewed in

Washington and Philadelphia for MEE’s initial study of hip-hop generation could name an African-American elected official even though both had African-American mayors at the time. Most did not know what the acronym NAACP stood for, or the significance of the “X” in Malcolm X’s name, even though many wore caps and other clothing sporting the “X” symbol.

Messages perceived as being from outside the culture have very little chance of getting in, and blatant attempts to co-opt the culture—by using sounds, specifically music, and images to sell messages—are resented and rejected.

### MESSAGES AND MESSAGE CONTENT

The task of imbuing a message with “street life” is twofold. First, it must be shareable. That is, it must be entertaining, engaging, and couched in terms that conceal any origins in mainstream value systems. Second, it must have sufficient longevity for the sharing to take place and for the message to gain street acceptance.

This is not easy in a culture characterized by constant change—a dynamism captured in the street term “flav.” “Flav” is short for “flavor of the month,” an acknowledgment that the life cycle of trends is measurable in weeks. In addition, if an effective message begins showing up too often in public service announcements (PSAs), on billboards, and in the appeals of celebrities, it will be perceived as having been co-opted by mainstream culture—the kiss of death to a message on the streets.

Effective delivery must be matched by appropriate content in order for a message to be successful. One of our focus groups on the hip-hop generation uncovered two important findings related to content: teens want skills, not directives. (As they say, “Don’t tell us what to do. Tell us how to do it, step by step, without losing the approval of our peers.”) And many teens endorse mainstream values in their culture but have problems expressing these positions so that they are socially acceptable. One “how to” is to create a “language of rejection.” That is, a language that expresses the rejection of a particular behavior without rejecting the culture or the group.

Another MEE focus group finding was the significant desire among adolescents to see their culture portrayed in a more positive and multifaceted fashion, including interactions in the home, the family, and after-school jobs. Their identification with the streets is strong, but it is not the only influence in their lives.

Finally, messages were more likely to be accepted if they contained central “thematic” areas to which the teens could relate such as group cohesiveness and the conception of African-Americans as victims. The most common theme, however, was sexuality: Male pursuit of females, female

*Messages are  
being heard  
but no one is  
listening.*

attractiveness to males, and all the teen fantasies associated with "the game" were of great interest.

The power and dominance of the opposite-sex theme was repeated again and again in focus groups and cannot be overemphasized, especially in terms of HIV prevention. For example, in an experimental videotaping project, students developed an antidrinking message: The scene was a party, and the protagonist, a young girl, has sexual relations with a casual acquaintance as the result of drinking too much. What was interesting was that the dating and sexual pursuit themes were cast as central to the drama of alcohol abuse. But it is not sex but power that is significant in this particular drama. In the "use or be used" culture these teens inhabit, the girl is sanctioned for having gotten drunk, lost control, and been used. Pregnancy and disease transmission are irrelevant in this context.

### ENTERTAINMENT CONSUMERS

Media programming is a central component of any campaign because urban teens are huge entertainment consumers. MEE's study of the hip-hop generation showed that on average, African-American teens from low-income families, usually households with unemployed single parents, watch two to three movies a month, buy one to two rap disks a month, and, combined with other household members, watch more than 70 hours of television a week. Over 94 percent owned a video cassette recorder versus the national average of 71 percent. A large number of inner-city teens spend more time watching media programming than they spend in school, with their parents, in church, and reading combined.

The African-American urban teen culture rarely turns to printed messages, which, with their mainstream, linear character and slow dissemination are not appropriate vehicles for behavior-related messages. The linear character of typical PSAs and the mainstream image of the medium also limit the use of television.

Ninety-seven percent of urban African-American teens like and listen to rap music, and more than 90 percent watch rap videos on a regular basis. This latest manifestation of the African-American oral tradition combines rhythmic repetition—one of the most successful educational tools known—with "street" acceptance and exponentially growing popularity.

However, some issues must be addressed before rap can be used as an educational vehicle: Music videos are costly to

make and enjoy only brief popularity; songs seen as too "deep" or message-laden are not accepted as "party songs" suitable for sharing; and complex lyrics require too much attention.

Movies, with their ability to address "R-rated" topics, develop characters, and explore situations, appear to be good, if extremely expensive, vehicles for this very movie-oriented audience. But, with long production lead times, a movie's slang style and music quickly become obsolete.

It is interesting to note that respondents to our focus groups on the hip-hop generation did not perceive movies as having messages. When asked to describe the message in *Boyz-n-the-Hood*, many could not think of one or guessed incorrectly. It was evident, however, that many of the messages in the film had indeed gotten through as a kind of living experience. For instance, some respondents said that they had no idea HIV could be transmitted via oral sex until they saw the scene in which the characters discussed it.

### CONCLUSION

To be successful in communicating at-risk messages to the hip-hop generation, sexuality educators must first recognize that they are most fundamentally dealing with cross-cultural communication, and that despite its appearance as a monolingual society, the United States has become multilingual.

Part of this recognition is understanding that a minority culture—like African-American youth—may have not only its own communication style, but also unique notions about the role of the communication itself.

Second, sexuality educators must understand the role of women in shaping and supporting values in a culture defined by overwhelming orientation toward male images and manifestations.

Finally, although urban youth have been the focus of much social science research, educators in general remain unaware of basic information concerning the dynamics of hip-hop culture and how it functions in action.

To fill this gap, ethnographic research must continue to define how messages are used, misused, and diffused among African-American urban youth.

---

*Reaching the Hip-Hop Generation is available for \$50 from MEE, 4601 Market Street, Philadelphia, PA 19139.*

# ASIANS AND PACIFIC ISLANDERS: NO LONGER THE "OTHER"

C. N. Le

Director of Education  
Asian & Pacific Islander Coalition on HIV/AIDS (APICHA)  
Queens Community Center  
Jackson Heights, NY

**A**ll too often, Asians and Pacific Islanders (APIs) have been portrayed as the "model minority." Frequent "rags-to-riches" stories and aggregate statistics that seem to show that APIs have achieved phenomenal gains in education and income have led many to conclude that APIs are no longer the targets of prejudice and discrimination—or even at risk for HIV/AIDS infection.

The actual reality behind these misleading numbers, however, tells a different story. Both in the United States and in New York State, AIDS is growing within API communities. In fact, New York City, where the Asian & Pacific Islander Coalition on HIV/AIDS (APICHA) conducts its work, has 95 percent of the reported APIs diagnosed with AIDS in the entire nation. Eighty percent of New York City's reported APIs with AIDS are immigrants, migrants, and refugees, the majority of whom do not speak English as their first language; 69 percent are gay or bisexual men; 8 percent are heterosexual women; and 12 percent injection drug users.\*

These statistics do not reflect the large numbers of undocumented APIs with AIDS or those who migrate back to their countries of origin. Routine misclassification of Filipinos and APIs from Latin American countries as "Hispanic," and South Asians and Hapas (APIs of mixed-raced heritage) as "white," "black," "other," or "missing" results in severe undercounting both in AIDS surveillance and general census statistics.

Further, official statistics often miss immigrants, who constitute over 60 percent of all APIs nationally and 80 percent of all APIs in New York City, who may have a fear that they are being unfairly targeted for government surveillance. Frequent migration between the United States and other countries make AIDS and APIs an issue requiring international collaboration and intervention.

## APICHA IS FORMED

Recognizing that many APIs will not seek the help they need from traditional service providers because of language barriers as well as cultural differences, APICHA was formed in 1989 as

a volunteer community-based organization. Its goal was to specifically target APIs for HIV information and services.

Since that time, APICHA has evolved into a multi-service organization that has broadened its appeal, reach, and visibility in supporting, empowering, and enhancing the quality of life of APIs in the New York City area, particularly those living with HIV and AIDS infection. This includes client services, prevention education and outreach, training and technical assistance, community organizing, coalition-building, policy analysis, and research.

All of APICHA's programs are free, confidential, and available to all APIs and their families, friends, and lovers regardless of immigration status.

## CLIENT SERVICES

APICHA developed a Client Services Department to provide case management, counseling, and referrals for APIs living with HIV/AIDS, to conduct support groups for them, and to provide referral services to a comprehensive network of API, bi/multi-lingual, and HIV-knowledgeable lesbian and gay sensitive health and social service providers.

Staffed by trained personnel with a grounding in the API culture, APICHA's Client Services Department currently provides services for APIs who are HIV-positive. The department provides its clients not only with comprehensive assistance when it comes to accessing proper medical care and social services but also recognizes the unique cultural needs of its API groups and incorporates that cultural competency into its services.

Specifically, as many of its clients may not be completely comfortable with "western" modes of medical care, APICHA's Client Services maintains acupuncture services for those who are more accustomed to traditional Asian practices of holistic health care. Its acupuncture services have become so popular that there is a long waiting list of clients who are eager to take advantage of them.

As another example of the department's sensitivity to and expertise in the needs of its API population, Client

*Many will  
not seek help  
because of  
language barriers  
and cultural  
differences.*



Services also runs an "Art and Tea" recreation support group that meets regularly and gives its clients the opportunity to unwind in a comfortable and supportive atmosphere while enjoying a relaxation technique that again draws on centuries of Asian tradition and holistic success.

Another innovative feature of Client Services is its use of Bilingual Peer Advocates, a corps of about 20 part-time staff who accompany clients to medical clinics and act not only as interpreters between them and hospital staff but also as a familiar and knowledgeable source of support and comfort for clients in their times of stress and uncertainty. In fact, hospitals and clinics that are familiar with APICHA's clients frequently are reluctant to start caring for the client until the advocate arrives to assist.

Finally, another unique feature of Client Services is its maintenance of a food pantry for its clients that stocks foods from numerous API culinary traditions to again satisfy their clients' preferences for culturally specific items and service.

All in all, Client Services has earned the trust and admiration of not only its clients as a source of superior care and case management services but also among medical and social service institutions who have come to depend on its expertise and cultural competency in assisting them with providing HIV-positive clients with the best possible care.

## EDUCATION

Another key component of APICHA is its Department of Education which was developed to conduct HIV prevention and educational outreach to the API community on HIV/AIDS and related issues. This includes discussion on such diverse topics as mental wellness, substance use, immigration, economic assistance, community building, and domestic violence.

The Education Department recognizes that HIV prevention is intricately linked to all of the above-mentioned issues. It also realizes that APIs need to feel confident and secure enough in meeting their everyday needs to make safer sex a primary and not peripheral goal.

The Education Department is composed of a group of separate but interconnected projects, each of which focuses on a specific target group in the API population.

**The Women's Project.** The Women's Project targets predominantly heterosexual adult immigrant API women and focuses on issues of empowering them to negotiate safer sex through workshops and educational seminars on self-defense, domestic abuse, and personal improvement through educational attainment, job training, and personal self-esteem. One of the Women's Project's latest initiatives is a proposed program that targets sex workers in the API community, a group that is at extremely high risk but are consistently kept underground, stigmatized, and silent.

**The Lesbian/Gay/Bisexual/Transgender Project.** This Project provides peer-led outreach and works to build coalitions and collaborations with other community-based and social-political organizations involved with the same issues. In developing culturally specific services, the Project keeps in mind that lesbian, gay, bisexual, and transgendered individuals face a multitude of pressures and discriminations beyond those that other APIs face due to the fact that issues related to sexual orientation are still stigmatized in almost all API communities.

**The Young People's Project.** The Young People's Project directs peer-led educational outreach to adolescent and young-adult API immigrants and students. These individuals frequently encounter intergenerational conflict as they face pressures to assimilate into mainstream American society while their parents remain firmly grounded in their ethnic traditions and cultural norms. The stress that can accompany such conflicts may lead many young APIs to rebel by indulging predominant cultural and peer pressure messages about sexuality and engaging in risky behavior that may lead to HIV infection.

Further, many young APIs did not experience the outbreak of AIDS in the 1980s, and, therefore, they do not understand the importance of safer sex in preventing infection. As a result of new "miracle" drugs, they may become even more lax about HIV infection and think that AIDS is just another chronic illness that can be safely controlled with a few pills.

Finally, these young APIs frequently encounter "ageism" or "adulthoodism," the little known societal form of discrimination that leads to the assumption that they do not have the same rights and do not deserve the same kind of respect that adults have because they are young. APICHA's Young People's Project aims to confront these issues head on as they reach out to this key segment of the API community.

**Prevention Case Management.** Prevention Case Management provides culturally sensitive pre- and post-test HIV test counseling and ongoing support for both predominantly heterosexual API males and females. It also provides workshops and referrals to a variety of medical and social services to APIs who are HIV-negative or not sure. This project is one effort that uses a sustained and intensive outreach model that emphasizes continuing contact, support, and follow-up for APIs who are at risk for HIV infection, rather than the useful though frequently impersonal street outreach method of merely distributing brochures and condoms to passersby.

**The Volunteer Project.** Finally, APICHA's Education Department operates Volunteer Projects that train volunteers to assist APICHA in its many activities and to act as informal community advocates and educators in helping

to spread the message about safer sex, risk reduction, community empowerment, and self-esteem. It is also through this project that many of APICHA's volunteers and peer educators are first introduced into the organization and its activities and eventually recruited as part-time paid staff themselves.

### RESEARCH, SURVEYS

APICHA has also created a Research, Evaluation, and Technical Assistance Department to conduct surveys and other research activities on APIs and HIV-related issues to gain further knowledge and critical information about the complexities within the API community and to offer technical assistance to other organizations, agencies, and institutions that provide services to APIs but which may not have the culturally specific knowledge necessary to maximize the effectiveness of such services.

### FUTURE AMBITIONS

APICHA is currently expanding collaborations with other community-based and service organizations to effectively coordinate its social services for APIs. It is also on the threshold of starting its own "InfoLine" hotline where APIs can call and receive up-to-date information on HIV/AIDS,

counseling on HIV testing, prevention and risk reduction strategies, referrals to appropriate medical and social services, and counseling on related issues that are important to the API community.

Beyond these programs, APICHA is exploring an expansion of its services into other areas that will include emphasis on holistic health and wellness as well as more focus and new or expanded initiatives in the areas of community advocacy, immigrant rights, and other health concerns besides HIV/AIDS and mental health.

APICHA is committed to its goal of supporting, empowering, and advocating for the API community with special recognition of the many unique cultural issues and needs of this expanding and complex community.

\**Racial and Ethnic Minorities and HIV/AIDS in New York City* (New York: Bureau of Disease Intervention Research, New York City Department of Health, 1998).

---

Readers interested in learning more about APICHA should write to APICHA Queens Community Center, 74-09 37th Avenue, Suite 400, Jackson Heights, NY 11372 Phone: 718/457-9662 Fax: 718/457-9623.

---

## NEW GUIDELINES FOR HIV EDUCATION FOR ASIAN YOUTH

The National Coalition of Advocates for Students has recently published *Guidelines for HIV Education for Asian Youth* to assist teachers, parents, counselors, community leaders, and students in developing effective HIV-prevention programs for Asian-American youth.

The *Guidelines* were developed by a group of adults from six different Asian communities across the United States including Cambodian, Vietnamese, Lao, Hmong, Filipino, and Chinese. Each adult was a community leader active in a local community-based organization that served newcomers from his or her native country.

A panel of teenagers who had immigrated as young children from Cambodia, Vietnam, Thailand, and China

also provided input about their refugee, immigrant, and family experiences. All were members of an HIV peer education project run by a community-based agency.

While the *Guidelines* allude to commonalities among the cultures of different Asian communities, it also points out that there are vast differences in language, history, and family structure. It points out that educators should not assume that a general statement about values and practices are applicable to all individuals—even those from the same country.

For more information on the *Guidelines*, contact National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116-4610. Phone: 617/357-8504. Cost is \$5.95 (including shipping and handling).

# CAMBIOS: A SPANISH-LANGUAGE APPROACH TO YOUTH DEVELOPMENT

Angel Luis Martinez,

Senior Associate  
Cornerstone Consulting Group, Inc.  
San Francisco, CA

- *More than 7.5 million Latinos live in California, representing over a quarter of the state's population and more than a third of all Latinos in the United States. More than a third of this population is under the age of 18. Of those arriving in the United States since 1980, nearly 60 percent speak English either "not well" or "not at all."<sup>1</sup>*
- *Latinos account for four in 10 students in California public schools. This enrollment of over 2.4 million students represents the largest single ethnic group in the school system.<sup>2</sup> Latinos are 31 percent of graduates and have an attrition rate in grade 9 through 12 of 45 percent—representing the highest annual dropout rate. More than one million of these students are identified as having "limited English proficiency."<sup>3</sup>*
- *California has the highest teen pregnancy rate in the nation. Of 61,107 births to teen mothers in California in 1997, the California Department of Health Services reported 38,625 (or over 60 percent) were to Latina mothers.<sup>4</sup>*

**T**hese sobering statistics played a major part in the decision to adapt the national Teen Outreach Project (TOP) into a Spanish-language program called *Cambios*.

*Cambios* will provide 12- to 16-year-old Latinos in California with the opportunity to learn about issues of intimacy and personal involvement in their native language and in a "community service" setting that is already an integral part of their everyday life.

The curriculum is designed to ultimately reduce teen pregnancy and school failure rates—issues that are highly consequential in Latino communities because these teenagers have a higher pregnancy rate and lower rate of contraceptive use than either their white or African-American counterparts,<sup>5</sup> and that 57 percent of Latinos in California have less than 12 years of education.<sup>6</sup>

## FEELING POSITIVE

For many Latino families new to the United States, schools represent a structure that is somewhat forbidding. These recently arrived individuals are not as homogeneous as they may seem and the process of adapting to a new culture brings with it a variety of learning experiences that can put young people "at risk," sometimes without their even knowing it.

Being an "outsider," whether because of language or culture, takes a tremendous toll on the self-esteem of these young people, and the forces that surround them focus mainly on these "problems." Their abilities and strengths, not to mention their feelings, are often not apparent because of their inability to express themselves in English. And, unfortunately, many of the adults who could positively influence their lives are involved in similar assimilation struggles. The process of their growing and feeling positive about themselves is usually overshadowed by a sense of "otherness."

Any opportunity to focus on the positive aspects of their lives, therefore, provides these newcomers with immeasurable support. The best education programs build on these young people's strengths rather than focusing on their problems. Such positive youth development requires that young people have the opportunity to express themselves, to think and reflect, and to contribute to their community. Translating what they learn into actions that will be useful in their new environment validates their self-worth.

## HOW TOP HAS HELPED

The English language version of TOP is designed to bring young people together with their peers to talk about school, family, friends, relationships, sexuality issues, ambitions, community involvement, and related subjects in discussions facilitated by trained adults.

It is an excellent example of operationalizing youth development principles in an actual youth program. Its two-part strategy of community service work and classroom discussion offers students opportunities to enhance their personal development through an exploration of their values and relationships with parents, peers, and community.

Youth who participate in the TOP program develop communications, decision-making and goal-setting skills that they will use for the rest of their lives. They also build confidence and self-esteem while learning new skills that have a positive impact on their communities.

## DEVELOPING CAMBIOS

Knowing that TOP worked for English-speaking young people, Cornerstone Consulting recently embarked on an intensive, targeted effort to assess the feasibility of bringing a Spanish-language adaptation to communities with large

numbers of young people who speak only Spanish or have limited English-speaking capabilities.

First, Cornerstone surveyed experts in the field to identify and critique existing Spanish-language teen sexuality education materials (i.e., curricula, guides, books) available in the United States. Unfortunately, they found that there is little published and that what is available is a literal translation of an English curriculum, guide, or book. They found that there are few resources that are original or are a culturally competent adaptation. They also found that the few published materials were not adequately promoted or distributed.

Respondents also provided feedback on questions regarding the appropriateness of content as well as likely geographic areas and target age groups within the United States. They stressed that materials needed to be in the everyday language of Latino youth that teachers could use. They also stressed that the themes needed to be universal in nature. The respondents indicated that key areas for program implementation were California, Florida, New York, and Texas.

The respondents also indicated that teachers and community youth workers were most likely to use the program. They pointed out, however, that there is a shortage of Spanish-speaking teachers and that those people working in community-based organizations often do not have the framework or time to provide ongoing educational programs.

Given the overwhelming number of people of Mexican descent in California, Cornerstone decided to translate the curriculum in Mexico and adapt it in California. Experienced TOP facilitators who work with bilingual youth in Los Angeles were also asked to provide input on their use of the English curriculum. They helped to uncover concepts, topics, and issues that did not translate in terms of language and cultural appropriateness. The most relevant lessons from the existing curriculum were selected for the Spanish version. A certain amount of redundancy was built into the lessons so that facilitators could choose activities depending on the age and development of the young people in their groups.

During the translation/adaptation process, suggestions were made concerning form and content from participants in Mexico as well as in the United States. Individuals in both countries had positive reactions to the product. They believed that *Cambios* would work because:

- it offered young Latinos a “safe place” to express their innermost thoughts and feelings
- it provided structured volunteer community service
- it helped teens understand and evaluate their future life options

- it allowed teens to establish an autonomy in a context that maintained their sense of relatedness with important adults
- it gave youth opportunities to take on adult roles in ways that did not undermine parental or school authority structures
- it provided young Latinos an opportunity to be viewed in a positive role by adults and other youth
- it was linguistically and culturally relevant and accessible

Once the translation/adaptation process was complete, Cornerstone mailed a newsletter titled *TOP en Español* a database of approximately 3,000 middle schools, high schools, and other California-based youth-serving organizations and individuals. Included with the newsletter was a pull-out announcement on the *Cambios* curriculum.

Cornerstone also used data published by the University of California-Berkeley California Policy Seminar on organizations in California counties with large Latino populations. It also used lists from California state agencies such as the Office of Family Planning, the Department of Education and community-based agencies such as the Latino Coalition for a Healthy California to contact these groups.

Cornerstone provided training in the use of the *Cambios* curriculum this spring to a number of organizations from throughout California that are prepared to bring it to their communities. These organizations range from local school districts to Girls Clubs to religious groups. It expects that several thousand Latinos will participate in *Cambios* during the coming year.

---

*Readers interested in learning more about Cambios should contact Cornerstone Consulting Group, Inc., One Greenway Plaza, Suite 550, Houston, TX 77046-0103. Phone: 713/627-2322. Web site: [www.cornerstone.to](http://www.cornerstone.to).*

## REFERENCES

1. *California Latino Demographic Databook*, California Policy Seminar, University of California at Berkeley, 1998.
2. ([www.cde.ca.gov/demographics](http://www.cde.ca.gov/demographics)) California State Department of Education, 1999.
3. ([www.cde.ca.gov/demographics](http://www.cde.ca.gov/demographics)) California State Department of Education, 1999.
4. ([www.dhs.cahwnet.gov/hisp/chs/cnty2.htm](http://www.dhs.cahwnet.gov/hisp/chs/cnty2.htm)) California State Department of Health Services, 1999.
5. National Center for Health Statistics, 1999.
6. *California Latino Demographic Databook*, California Policy Seminar, University of California at Berkeley, 1998.

# HETRICK - MARTIN'S EXECUTIVE DIRECTOR SPEAKS OUT FOR SEXUAL MINORITY YOUTH

Mac Edwards,  
SIECUS Report Editor

**S**tudents at the Hetrick-Martin Institute (HMI) in New York City—which serves lesbian, gay, bisexual and transgender youth—were recently invited to participate in an essay contest by describing what the organization meant to them and what it could do to improve its services. This is Ruben M's entry:

"Most people don't understand me. I'm different, very different. I'm gay. I grew up in a poor single-parent home. It was hard for my family to survive. Sometimes I didn't have food to eat or clothes to wear. Then I found Hetrick-Martin.

They helped me to understand that I am special and unique. I can act, talk, walk the way I want. I can be myself. Day by day, Hetrick-Martin grows.

One way HMI could improve services is if they had a bigger space. So this way, other gay, lesbian, bisexual, and transgender teens could join our family. They can understand that we have a culture, and we should be proud of it.

HMI helped me to understand that my body is the only thing I can call my own, and that I should take care of it. They nourish my mind, soul, and body. HMI is like a family. They take me to Broadway shows and museums. They provide us with an education so we can better prepare ourselves for the future.

They help make me the unique person I am.

This student's description of HMI explains why this non-profit organization—dedicated to meeting the diverse needs of lesbian and gay youth and to educating society about their lives—has succeeded in its work since it was founded 20 years ago in New York City. It has developed a program that relates to and respects the people it serves

I recently talked with Verna Eggleston, HMI's executive director, at the agency in East Greenwich Village to discuss not only its culturally competent services to lesbian, gay, bisexual, and transgender youth but also its plans for the future.

## DEDICATED TO YOUTH

HMI was founded by Emery S. Hetrick and A. Damien Martin, a psychiatrist and educator. Outraged at the prevalence of violence and discrimination against lesbian and gay youth, they founded the first agency dedicated to their well-being.

Today HMI serves more than 7,800 youth each year that reflect the diverse cultures which make up the New York metropolitan area. They are 46 percent Latino/a; 35 percent African-American; 8 percent Caucasian; 3 percent Asian-Pacific Islander; and 4 percent other ethnicities.

HMI's broad range of services include:

- **An after-school Drop-In Center** where young people can socialize in an age appropriate environment and make friends who understand what it's like to grow up gay; to take classes in photography, writing, and computers; to join support groups; to go on field trips; and to receive all the latest information on HIV/AIDS and other health concerns
- **Individual and family counseling** to address isolation from family, friends, community leaders, and teachers and the stress associated with being an urban teen; to get help in solving family crises; to confront issues of abuse or suicidal thoughts; and to talk about dating, getting a first job, or whatever may be on their minds
- **Project First Step** to receive food and comfort if they are homeless, have run away, or have been abandoned by families or social service agencies who are not equipped to live or work with them
- **The Harvey Milk School** to obtain a high school education (in collaboration with the Board of Education) without the anti-gay harassment that is commonplace in many schools; to develop positive feelings about learning; and to succeed at school—often for the first time
- **Training and resources** to teach guidance counselors, social workers, teachers, families and neighbors about what it means to be a lesbian, gay or bisexual youth—through adult and youth-led workshops, symposia, or one-on-one consultations
- **Policy and public information** to take HMI's message to a broader audience where the Institute's educators, social workers, organizers and advocates—through a coalition of gay organizations nationwide—are helping child care professionals, elected officials, and others to understand the needs of lesbian, gay and bisexual youth

## EXECUTIVE DIRECTOR INTERVIEW

When asked how HMI staff builds the trust of the youth it serves, Eggleston said both *responsibility* and *respect* are the key.

"We have two youth seats on our Board. Youth are full voting members. We respect their input," she said. "As a result, they feel responsible to make valuable contributions. This shows all of our youth that we want to work in collaboration with them to meet their needs. That's important."

"The way we maintain our physical space is important, too," she continued. "We insist on cleanliness. There is no graffiti. A clean space says a lot about how people in an organization feel about each other. It's symbolic of the *respect* and the *responsibility* I'm talking about. And that builds trust." She continued, "Here at the Institute, we always involve the youth in the development and grant writing of our programs. We try to instill in them the belief that they have a voice. We try to maintain their sense of worth and hope."

**Expanded visibility.** "I do worry about what will happen when our youth leave our safe environment to live in a society that does not listen and that ignores their needs," Eggleston continued. That concern has led her to work on expanding HMI's involvement with youth service organizations worldwide. "I want HMI to be there when groups are talking about child welfare," she said. "I want them to understand our youth and to include them in their plans."

Eggleston mentioned that HMI was a key player in recent meetings of the International Social Work Conference, the White House Conference on Hate Crimes, the Child Welfare League of America, the National Council on Child Abuse and Neglect, and the U.S.-Mexico Border Conference on Children's Health. "We are proud that we are now recognized by so many national and international youth service groups as a source for information," she said.

Eggleston proudly showed two new directories that have included HMI and its services this year. They are the

*National Directory of Children, Youth & Family Services* used by health care professionals throughout the United States, and the *Cares Directory of Social and Health Services in the Greater New York Area*.

Eggleston went on to say that HMI is actively involved in the New York area in "peer training" sessions to help other young people better understand where sexual minority youth are coming from. "These youth are helping to promote respect among straight teenagers and to provide role models for gay ones," she said. Such peer training is conducted in area schools, community centers, and health care agencies, among others.

Eggleston said that HMI staff and volunteers are regularly involved in helping service providers in New York City such as doctors, social workers, teachers, and policemen better understand this culture. "This outreach is very important," she emphasized.

When asked if HMI had plans to expand its services to youth outside the New York City area, Eggleston said that she was happy to have organizations in other cities use HMI as a model, but that there were no plans for HMI itself to expand outside the metropolitan area. "But, we advocate and educate on a national level," she said.

"The word is out that we have a youth-focused, comprehensive service model which represents a true continuum of care," she continued. "HMI is committed to sitting at any table where youth issues are discussed so that we can ensure that these issues are raised. That is where we can do a tremendous amount of good."

---

*Readers interested in learning more about HMI should write to HMI, 2 Astor Place, New York, NY 10003. Phone: 212/674-2400. E-mail: [cs@hmi.org](mailto:cs@hmi.org).*

---

## CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews, or critical analyses from interested individuals. Detailed instructions for authors appear on the inside back cover of this issue. Upcoming issues of the *SIECUS Report* will have the following themes:

**"The Construction of Gender"**

*October/November 1999 issue.*

*Deadline for final copy: August 1, 1999*

**"The Millennium: Looking Back, Looking Ahead"**

*December 1999/January 2000 issue.*

*Deadline for final copy: October 1, 1999*

**"Sexuality Education Worldwide"**

*February/March 2000 issue.*

*Deadline for final copy: December 1, 1999*

**"Sexual Harassment"**

*April/May 2000 issue.*

*Deadline for final copy: February 1, 2000*

**"Sexuality and Pop Culture"**

*June/July 2000 issue.*

*Deadline for final copy: April 1, 2000*

**"Sexuality Education in the United States"**

*August/September 2000 issue.*

*Deadline for final copy: June 1, 2000*

**"Sexual Abuse"**

*October/November 2000 issue.*

*Deadline for final copy: August 1, 2000*

**"Sexuality and Disability"**

*December 2000/January 2001 issue.*

*Deadline for final copy: October 1, 2000*

**HIV/AIDS AND PEOPLE OF COLOR**

**P**eople of color in the United States are disproportionately affected by HIV/AIDS. These statistics on African-Americans, Latinos, Asian/Pacific Islanders, and American Indians/Alaskan Natives will provide some insight into the significance of the problem.

Health care providers and educators can provide better services related to HIV/AIDS prevention by developing a greater understanding of these groups and their cultural values.

**AFRICAN-AMERICANS**

- In 1997, there were an estimated 106,240 African-Americans living with AIDS compared with 45,928 in 1992.<sup>1</sup>
- Through December 1998, 108,874 African-American males and 32,733 African-American females had died of AIDS-related causes.<sup>2</sup>
- Among the cumulative reported African-American male adult/adolescent AIDS cases through December 1998, 38 percent were among men who have sex with men, 35 percent were from injecting drug use, 7 percent were from heterosexual contact, and 21 percent were from other exposure categories.<sup>3</sup>
- Among the cumulative reported African-American female adult/adolescent AIDS cases through December 1998, 44 percent were from injecting drug use, 37 percent were from heterosexual contact, and 19 percent were from other exposure categories.<sup>4</sup>
- HIV is now the leading cause of death among African-American males and of African-American females ages 25 to 44.<sup>5</sup>
- In 1997, 90.4 percent of African-American females and 89.1 percent of African-American males reported being taught about HIV/AIDS in school.<sup>6</sup>
- In 1997, 75.3 percent of African-American females and 70 percent of African-American males reported talking about HIV/AIDS with parents or other adult family members.<sup>7</sup>

**LATINOS**

- In 1997, there were an estimated 52,537 Latinos living with AIDS compared with 23,840 in 1992.<sup>8</sup>

- Through December 1998, 59,033 Latino males and 11,901 Latina females had died of AIDS-related causes.<sup>9</sup>
- Among the cumulative reported Latino male adult/adolescent AIDS cases through December 1998, 43 percent were among men who have sex with men, 36 percent were from injecting drug use, 5 percent were from heterosexual contact, and 16 percent were from other exposure categories.<sup>10</sup>
- Among the cumulative reported Latina female adult/adolescent AIDS cases through December 1998, 41 percent were from injecting drug use, 47 percent were from heterosexual contact, and 12 percent were from other exposure categories.<sup>11</sup>
- HIV is the second leading cause of death among Latino males and Latina females ages 25 to 44.<sup>12</sup>
- In 1997, 85.1 percent of Latina females and 86.6 percent of Latino males reported being taught about HIV/AIDS in school.<sup>13</sup>
- In 1997, 64.7 percent of Latina females and 57 percent of Latino males reported talking about HIV/AIDS with parents or other adult family members.<sup>14</sup>

**ASIAN/PACIFIC ISLANDERS**

- In 1997, there were an estimated 2,100 Asian/Pacific Islanders living with AIDS compared with 1,010 in 1992.<sup>15</sup>
- Through December 1998, 2,504 Asian/Pacific Islander males and 286 Asian/Pacific Islander females had died of AIDS-related causes.<sup>16</sup>
- Among the cumulative reported Asian/Pacific Islander male adult/adolescent AIDS cases through December 1998, 74 percent were among men who have sex with men, 5 percent were from injecting drug use, 3 percent were from heterosexual contact, and 17 percent were from other exposure categories.<sup>17</sup>
- Among the cumulative reported Asian/Pacific Islander female adult/adolescent AIDS cases through December 1998, 17 percent were from injecting drug use, 47 percent were from heterosexual contact, and 35 percent were from other exposure categories.<sup>18</sup>

## AMERICAN INDIANS / ALASKAN NATIVES

- In 1997, there were an estimated 886 American Indians/Alaskan Natives living with AIDS compared with 461 in 1992.<sup>19</sup>
- Through December 1998, 877 American Indian/Alaskan Native males and 158 American Indians/Alaskan Native females had died of AIDS-related causes.<sup>20</sup>
- Among the cumulative reported American Indian/Alaskan Native male adult/adolescent AIDS cases through December 1998, 57 percent were among men who have sex with men, 16 percent were from injecting drug use, 2 percent were from heterosexual contact, and 24 percent were from other exposure categories.<sup>21</sup>
- Among the cumulative reported American Indian/Alaskan Native female adult/adolescent AIDS cases through December 1998, 47 percent were from injecting drug use, 36 percent were from heterosexual contact, and 17 percent were from other exposure categories.<sup>22</sup>

### REFERENCES

1. U. S. Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year-end Edition*, 10, no. 2 (Atlanta, Georgia: CDC), p. 37.
2. U. S. Centers for Disease Control, p. 30.
3. U. S. Centers for Disease Control, p. 18.
4. U. S. Centers for Disease Control, p. 20.
5. U. S. Centers for Disease Control and Prevention, "Deaths: Final Data 1996," *National Vital Statistics Report*, 47 no. 9 (November 10, 1998) pp. 34, 36.
6. U. S. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance," *Morbidity and Mortality Weekly Report*, 47, no. SS-3 (August 14, 1998), p. 76.
7. Ibid.
8. U. S. Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year-end Edition*, 10, no. 2 (Atlanta, Georgia: CDC), p. 37.
9. U. S. Centers for Disease Control, p. 30.
10. U. S. Centers for Disease Control, p. 18.
11. U. S. Centers for Disease Control, p. 20.
12. U. S. Centers for Disease Control and Prevention, "Deaths: Final Data 1996," *National Vital Statistics Report*, 47 no. 9 (November 10, 1998) pp. 38, 40.
13. U. S. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance," *Morbidity and Mortality Weekly Report*, 47, no. SS-3 (August 14, 1998), p. 76.
14. U. S. Centers for Disease Control, p. 76.
15. U. S. Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year-end Edition*, 10, no. 2 (Atlanta, Georgia: CDC), p. 37.
16. U. S. Centers for Disease Control, p. 30.
17. U. S. Centers for Disease Control, p. 18.
18. U. S. Centers for Disease Control, p. 20.
19. U. S. Centers for Disease Control, p. 37.
20. U. S. Centers for Disease Control, p. 30.
21. U. S. Centers for Disease Control, p. 18.
22. U. S. Centers for Disease Control, p. 20.

## SIECUS LAUNCHES "THE NETWORK"

SIECUS is launching a National Network of Sexuality Educators of Color to meet the need for resources that support people of color working in sexuality education.

"As part of our Outreach Initiative, SIECUS has worked with over 350 professionals of color who are involved in sexuality education and HIV education," said Debra Haffner, SIECUS president and CEO. "They have indicated to us a need for culturally competent training opportunities, materials, and technical support to provide comprehensive sexuality education programs. The Network is designed to help them meet that need."

Members of The Network will receive:

- access to an electronic list serv (e-mail mailing list) where they can keep in touch with each other and participate in ongoing discussions about sexuality education issues

- a complimentary subscription to *SHOP Talk*, SIECUS' biweekly fax and electronic bulletin for health and education professionals with current information on reducing risk behaviors that result in sexually transmitted diseases, HIV, and unintended pregnancies among young people
- regular updates and new publications from SIECUS on emerging issues in sexuality education
- access to SIECUS' Mary S. Calderone Library

Sexuality educators of color interested in joining The Network should contact Félix Gardón, at 212/819-9770, extension 311 or e-mail him at [fgardon@siecus.org](mailto:fgardon@siecus.org).

The Charles Stewart Mott Foundation and the General Service Foundation are funding the project.



**The Body Project: An Intimate History of American Girls**

Joan Jacobs Brumberg  
Vintage Books, New York

1997, 268 pp.

Hardcover: \$25, paperback: \$13.

Joan Jacobs Brumberg, whose previous work includes a history of anorexia nervosa, has written a troubling, provocative, and fascinating history of American girlhood.

In *The Body Project: An Intimate History of American Girls*, Brumberg explores the history of girls' bodies: both what it means to grow up in a female body and how that meaning has changed. She finds that girls' bodies are an "enormous problem" for them (xvii) and that this problem is rooted in an increasingly sexualized society that, rather than supporting girls through adolescence, provides them with little guidance and much misinformation. This lack of leadership and advocacy is particularly distressing as American girls more and more consider their bodies and sexualities the defining projects of their adolescence and personhood.

In chapters on the changing meaning of girlhood, menstruation, skin and acne, dieting and other forms of body modification, sexuality, and girls' advocacy, Brumberg explores the stories that girls' diaries and other historical sources tell about girls and their bodies.

While all of the chapters are strong, the one addressing "The Disappearance of Virginity: Sexual Expression and Sexual Danger" will be of particular interest to *SIECUS Report* readers. Here Brumberg explores the history of a late-twentieth-century American girlhood characterized by an ever earlier age of physical maturation in a permissive and sexualized world. Contemporary girls, Brumberg writes, "have to negotiate between their desire for sexual expression and the prospect of sexual danger" (142-43). Earlier generations did not face such challenges. Victorian adolescent girls were ideally pure, and their chastity was marked anatomically by the hymen. As with other aspects of girls' bodies—their skin, menstrual cycles, diet, and more—doctors monitored their virginity. Through pelvic

examinations, turn-of-the-century American physicians documented the existence—or absence—of a girl's hymen and thus of her sexual innocence. During the 1920s and '30s and America's first sexual revolution, gynecologists adopted a new but no less problematic practice: They began performing premarital hymenotomies, lacerating the membrane in order to alleviate wedding-night discomfort and even to heighten sexual pleasure. Not surprisingly, the doctors appeared to have been most concerned with new husbands' experiences and not with those of young women. Since the 1940s and 1950s and the advent of, among other things, tampons, girls have come increasingly to know and touch their own bodies. In the process, Brumberg claims, the "once hallowed membrane has been consigned to the junk heap of women's history" (165).

Since the 1960s, Americans have seen further changes in girlhood and sexual values. Girls have become more sexually active, knowledgeable, and autonomous. They seek and receive routine gynecological care—and thus some sexuality education—in private relationships with their physicians. In 1972, the Supreme Court granted minors the right to seek and obtain contraceptives without the involvement of their parents or guardians. Lesbian girls increasingly come out to their families, their friends, and themselves. As girls' sexual lives are less and less restricted by traditional moral concerns, many girls and their parents allow that the bounds of sexual expression—straight or lesbian—are best informed by issues of personal safety and comfort. As Brumberg notes, this "hands-off" attitude "may have been an improvement over the censorious overprotection of earlier times," but it often leaves girls with little guidance and support in a world characterized by greater sexual pressure and vulnerability (185). The risks are medical, social, personal, and vast. "As we approach the millennium, we need to acknowledge that American girls are both the beneficiaries and the victims of a century of change in sexual mores and behaviors" (192).

Race and racism necessarily inform the history of American girlhood, and

Brumberg is consistently attentive to these issues. In the chapter on "Perfect Skin," she discusses the differences race and ethnicity made to girls' experiences of acne and finds, for example, that African-American girls, whose darker skin was already considered inferior, struggled to "subdue pigment as well as pimples" (77). Additionally, Jewish girls in the early and mid-twentieth century were especially vulnerable to a social logic that linked acne with a dirtiness attributed to the lower classes. The daughters of Jewish immigrants found that their skin could belie their claims to middle-class status and suggest that they were naturally of a lower social grade. Despite Brumberg's attention to these and other implications of race, however, I left *The Body Project* wanting to know more about the specific histories of African-American, Latina, and other girls' relationships to their bodies. As Brumberg claims early in the book, "Understanding what has happened historically to girls' bodies and to their relationships with those who surrounded them...provides the first step in crafting an effective, progressive response to a predicament that already threatens the prospects of young women who will come of age in the twenty-first century" (xxxiii). This argument, so convincingly made in *The Body Project*, compels us to write, with similar care and exhaustiveness, about the intimate histories of American girls of color.

Brumberg's goal in writing *The Body Project* was to provoke the "intergenerational conversation about female bodies" necessary to changing the relationships we allow girls and others to female bodies (xxxi).

Already I have seen this happen for me. The chapter on acne prompted my sister, mother, and me to explore for the first time our different experiences of our adolescent skin—one struggling with chronic acne, one fighting occasional outbreaks with ointments and creative hairstyling, and the other relatively blemish-free.

This semester I am reading *The Body Project* with undergraduates in a class on Girlhood and Adolescence. I look forward to a discussion of bodies and girlhood that

is more sensitive to questions of racial, class, and historical difference than those I have facilitated in previous terms. These and other conversations are crucial to restoring the intergenerational organizations and relationships in which women advocate for and work with girls.

Brumberg's has done us all—educators, students, researchers, and advocates—an enormous service with this history of American girls. She focuses our attention on the adolescent female body as a fundamental site of the crisis in girls' confidence, sexual health, and pleasure; and, in her critique of the privatization of girls' socialization, cultivates an investment in American girls that extends beyond the normative bounds of family.

*Jessica Fields is a Ph.D. candidate in sociology at the University of North Carolina at Chapel Hill.*

### The Circle of Life

Planned Parenthood of Central Oklahoma  
619 N.W. 23rd Street  
Oklahoma City, OK 73103  
(11 minutes)  
\$30 plus \$3 shipping and handling

The "Circle of Life" is an 11-minute video produced by Planned Parenthood of Central Oklahoma and aimed at Native-American teenagers. Even though the video raises more questions than it answers, it and the accompanying discussion guide could spark

lively debate on important topics.

The video focuses on the fictitious story of Toma and Sunny, Native-American teens who meet at a powwow and quickly enter into a sexual relationship. Toma equates sex with love and assumes that the two are in a loving and committed relationship until she sees Sunny with another girl, Bineshi, at another powwow. Toma tells the viewers that she never realized anything could hurt so much. The viewer is given a different side of the story when we meet Sunny who explains the macho pressures he feels as a man. He wishes that girls and guys could just have fun without all the physical stuff.

Reliable information is given by the video's narrator, also a Native-American teen. The narrator starts by explaining that sexuality is a part of life from birth until death. She goes on to give a brief explanation of gender identity and gender roles and suggests that men and women in today's society are not held to strict gender roles, as they once were. The video is quick to point out, however, that gender stereotypes still exist. Bineshi, the other young woman whom Sunny was kissing, has a "bad reputation" because she has slept with many young men. Two characters discuss Bineshi and suggest that she is using sex to find love but that the young men are just using her for sex. They go on to say that there is a rumor in school that Bineshi has AIDS.

At this point, the narrator returns to provide information about HIV and AIDS. She suggests that there is a false sense of

security in the Native-American community that Indians do not have to worry about AIDS. She goes on to dispel this myth and tells viewers that everyone is at risk of contracting HIV regardless of ethnicity, gender, or sexual orientation. She says: "It is not who you are but what you do." HIV transmission is then illustrated on a map of the country and risky behaviors are listed and briefly explained.

The last myth that the video tackles involves teen pregnancy. Toma admits that she has thought of getting pregnant in order to keep Sunny. She visits with Linda, a single mother of a toddler. Linda, like Toma, had thought that having a baby would make her boyfriend love her forever. Instead, he left when he discovered how much was involved in raising a child. Left on her own to raise her son, Linda was unable to finish high school.

*The Circle of Life* is one of the few resources available for sexuality educators working with Native-American teens. As such, it provides a great opportunity to reach an often ignored segment of the American population. It offers a good starting point for discussing sexuality issues and ends with an important message: "For our tribes to stay strong and healthy, we must stay strong and healthy." And so, this video may be of interest to and spark discussion among a broader more universal audience, as well.

*This video was reviewed by Mari Kempner and Lissette Marraro of the SIECUS staff.*

## ELMA PHILLIPSON COLE, 1909–1999

SIECUS is saddened to announce the death of Elma Phillipson Cole, a SIECUS Board member since 1993 and a social work practitioner for almost 50 years. She died on April 26 from lung cancer.

"Elma was a tireless advocate for SIECUS, sexuality education, and sexual justice. She was an incredible Board member, serving as chair of the Nominating Committee and the Long-Range Planning Committee as well as a member of the Hard-to-Teach Task Force," said SIECUS President Debra Haffner. "Even more, she was a role model

and a woman I am proud to call my friend and inspiration."

Elma's professional career spanned from 1930 to 1974 and included positions as the director of social services at Children's Hospital in Washington, DC; as associate executive director of the National Legal Aid and Defender Association, and with the National Assembly of National Voluntary Health and Social Welfare Organizations.

"Elma was a champion of gay rights, for sexuality education, for the poor, and for the elderly," said Board Chair William Yarber. "We will miss her."

**A SIECUS Annotated Bibliography**



HIV/AIDS is a major public health concern. Strong government, private, and joint support is needed for research and programs on prevention and treatment; for medical and social services for people with HIV/AIDS, their families, and other caregivers; and for the continued development and delivery of clear, accurate, age-appropriate prevention information for all people. This bibliography updates SIECUS' 1996 bibliography on HIV/AIDS.

SIECUS does not sell or distribute these books. They are however, available for use in the Mary S. Calderone Library. For those interested in purchasing any of these books, each annotation contains contact and price information (not including shipping and handling).

This bibliography is available free of charge on the SIECUS Web site or for \$2 per copy by ordering it from the SIECUS Publications Department.

SIECUS is located at 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; E-mail: [siecus@siecus.org](mailto:siecus@siecus.org); Web site: [www.siecus.org](http://www.siecus.org).

This bibliography was compiled by Amy Levine, M.A., SIECUS librarian; Lissette Marrero, SIECUS information assistant; and Dana Arnberg, SIECUS intern.

**CHILDREN AND ADOLESCENTS**

**AIDS:  
First Facts for Kids  
Grades 4-6**

*Linda Schwartz*

**Answers to Questions Kids Ask  
Grades 6-8**

*Barbara Christie-Dever*

**What Teens Need to Know  
Grades 9-12**

*Barbara Christie-Dever*

These three books, which are for use either in the classroom or at home, are candid, straightforward and age-appropriate.

1996; \$8.95, \$7.95, \$9.95; ISBN 0-88160-249-3, ISBN 088160-286-8, ISBN 0-88160-233-7; *The Learning Works*, P. O. Box 6187, Santa Barbara, CA 93160; Phone: 800/235-5767; Fax: 805/964-1466; Web site: [www.thelearningworks.com](http://www.thelearningworks.com).

**Alex, the Kid  
with AIDS**

*Linda Walvoord Girard*

This book for elementary school children tells the story of Alex, a new student infected with AIDS. Although this book does not mention HIV, it provides young children

with basic information about the virus and AIDS. It helps children understand that Alex is the same as the other children, that they cannot "catch AIDS" by being around Alex, and the only way they can "get AIDS" is through blood-to-blood transmission.

1991; \$14.95; ISBN 0-8075-0245-6; *Albert Whitman & Company*, 6340 Oakton Street, Morton Grove, IL 60053; Phone: 847/581-0033; Fax: 847/581-0039; Web site: [www.awhitmanco.com](http://www.awhitmanco.com).

**Captain BIO:  
"HIV Attacks!"**

*BIO Comics*

This comic book is designed for students in middle school through high school. It introduces the discussion of HIV/AIDS by using a superhero named CAPTAIN BIO to intrigue youth. It helps young people learn the facts about HIV transmission and prevention as they read about a scientific adventure. 1996; \$0.49; *BIO COMICS*, P. O. Box 50, Gladstone, NJ 07934; Phone: 800/543-2230; Fax: 908/234-1961; Web site: [www.bio-comics.com](http://www.bio-comics.com).

**HIV-Positive**

*Bernard Wolf*

This book tells the story of Sara, a 29-year-old mother of two whose life and family are affected by her contracting AIDS. This touching story details the daily life of Sara

and her family as they go to the doctor, deal with her bouts of illness, and participate in family therapy sessions.

1997; \$16.99; ISBN: 0-925190-99-3; *Dutton Children's Books/Penguin Putnam*, 405 Murray Hill Pkwy., East Rutherford, NJ 07073; Phone: 800/526-0275; Fax: 800/227-9604; Web site: [www.penguininputnam.com](http://www.penguininputnam.com).

**My Dad Has HIV**

*Earl Alexander, Sheila Rudin,  
and Pam Sejkora*

This book discusses HIV/AIDS in a colorful, sensitive, and hopeful way that young children can easily understand. The narrative is a simple science lesson that is useful for teachers and counselors. Its main focus is on a person who lives with HIV.

1996; \$14.95; ISBN: 0-525-45459-4; *Fairview Press*, 2450 Riverside Avenue South, Minneapolis, MN 55454; Phone: 612/672-4180; Fax: 612/672-4980; Web site: [www.fairview.pres.org](http://www.fairview.pres.org).

**GENERAL PUBLIC**

**The AIDS Crisis:  
A Documentary History**

*Douglas A. Feldman and Julia Wang Miller*

This book gives the reader a comprehensive perspective of the social, cultural, psycho-

logical, historical, political, economic, and biomedical aspects of AIDS in the United States and around the world.

1998; \$49.95; ISBN 0-313-28715-5; Greenwood Publishing Group, 88 Post Road West, P.O. Box 5007, Westport, CT 06881; Phone: 800/225-5800; Fax: 203/222-1502; Web site: [www.greenwood.com](http://www.greenwood.com).

### **The AmFAR AIDS Handbook: The Complete Guide to Understanding HIV and AIDS**

*Darrell E. Ward*

This easy-to-read book is a comprehensive guide to understanding HIV/AIDS. It addresses "What You Need to Know about HIV/AIDS" and the "Medical Science of HIV." A glossary, appendices, and index are included.

1999; \$17.50; ISBN 0-393-31636-X; W.W. Norton and Company, C/O National Book Company, 800 Keystone Industrial Park, Scranton, PA 18512; Phone: 800/233-4830; Fax: 800/458-6515; Web site: [www.wwnorton.com](http://www.wwnorton.com).

### **Answering Your Questions about AIDS**

*Seth C. Kalichman, Ph.D.*

This collection of the 350 most frequently asked questions about AIDS provides answers that corroborate medical and psychological research. It also includes a glossary, a list of selected medications, a directory of local and national HIV/AIDS resources, and a listing of state and national HIV/AIDS hotlines.

1996; \$9.95; ISBN: 1-55798-339-9; American Psychological Association, 750 First Street, NE, Washington, DC 20002; Phone: 202/336-5500; Fax: 202/336-5502; Web site: [www.apap.org](http://www.apap.org).

### **Forgotten Children of the AIDS Epidemic**

*Shelley Geballe,  
Janice Gruendel, and  
Warren Andiman, Editors*

This book looks at the issues facing children whose parents and siblings are dying of AIDS. It examines children's experiences, how AIDS affects them, how their emotional needs are met, how they can find a

second family, and what stigmas they face. It also explores ways to promote resilience in these AIDS-affected children.

1995; \$14; ISBN: 0-300-06271-0; Yale University Press, P. O. Box, 209040, New Haven, CT 06520; Phone: 203/432-0940; Fax: 800/777-9253; Web site: [www.yale.edu/yup/](http://www.yale.edu/yup/).

### **HIV/AIDS Internet Information Sources and Resources**

*Jeffrey T. Huber, Ph.D., Editor*

This book highlights HIV/AIDS-related information obtained from the Internet. It reveals the breadth and depth of information sources and resources that are available over the Internet. It also helps in evaluating Web sites and locating reliable and relevant HIV/AIDS information.

1998; \$34.95; ISBN: 1-56023-117-3; The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

### **What Everyone Can Do to Fight AIDS**

*Anne Garwood and Ben Melnick*

This book provides basic information on AIDS and stresses the importance of information and education. It encourages readers to become involved with community organizations and other volunteer work, and offers concrete suggestions on how to do it. Each chapter concludes with a list of resources for more information.

1995; \$14; Jossey-Bass Publishers, 350 Sansum Street, 5th Floor, San Francisco, CA 94104; Phone: 415/433-1767; Fax: 800/605-2665; Web site: [www.jbp.com](http://www.jbp.com).

### **GAY MEN, LESBIANS, AND BISEXUALS**

#### **AIDS, Communication and Empowerment: Gay Male Identity and the Politics of Public Health Messages**

*Roger Myrick*

This book offers a critical, historical analysis of public health communication about

HIV/AIDS; the ways this communication makes sense historically and culturally; and the implications such messages have for marginal groups. It allows for a rethinking of ways such groups can take control of their own education on public health issues. It provides valuable insights and information for scholars, for professionals, for readers interested in the relationship among language, power, and marginal identity, and for classes in gay and lesbian studies, health communication, or political communication.

1996; \$19.95; ISBN: 1-56023-884-4; The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

### **Bisexualities and AIDS: International Perspectives**

*Peter Aggleton, Editor*

This book reviews the global perspective of what has been learned about the relationship between male bisexuality and AIDS. It examines the difference between bisexual behavior and bisexual identity and its implications on HIV prevention. Prevention efforts in Australia, Brazil, Canada, China, Costa Rica, France, India, Mexico, Papua New Guinea, Peru, The Dominican Republic, The Philippines, the United Kingdom, and the United States are examined.

1996; \$29.95; ISBN: 0-7484-0394-9; Taylor & Francis Inc., 1900 Frost Road, Suite 101, Bristol, PA 19007; Phone: 800/821-8312; Fax: 215/269-0363; Web site: [www.tandf.com](http://www.tandf.com).

### **HIV Disease: Lesbians, Gays, and the Social Services**

*Gary A. Lloyd, Ph.D., A.C.S.W., B.C.D. and  
Mary Ann Kuszelewicz, M.S.W., A.C.S.W.,  
Editors*

This collection of articles explores the impact of HIV on gay men and lesbians from a social services perspective. The introductory chapters on "AIDS and Homophobia/Heterosexism" examine barriers and challenges to providing service to gay men and lesbians. A section on "Special Populations" looks at HIV/AIDS from the perspectives of lesbians, African-American

men, and Latinos. This section also includes a literature review. Other chapters look at the role of AIDS service organizations in providing education and helping reduce risky behavior.

1995; \$17.95, *The Haworth Press, Inc.*, 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

### **The HIV-Negative Gay Man: Developing Strategies for Survival and Emotional Well-Being**

Steven Ball, M.A., M.S.W., A.C.S.W., Editor

This collection of essays provides information concerning the psychosocial and psychosexual needs of HIV-negative gay men. It discusses strategies for staying uninfected and cultivating a meaningful way of life in the face of HIV/AIDS.

1998; \$12.95; ISBN: 1-56023-114-9; *The Haworth Press, Inc.*, 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

### **In Changing Times: Gay Men and Lesbians Encounter HIV/AIDS**

Martin P. Levine,  
Peter M. Nardi,  
and John H. Gagnon

This volume addresses the ways HIV/AIDS has changed collective and individual identities. It discusses the lives of gay men and lesbians and how these changes have altered perceptions of the epidemic. Essays include: "Censorship and Identity in the Age of AIDS," "Friends, Lovers, and Families: The Impact of AIDS on Gay and Lesbian Relationships," "Owning An Epidemic: The Impact of AIDS on Small-City Lesbian and Gay Communities," "The HIV Epidemic and Public Attitudes Toward Lesbians and Gay Men," and "Intergenerational Relations and AIDS in the Formation of Gay Culture in the United States."

1997; \$17.95; ISBN 0-226-27857-3; *The University of Chicago Press, Order Department*, 11030 South Langley Avenue, Chicago, IL 60628; Phone: 800/621-2736; Fax: 800/621-8476; Web site: [www.press.uchicago.edu](http://www.press.uchicago.edu).

### **In the Shadow of the Epidemic**

Walt Odets

This book addresses the concerns of HIV-negative gay men. It looks at the mental impact of the AIDS epidemic, examines loss and mourning, and looks closely at relationships, sexuality, and survival. The author, a clinical psychologist, uses case studies from his practice to illustrate the ideas in the book.

1995; \$14.95, *Duke University Press*, P. O. Box 90660, Durham, NC 27708; Phone: 919/687-3600; Fax: 888/651-0124; Web site: [www.duke.edu/web/dupress](http://www.duke.edu/web/dupress).

### **Loving Men: Gay Partners, Spirituality and AIDS**

Richard P. Hardy

This book presents the stories of gay men who lived in loving relationships and lost their partners to AIDS. Through their stories, this book provides an enrichment of history and spirituality and tackles the stereotypes of gay life.

1998; \$17.95; ISBN: 0-8264-1138-X; *The Continuum Publishing Company*, 370 Lexington Avenue, New York, NY 10017; Phone: 800/561-7704; Fax: 703/661-1501; Web site: [www.continuum-books.com](http://www.continuum-books.com).

### **New International Directions in HIV Prevention for Gay and Bisexual Men**

Michael T. Wright, L.I.C.S.W., M.S.  
B. R. Simon Rosser, Ph.D., M.P.H.,  
and Onno de Zwart, M.A.,  
Editors

The Deutsche AIDS-Hilfe, the national German AIDS organization, sponsored a series of symposia in 1996 to promote international collaboration in the development of new paradigms for thinking about sexuality and HIV prevention. Some of the symposia participants share their thoughts in this volume. This collection asks the question: "What are the next steps in designing effective prevention for gay and bisexual men?" Essays include "Beyond Risk Factors: Trends in European Safer Sex Research," "Gay Men and HIV: Community Responses and Personal Risks," and "Desire, Cultural

Dissonance, and Incentives for Remaining HIV-Negative."

1998; *The Haworth Press, Inc.*, 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

## **PEOPLE LIVING WITH HIV**

### **Being Positive: The Lives of Men and Women with HIV**

Robert Klitzman, M.D.

This book presents and analyzes the fabric and texture of the lives of individuals infected with HIV. Based upon in-depth interviews, it addresses how people perceive the issues that they confront.

1997; \$26.00; ISBN 1-56663-164-5; *Order Department, Ivan R. Dee, Publisher*, 15200 NBN Way, Blue Ridge Summit, PA 17214; Phone: 800/462-6420; Fax: 800/338-4550; Web site: [www.ivanrdee.com](http://www.ivanrdee.com).

### **Eating Positive: Nutrition Guide and Recipe Book for People with HIV/AIDS**

Jeffrey T. Huber, Ph.D.  
and Kris Riddlesperger, M.S., R.N.

This easy-to-follow recipe book provides enticing recipes that fit a variety of common diet limitations and specific health needs for individuals with HIV/AIDS. Individuals can customize proper nutrition diet plans for patients who often find it difficult to maintain an adequate diet due to conditions associated with HIV/AIDS and the medications used to alleviate symptoms.

1998; \$14.95; ISBN: 1-56023-893-3; *The Haworth Press, Inc.*, 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

### **HIV/AIDS and Sexuality**

Michael W. Ross, Ph.D., M.P.H., M.H.P.E.D.

This book looks at HIV-positive individuals and the impact of infection on their sexuality. It describes differences associated with individuals who are infected and those who are concerned with infection. It

also provides a clinical perspective and treatment approaches.

1995; \$17.95, ISBN 1-56023-068-1; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: www.haworthpressinc.com.*

### **Youths Living with HIV: Self-Evident Truths**

*G. Cajetan Luna*

This book explores the life struggles and adaptations leading up to and after the HIV infection of young Americans. The cases presented in this book look at the experiences of youths living with HIV/AIDS. It also discusses their private dilemmas and demonstrates the need for comprehensive intervention and preventive measures.

1997; \$14.95; ISBN: 1-56023-904-2; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904 1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: www.haworthpressinc.com.*

## **PROFESSIONALS**

### **Changing HIV Risk Behavior: Practical Strategies**

*Jeffrey A. Kelly*

This book outlines strategies for effectively assisting individuals in changing HIV risk behavior. Chapters include: "Behavioral Skill Acquisition Model for Risk Reduction Counseling," "Intervention Settings," "Risk Assessment," "Sexual Assertiveness Training," and "Pride, Self-Esteem, and Empowerment As Contexts of Community Change."

1995; \$26.95, Guilford Publications, 72 Spring Street, New York, NY 10012; Phone: 212/431-9800; Fax: 212/966-6708; Web site: www.guilford.com.

### **Children, Families, and HIV/AIDS, Psychosocial and Therapeutic Issues**

*Nancy Boyd-Franklin,  
Gloria L. Steiner  
and Mary G. Boland*

This book focuses on psychosocial and therapeutic issues surrounding children

and families affected by HIV/AIDS. It uses a family-focused approach to providing assistance and includes important information on cultural sensitivity in working with African-American, Latino, and Haitian families. The authors describe many methods (including family, individual, and group treatment as well as hypnotherapeutic techniques) for nonpharmacologic pain management. Including numerous case studies that bring issues to life, this book serves as a valuable resource for professionals.

1995; \$24.95, Guilford Publications, 72 Spring Street, New York, NY 10012; Phone: 212/431-9800; Fax: 212/966-6708; Web site: www.guilford.com.

### **HIV/AIDS Community Information Services: Experiences in Serving Both At-Risk and HIV-Infected Populations**

*Jeffrey T. Huber*

The purpose of this book is to provide information services—both educational and recreational—to individuals infected with HIV and to promote the dissemination of instructional materials to those individuals who are at risk for infection. Chapters include: "The Complex Nature of the Epidemic," "HIV/AIDS Information Resources and Services," "Information Networking and Partnerships," and "Looking Beyond Existing Resources and Services." Appendices include: "Case Definitions of AIDS," "AIDS Classification Systems," "Internet Resource Sites," and "Organization Information."

1996; \$39.95; ISBN 1-56024-940-4; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: www.haworthpressinc.com.*

### **HIV and Social Work: A Practitioner's Guide**

*David M. Aronstein, M.S.W., and  
Bruce J. Thompson, Ph.D.,  
Editors*

This book offers practical advice and useful links between social work theory and practice. Experienced social workers discuss such topics as psychosocial intervention,

clinical issues, and helping people cope with the changing expectations brought on by promising yet complex treatment options.

1998; \$49.95; ISBN: 1-56023-906-9; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: www.haworthpressinc.com.*

### **Sometimes My Heart Goes Numb: Love and Caregiving in a Time of AIDS**

*Charles Garfield*

This book is a guide for people who want to know how to say the right thing, set healthy limits, encourage someone's fight for life, be there for someone ready to die, identify the needs of caregivers, and implement self-care strategies to avoid burnout and "compassion fatigue." It includes the personal stories of 20 health care providers and caregivers. A glossary of terms is also included.

1995; \$13.00; ISBN 015600495X; *Harcourt Incorporated, 6277 Sea Harbor Drive, Orlando, FL 32887; Phone: 800/543-1918; Fax: 800/235-0256.*

## **WOMEN**

### **The Gender Politics of HIV/AIDS in Women: Perspectives on the Pandemic in the United States**

*Nancy Goldstein and  
Jennifer L. Manlowe, Editors*

This collection of essays helps individuals understand the effects of HIV/AIDS on women's lives with an emphasis on diversity. It is intended to provide a forum where health service providers and researchers, social workers, community-based organizers, psychologists, HIV-infected people, cultural critics, and public policymakers are exposed to each others' works and perspectives. Essays include: "Midlife and Older Women and HIV/AIDS: My Grandmother Wouldn't Do That," "HIV/AIDS and Asian Pacific Islander Women," "Social Context and HIV: Testing and Treatment Issues Among Commercial Street Sex Workers," "Coming to Their Own Rescue: Teens Teach Teens About HIV," and "Native Women Living

Beyond HIV/AIDS Infection." 1997; \$21.00; ISBN 0-8147-3093-0; New York University Press, 70 Washington Square South, New York, NY 10012; Phone: 800/996-6987; Fax: 212/995-3833; Web site: [www.nyupress.nyu.edu](http://www.nyupress.nyu.edu).

### **Putting Risk in Perspective: Black Teenage Lives in the Era of AIDS**

Renee T. White

This book demonstrates why the fight against AIDS must include a responsibility to improve the social and economic opportunities available to young black women. It tells a story about the lives of young women dealing with economic pressures, family relationships, dating, courting, intimate relationship issues, and questions of sexual identity. Along with these factors comes the issue of HIV and AIDS.

1999; \$17.95; ISBN: 0-8476-8587-X; Rowman & Littlefield Publishers, Inc., 4720 Boston Way, Lanham, MD 20706; Phone: 800/462-6420; Fax: 800/338-4550; Web site: [www.universitypress.com](http://www.universitypress.com).

### **Women and AIDS: Negotiating Safer Practices, Care, and Representation**

Nancy L. Roth, Ph.D., and  
Linda K. Fuller, Ph.D., Editors

This book reveals how difficult safer sex practices are for women who are involved in relationships where they do not have physical, social, or economic equality. It emphasizes that communication is the key to halting the spread of HIV and helping to care for those already infected with the virus.

1998; \$19.95; ISBN: 1-56023-882-8; The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/HAWORTH; Fax: 800/895-0582; Web site: [www.haworthpressinc.com](http://www.haworthpressinc.com).

## **SCHOOLS**

### **Guidelines for HIV Education for Asian Youth**

National Coalition of Advocates for Students

These *Guidelines* were written to assist teachers, parents, counselors, community leaders, and students in developing effective

HIV-prevention education programs for Asian-American youth. They include cultural information on Asian-Americans; barriers to effective HIV-prevention education; and strategies for delivering HIV-prevention education. They also include an appendix with a glossary of terms, model programs, educational materials, and video resources. 1998; \$5.95; ISBN 1-88000-215-9; The National Coalition of Advocates for Students, 100 Boylston Street, No. 737, Boston, MA 02116; Phone: 617-357-8507; Fax: 617-357-9549; Web site: [www.ncas1.org](http://www.ncas1.org).

### **Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection**

National Association of  
School Boards of Education

This guide provides guidance on HIV-related school policies that are medically, legally, and educationally sound. It offers information and recommendations for those developing or revising educational, health, sports, and confidentiality policies related to HIV.

1996; \$15.00; NASBE Publications, 1012 Cameron Street, Alexandria, VA 22314; Phone: 800/368-5023, Fax: 703/836-2313; Web site: [www.nasbe.org](http://www.nasbe.org).

### **Teaching about Sexuality and HIV: Principles and Methods for Effective Education**

Evonne Hedgepeth  
and Joan Helmich

This comprehensive book for teachers and community health educators focuses on the "how" and "why" of effective sexuality and HIV education rather than on the "what." It includes discussions on the creation of a productive learning environment and interactive and practical methods for reviewing principles and addressing concerns about sexuality and HIV education. 1996; \$20.00; ISBN: 0-8147-3535-5; New York University Press, 70 Washington Square South, New York, NY 10012; Phone: 800/996-6987; Fax: 212/995-3833; Web site: [www.nyupress.nyu.edu](http://www.nyupress.nyu.edu).

## **PARENTS**

### **Finding our Voices: Talking with Our Children about Sexuality and AIDS**

Mothers' Voices

This booklet provides parents with support and suggestions about at-home sexuality education. It includes current up-to-date statistics, research, and valuable information from parents. Its primary goal is to promote healthy sexuality and HIV/AIDS education. A Spanish version *En Busca de Nuestras Voces: Hablando con Nuestros Hijos Acerca de la Sexualidad y el SIDA* is also available.

1998; \$5.00; Mothers' Voices, 165 West 46th Street, Suite 701, New York, NY 10036; Phone: 888/686-4237; Fax: 212/730-4378; Web site: [www.mvoices.org](http://www.mvoices.org).

### **How to Talk to Your Children about AIDS**

Sexuality Information and  
Education Council of the United States  
(SIECUS)

This booklet offers parents help on talking about sexuality issues to their children. Syndicated columnist Dear Abby recommends it and its "easy to understand" format. It includes information for preschoolers, young children, preteens, and teens. A Spanish version *Como Hablar Con Sus Hijos Sobre el SIDA* was updated in 1998.

1997; \$1.00; SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: [www.siecus.org](http://www.siecus.org).

## **CURRICULA**

### **Act SMART: An HIV/AIDS Education Curriculum For Three Age Groups**

Boys and Girls Clubs of American  
and the American Red Cross

This curriculum has sections that target three age groups: elementary, junior high, and high school. It addresses HIV transmission, risk behavior and prevention, alleviating fear, and creating compassion for people living with HIV/AIDS. Each section con-

sists of six lessons that use age-appropriate messages. *Act SMART* was developed as a supplement to *Smart Moves*, a drug/alcohol and sexual activity prevention program developed by the Boys and Girls Club of America.

1995; \$12.95; American Red Cross, Bookstore/Purchasing, 150 Amsterdam Avenue, New York, NY 10023; Phone: 212/875-0365; Fax: 212/875-2190; Web site: [www.redcross.org](http://www.redcross.org).

### **Becoming a Responsible Teen: An HIV Risk Reduction Intervention for African-American Adolescents**

Janet S. St. Lawrence, Ph.D.

Initially pilot tested among African-American adolescents, this curriculum consists of eight skills-based lessons targeted to students in grades nine through 12. Topics include condom use, refusal skills, and partner negotiation. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) identifies the curriculum as one that reduces health-risk behaviors among youth.

1997; \$49.95; ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: [www.etr.org](http://www.etr.org).

### **Be Proud! Be Responsible! Strategies to Empower Youth to Reduce Their Risk for AIDS**

Loretta Sweet Jemmot, Ph.D., R.N., F.A.A.N.  
John B. Jemmot, III, Ph.D.  
Konstance McCaffree, Ph.D.

This six-session curriculum is targeted to young people 13 to 18 years old. The skills-based lessons focus on participants' needs to adapt responsible and safer sexual behaviors to prevent the sexual transmission of HIV. It includes a video. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) identifies this curriculum as one that reduces health-risk behaviors among youth.

1996; \$95.00 per copy; Select Media, 22D Hollywood Avenue, Hohokus, NJ 07423; Phone: 800/343-5540; Fax: 201/652-1973.

### **Choosing Health—High School: STD & HIV**

Betty M. Hubbard, Ed.D.

This skills-based program consists of eight curricula for high school students. Each stresses communication, decision-making assertiveness, stress management, and goal setting. The "STD & HIV" component is designed to give students the skills they need to protect themselves. A unit on condom use is also included. Additional program materials are available.

1997; *Choosing Health—High School Teacher/Student Resources Books*; \$27 each; ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: [www.etr.org](http://www.etr.org).

### **Comprehensive Health For the Middle Grades: HIV & STD**

Jory Post, M.A., and Carole McPherson, M.A.

This skills-based program consists of 15 curricula for middle-grade students. Each stresses communication, decision making, assertiveness, stress management, and goal setting. This "HIV & STD" component is designed to educate students about disease transmission and prevention. Additional program materials are available.

1996; *Comprehensive Health for the Middle Grades*; 1997; *Teacher/Student Resource Books*; \$27 each; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: [www.etr.org](http://www.etr.org).

### **Focus on Kids: Adolescent HIV Risk Prevention**

University of Maryland,  
Department of Pediatrics

This curriculum is for adolescents ages 9–15. It has proved effective in giving urban youth the skills and knowledge that they need to protect themselves from HIV and other STDs. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) identifies this curriculum as one that reduces health-risk behaviors among youth.

1998; \$29.95; ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: [www.etr.org](http://www.etr.org).

### **Get Real About AIDS**

Comprehensive Health Education  
Foundation (CHEF)

Curricula for grades four through six (10 lessons), grades six through nine (10 lessons), and grades nine through 12 (14 lessons) are detailed and fact-based with age-appropriate messages. Their primary purpose is to reduce the risk of HIV transmission. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) identifies this curriculum as one that reduces health-risk behaviors among youth. 1995; (*Upper Elementary and Middle School*), 1994; (*High School*), \$495 per grade-level kit (including videos, posters, games, and handouts); AGC Educational Media, 1560 Sherman Avenue, Suite 100, Evanston, IL 60201; Phone: 800/323-2433; Fax: 847/328-6006; Web site: [www.agcmedia.com](http://www.agcmedia.com).

### **POWER Moves: A Situational Approach to HIV Prevention for High-Risk Youth**

Pam Peterson Buckingham, M.A.,  
Mary A. Doyen, M.A., and  
Deborah S. Main, Ph.D.

This curriculum was developed for adolescents who do not participate in traditional secondary school sessions but are regularly involved in organized treatment or alternative education. It consists of 12 lessons designed to decrease the percentage of youth currently engaging in high-risk sexual and drug behaviors. Students are asked to set their personal limits and are taught negotiation and communication skills to keep those limits in difficult situations.

1995; \$60, manual; \$295, kit; Rocky Mountain Center for Health Promotion and Education, 7523 West 10th Avenue, Lakewood, CO 80215-5141; Phone: 303/239-6494; Fax: 303/239-8428; Web site: [www.rmc.org](http://www.rmc.org).

### **Safer Choices: Preventing HIV, Other STDs and Pregnancy**

ETR Associates

This curriculum was developed to create environments at school, in the community, and at home that support students' decisions



to abstain from intercourse or to protect themselves from HIV infection and other STDs if they decide to have intercourse. It includes activities that facilitate peer leadership, community involvement, and parent participation. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) identifies this curriculum as one that reduces health-risk behaviors among youth. This includes levels one and two of the curricula. A peer leader training guide and implementation manual are available. They are also available for purchase separately.

1998; \$189.00 complete program and activity kit; ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: [www.etr.org](http://www.etr.org).

### **Teaching Kids About How AIDS Works: K-3 and 4-6**

*David Schonfeld, M.D., and  
Marica Quackenbush, M.S., M.F.C.C.*

These two curricula—for grades K through three and for grades four through six—include information and skills-building exercises to help young people prevent HIV/AIDS. These curricula include parents in the learning process; stress that young children have the capacity to understand complex issues if the message is delivered in a “clear, age-appropriate manner,” and provide the teacher with background information. The K through grade-three curriculum contains 21 lessons, and five evaluation activities; the grade-four through grade-six curriculum contains 28 lessons, seven evaluation activities, and seven family activities. 1996; \$25 each; ETR Associates; P. O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: [www.etr.org](http://www.etr.org).

## **ORGANIZATIONS**

### **Advocates For Youth**

Fact sheets include “Young Women of Color and the HIV Epidemic,” “Adolescents, HIV/AIDS and Other STDs,” and “Young Men Who Have Sex With Men: At Risk for HIV and STDs.”

1025 Vermont Avenue, N.W., Suite 200, Washington, DC 20005; Phone: 202/347-5700

### **American Foundation for AIDS Research (AMFAR)**

This nonprofit organization is dedicated to the support of HIV/AIDS research.

120 Wall Street, 13th Floor, New York, NY 10005; Phone: 212/806-1600; Fax: 212/806-1600; Web site: [www.amfar.org](http://www.amfar.org).

### **Asian and Pacific Islander Health Forum (APIAHF)**

This national advocacy organization is dedicated to promoting policy, program, and research efforts for the improvement of the health status of all Asian American and Pacific Islander communities. Publications include a fact sheet “Asians and Pacific Islanders and HIV/AIDS” which is on the Internet at [www.apiahg.org/facthiv2.html](http://www.apiahg.org/facthiv2.html).

942 Market Street, Suite 200, San Francisco, CA 94102; Phone: 415/954-9959; Fax: 415/954-9999; Web site: [www.apiahf.org](http://www.apiahf.org).

### **Centers for Disease Control (CDC) National Prevention Information Network (NPIN)**

This is the U.S. government's national reference, referral, and distribution service for information on HIV/AIDS, STDs, and tuberculosis. All of NPIN's services are designed to facilitate the sharing of information and resources among people working in HIV, STD, and TB prevention, treatment, and support services.

P. O. Box 6003, Rockville, MD 20849-6003; Phone: 800/458-5231; Fax: 888/282-7681; Web site: [www.cdcnpin.org](http://www.cdcnpin.org).

### **Gay Men's Health Crisis (GMHC)**

This national nonprofit AIDS service organization offers support services, education, and advocacy.

119 West 24th Street, New York, NY 10011; Phone: 212/807-6664; Fax: 212/367-1527; Web site: [www.gmhc.org](http://www.gmhc.org).

### **Mother's Voices**

This nonprofit, grassroots organization is committed to bringing an end to HIV/AIDS in the United States and around the world.

165 W 46th Street, Suite 701, New York, NY 10036; Phone: 212/730-2777; Fax: 212/730-4378; Web site: [www.mvoices.org](http://www.mvoices.org).

### **National AIDS Fund**

This organization is dedicated to reducing the incidence and impact of HIV/AIDS nationwide by promoting leadership and generating resources for effective community responses to the epidemic.

1400 I Street, N.W., Suite 1220, Washington, DC 20005; Phone: 202/408-4848; Web site: [www.aidsfund.org](http://www.aidsfund.org).

### **National AIDS Hotline**

This hotline is sponsored by the U.S. Centers for Disease Control and Prevention (CDC). It is for people with questions about prevention, risk, testing, treatment, and other HIV/AIDS-related concerns.

Phone: 800/342-AIDS, English; 800/344-7432, Spanish; 800/243-7889, TTY.

### **National AIDS Treatment Advocacy Project (NATAP)**

This nonprofit organization is dedicated to educating the diverse communities affected by HIV on the latest HIV treatments and to advocating on treatment and policy issues for people with HIV.

580 Broadway, Suite 403, New York, NY 10012; Phone: 888/26-NATAP; Fax: 212/219-8473; Web site: [www.natap.org](http://www.natap.org).

### **National AIDS Treatment Information Project (NATIP)**

This organization provides up-to-date and understandable clinical information for HIV-infected persons and their caregivers. Beth Israel Hospital, 300 Brookline Road, Boston, MA 02215; Phone: 617/667-5520; Web site: [www.natip.org](http://www.natip.org).

### **National Association of People with AIDS (NAPWA)**

This organization's education program provides people with HIV and their loved ones with access to current information including answers to questions on the effects of different treatment, securing financial help, accessing HIV testing, and much more.

1413 K Street, N.W., Suite 700, Washington, DC 20005; Phone: 202/898-0414; Fax: 202/898-0435; Web site: [www.napwa.org](http://www.napwa.org).

**National Coalition  
of Hispanic  
Health & Human  
Services Organizations  
(COSSMHO)**

This organization connects communities and creates change to improve the health and well-being of Hispanics in the United States. Publications include "HIV/AIDS: The Impact on Hispanics" and "Hispanic Sexual Behavior: Implications for Research and HIV Prevention.

1501 16th Street, N.W., Washington, DC 20036; Phone: 202/387-5000; Fax: 202/797-4353; Web site: [www.cossmho.org](http://www.cossmho.org).

**National Council  
of La Raza  
(NCLR)**

This organization works to reduce poverty and discrimination, and improve life opportunities for Hispanic Americans. Publications include the "NCLR AIDS Center Fact Sheets" available for a fee from the NCLR Distribution Center, P. O. Box 291, Annapolis Junction, MD 20701-0291; Phone: 301/604-7983; Fax: 301/604-0158. 1111 19th Street, N.W., Suite 1000, Washington, DC 20036; Phone: 202/785-1670; Fax: 202/776-1792; Web site: [www.nclr.org](http://www.nclr.org).

**National Hemophilia Foundation  
(NHF/HANDI)**

HANDI, which is NHF's information center, provides current information on HIV drugs/nutritional therapies and makes referrals to hemophilia treatment centers nationwide.

116 W. 32nd Street, New York, NY 10001; Phone: 800/42-HANDI; Fax: 212/328-3700; Web site: [www.hemophilia.org](http://www.hemophilia.org).

**National Minority AIDS Council**

This organization is dedicated to developing leadership within communities of color to address the challenges of HIV/AIDS.

1931 13th Street, N.W., Washington, DC 20009; Phone: 202/483-6622; Fax: 202/483-1135; Web site: [www.nmac.org](http://www.nmac.org).

**National Native American  
AIDS Prevention Center  
(NNAAPC)**

This nonprofit organization is dedicated to stopping the spread of HIV and related diseases among Native American Indians, Alaska Natives, and Native Hawaiians and to improve the quality of life for members of these communities infected and affected by HIV/AIDS.

134 Linden Street, Oakland, CA 94607; Phone: 510/444-2051; Fax: 510/444-1593; Web site: [www.nnaapc.org](http://www.nnaapc.org).

**Project Inform**

This organization provides information on the diagnosis and treatment of HIV-related diseases to HIV-infected individuals, their caregivers, and their healthcare and service providers.

205 13th Street, Suite 2001, San Francisco, CA 94103; Phone: 800/822-7422; Fax: 415/558-0684; Web site: [www.projinf.org](http://www.projinf.org).

**The Ryan White Foundation**

This nonprofit organization was established to increase awareness of personal, family, and community issues related to HIV/AIDS.

8900 Keystone Crossing, Suite 800, Indianapolis, IN 46240; Phone: 800/444-Ryan; Fax: 317/815-8231; Web site: [www.ryanwhite.org](http://www.ryanwhite.org).

**Sexuality Information  
and Education Council  
of the United States  
(SIECUS)**

SIECUS' mission is to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about sexuality; and to advocate the right of individuals to make responsible sexual choices.

130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: [www.siecus.org](http://www.siecus.org).

**CORRECTION  
SIECUS BOARD CHAIRS 1965-99**

The April/May 1999 *SIECUS Report* article on "The First 35 Years: A History of SIECUS" included a list of SIECUS Board Chairs. Unfortunately, Lorna J. Sarrel was omitted. Here is the correct list.

1965	<b>Wallace C. Fulton</b>	1979-82	<b>Michael A. Carrera, Ed.D.</b>
1966-67	<b>David R. Mace, Ph.D.</b>	1983-84	<b>deryck d. calderwood, Ph.D.</b>
1968	<b>Lester L. Doniger</b>	1985	<b>Ann Welbourne Moglia, Ph.D.</b>
1969-70	<b>Harold I. Lief, M.D.</b>	1986-87	<b>William R. Stayton, Th.D.</b>
1971-72	<b>W. Ray Montgomery</b>	1988-89	<b>Lorna J. Sarrel</b>
1973-74	<b>Evalyn S. Gendel, M.D.</b>	1989-93	<b>Robert Selverstone, Ph.D.</b>
1975-76	<b>Wardell B. Pomeroy, Ph.D.</b>	1994-97	<b>Peggy Brick</b>
1977-78	<b>Alan P. Bell, Ph.D.</b>	1997-99	<b>William L. Yarber, H.S.D.</b>