A FIGHT WE CAN WIN
ENDING HIV/AIDS IN METROPOLITAN WASHINGTON, D.C.

A CALL TO ACTION FROM THE WASHINGTON AIDS PARTNERSHIP
The Washington AIDS Partnership is a funding collaborative of the Washington Regional Association of Grantmakers. Created nearly 20 years ago to help guide and promote local giving in the fight against HIV/AIDS, the Partnership has since granted over $16 million to more than 140 organizations in the Washington, D.C., metropolitan area. Guided by expert staff and a highly informed group of grantmakers, community leaders, and authorities on HIV/AIDS issues, the Partnership has helped establish best practices in prevention and treatment, and has developed and nurtured nationally recognized leaders in the field. It has helped shape public policy in the region and built the capacity of local nonprofits committed to stopping the spread of HIV and providing compassionate care for those affected. The Partnership currently has over 40 funders and welcomes new individual and organizational partners to become engaged in ending HIV/AIDS in the Washington metropolitan region.

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Cover Photos (clockwise from top right):  
1. Mary’s Center for Maternal and Child Care clients  
2. Helping Individual Prostitutes Survive AmeriCorps member Annie Rutledge conducting outreach  
3. Syringe exchange on the Prevention Works mobile van
Although HIV/AIDS has become more medically manageable in recent years, the epidemic is still the most urgent health problem facing the United States, according to a recent Henry J. Kaiser Family Foundation study. Ignorance, fatigue, and complacency hinder real efforts to halt the epidemic, which is, once again, gaining ground.

HIV/AIDS is certainly an urgent health problem in the District of Columbia. The city has the highest rate of AIDS cases per capita in the country, making the epidemic “public health issue number one,” according to the District’s Health Department.

As many as 25,000 D.C. residents—or one in 20—may be HIV positive. According to the Centers for Disease Control and Prevention (CDC), as many as one quarter of HIV-positive D.C. residents do not know their status. The CDC also reports that the Washington metropolitan statistical area—the city and suburbs factored as one—has one of the highest rates in the country. These grim statistics are confirmed by the District’s HIV/AIDS Administration, which reports that D.C. far outpaces other major U.S. cities in the rate of HIV infection.
The epidemic also is increasingly linked to issues of race, class, and gender. The majority of new cases of HIV are among women, people of color, and low-income populations. Understandably, HIV prevention may not be a top priority for people facing more urgent daily challenges such as poverty, drug addiction, and mental illness. For this reason, there is increasing recognition that HIV/AIDS prevention must be integrated into social service programs that address issues related to poverty, education, substance abuse, and mental health.

Local nonprofits are working to better educate those most at risk—youth, women, and communities of color—who are often uninformed about HIV/AIDS. Outreach to teenagers is especially important, as more than one quarter of Americans living with HIV/AIDS became infected as teenagers, according to the Kaiser Family Foundation. Local nonprofits are also demonstrating the effectiveness of various HIV prevention techniques such as syringe exchange and peer-to-peer outreach to commercial sex workers, as well as continuing to call upon governments to provide better responses to the disease.

As a result, government officials are gradually improving their response. Washington, D.C., is adopting routine testing for HIV in all medical settings, and expanding condom distribution. Though struggling with funding cutbacks, officials in Maryland and Virginia are working to improve their HIV/AIDS services as well, particularly for underserved or high-risk populations. The Maryland AIDS Administration, for example, is working with community groups to improve its services for Latinos, a fast-growing population in the Washington region.

![Northern Virginia AIDS Ministry Orion Youth Prevention Specialist Brad Snyder learns that a client has tested positive for HIV](image)

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![2005 AIDS Case Rates by Area of Residence](image)

![2004-2005 AIDS Incidence for the Washington, D.C., Metropolitan Area](image)

*Source: Centers for Disease Control and Prevention: HIV/AIDS Surveillance Report, 2005*

*Source: HIV/AIDS Administration, D.C. Department of Health*
“A PARTNERSHIP PERSEVERES

“The true strength of the Partnership is the collective knowledge generated through its collaborative model. By working with my foundation colleagues from around the region, through the Partnership, our individual effectiveness is magnified and we become greater than the sum of our parts. Together, we can do more to end HIV/AIDS in our region.”

Margaret K. O’Bryon, President and CEO, Consumer Health Foundation

Created in 1988 under the leadership of the Eugene and Agnes E. Meyer Foundation, the Washington AIDS Partnership initially brought 20 local funders together to match a $500,000 challenge grant from the Ford Foundation. Meyer Foundation President Julie Rogers recalls the Partnership’s beginning: “The urgency of the epidemic galvanized local funders to collaborate formally for the first time. The leverage provided by Ford’s investment enabled us to form a powerful partnership with funders, activists, nonprofits, and government leaders that has had a lasting legacy.”

Throughout its history, the Partnership has been the force behind various local nonprofits’ efforts, helping them by providing start-up funds and enabling them to build capacity and develop effective leadership. Through its association with the Washington Regional Association of Grantmakers, the Partnership has helped bring more attention and resources to the issue.

The current progress in the region’s response to the epidemic can be attributed partly to the work of the Washington AIDS Partnership, both as a funder and as a knowledgeable member of the prevention community. In 2001, recognizing the need to help government improve its response, the Partnership began strengthening its commitment to public policy, advocacy, and systemic change. As a result, it has been a key force in the revived response from the D.C. government, as well as in the increased attention paid to the issue among suburban Maryland and Northern Virginia officials. The Partnership also focuses on proven prevention efforts that some local governments do not prioritize or find too controversial, such as outreach to injection drug users.
The Partnership takes an active approach to its work, going beyond grantmaking. It works year-round with its grantees, engaging them in an ongoing conversation about what’s really happening on the ground and helping them become more effective organizations. It makes frequent site visits to grantees, viewing site visits as learning opportunities that help improve both the grantees’ work and the Partnership’s understanding of how to obtain results. According to the Partnership’s Director, J. Channing Wickham, the group’s vision is to end HIV/AIDS in the Washington region.

“Our only bottom line is to effect change by supporting efforts that are based on sound evaluations, sound prevention models that have been tested, and sound science that tells us how to address the epidemic,” says Wickham. “That’s where it begins and ends.”

With the epidemic still expanding, there is so much more to learn and do.

The Partnership is pursuing five important goals—discussed in more detail on the following pages—in its efforts to end HIV/AIDS in the region. They are:

1) Promoting effective policy
2) Building nonprofit capacity
3) Promoting best practices
4) Developing and investing in leaders
5) Engaging philanthropic partners

* Organizations may serve more than one population with each grant.
Improving the regional system of HIV/AIDS prevention and care


The Washington AIDS Partnership conceived of and commissioned the report, which took two years to complete. It is the most vivid example of an increased effort by the Partnership to engage in public policy—an effort that now accounts for one quarter of all Partnership grantmaking across the region.

“The report was a catalyst in bringing greater unity among a lot of community groups, service groups, and advocates,” said Walter Smith, DC Appleseed’s Executive Director. So much so that, shortly after the report’s release, the Partnership convened a meeting of several hundred advocates and community leaders to discuss new ways of working together and priorities for action. The key leaders in the struggle were brought together and began talking; something that “had not happened before in anyone’s memory,” said Smith.

“Public policy work has been a fabulous addition to our program. Being a small, controversial program, the community doesn’t necessarily understand what we’re doing, and they wonder why we aren’t at meetings explaining it to them. But now we have a community liaison who is funded through the Partnership’s policy program, and it’s making such a difference.”

Beth Beck, Board Chair, Prevention Works
In many ways, there is a real sense that D.C. is improving its response. The Partnership, for its part, is enlisting other grantees to help implement more of the report’s recommendations. These include: Prevention Works, on the need for access to clean syringes among injection drug users; Metro TeenAIDS, on the need for comprehensive HIV education in D.C. public schools; D.C. Primary Care Association, on the need for access to primary health care among the city’s vulnerable populations; and Our Place D.C., on the need for HIV services for women in the criminal justice system.

In Virginia, the Partnership recently funded Northern Virginia AIDS Ministry (NOVAM) to lead an assessment of critical HIV service shortages and identify ways to address them. Among the findings: a need for more equitable distribution of funds for HIV services in the entire Washington metropolitan region, and inadequate funding for HIV services in Northern Virginia. The number of clinics in the region providing HIV services has declined in recent years, and those that remain are overextended. NOVAM has been funded again by the Partnership to work with various government agencies and service providers to carry out its assessment’s many recommendations and improve the area’s HIV services.

Also in Virginia, the Partnership has funded Virginia Organizations Responding to AIDS (VORA). VORA successfully advocated for state legislators to launch a program—the first of its kind in the nation—that specifically helps cover out-of-pocket costs associated with medications needed by people living with HIV/AIDS.

CASA of Maryland, another public policy grantee of the Partnership, studied HIV counseling and testing access for Latinos in the Maryland suburbs. CASA found that linguistically and culturally appropriate services are limited for this growing population—many Latinos have little contact with health officials and are uninformed or misinformed about HIV. Most troubling, CASA found that HIV services for Maryland’s Latino population are less than what is legally required. The Partnership provided CASA with additional funding to organize grassroots advocacy efforts to educate officials and the public about local service needs for HIV and AIDS.

Northern Virginia AIDS Ministry staff member explains the oral HIV test to a client
Supporting grantees to help them become stronger and more effective

Cyndee Clay credits the Washington AIDS Partnership with allowing her organization, Helping Individual Prostitutes Survive (HIPS), to be innovative. “The Partnership has been really supportive and has allowed us to do new things and to be responsive to the needs of our clients in a way that other funders definitely haven’t been,” says Clay.

HIPS provides HIV prevention and education services to people engaging in commercial sex work. In recent years, with the Partnership’s assistance, HIPS has become nationally recognized for its innovative prevention techniques and its strength as an organization. In 2004, the Partnership provided funding for a capacity-building effort to help HIPS improve its financial management practices.

“There aren’t many other opportunities for the kind of technical assistance that the Partnership provides,” Clay continues. “A lot of other foundations don’t necessarily provide that opportunity to look inside and see where you need to grow.”

“We’re definitely in a much stronger place now. We’ve grown from being a very small, very grassroots, and innovative but by-the-seat-of-our-pants organization to being a stable organization with an infrastructure that supports the programming.”

Cyndee Clay, Executive Director, Helping Individual Prostitutes Survive
The Partnership initiates specific capacity-building programs when it identifies needs among its grantees as they carry out their critical HIV/AIDS services. These include a targeted financial management assistance initiative, such as was done with HIPS, to help grantees better manage and track their funds, as well as to help nonprofit boards more fully understand their fiduciary responsibilities. The Partnership also works to help improve grantees’ practices through better use of technology.

The Partnership’s support can be critical. When Prevention Works spun off from the Whitman-Walker Clinic and was unsure of its future, the Partnership provided funding. Because Prevention Works provides syringe exchange services for injection drug users—a practice that is politically controversial although scientifically sound—its funding sources are limited. When implemented as part of a comprehensive HIV prevention strategy, syringe exchange programs—offering drug users clean syringes to replace used ones—play a unique role in engaging hard-to-reach populations, especially as a complement to drug treatment programs. Prevention Works is the only D.C. nonprofit providing this critical service.

“The Partnership has been our biggest funder from day one—consistent, reliable, just critical to our survival from the beginning, since we’ve only been able to be funded with private funds,” says Prevention Works’ Beth Beck.

Recently, the Partnership made it possible for Prevention Works to receive D.C. government funding. Working with a consultant supported by the Partnership, Prevention Works transformed its accounting practices so that it can now keep its funding streams separate and account for how every dollar is spent. As a result, the organization was awarded its first grant from the D.C. government to do HIV testing in a critically underserved area, the city’s Ward 7.

"The Partnership gave us our very first grant. That funding allowed us to develop our capacity, and today we serve thousands of clients each year."

Candace Kattar, Executive Director, Identity
Supporting innovative, scientifically proven prevention interventions that target underserved populations

Peer-to-peer education is key to reaching teenagers, who are often skeptical of adults and authority. It’s one reason why the Washington AIDS Partnership is so enthusiastic about its long-term support of Identity, and its increasing efforts to reach Latino youth in the Maryland suburbs.

Identity has adapted a program of the Centers for Disease Control and Prevention called Street Smarts, which was originally designed for homeless and runaway youth. Identity works with Latino high school students in Montgomery County, Maryland, who are considered at high risk for HIV and substance abuse. The students are invited to a three-day retreat offering HIV information and testing through interactive learning tools, such as role-playing. Many of the students go on to become peer educators.

With Partnership support, Identity has recently been able to expand this peer educator program into more areas of Montgomery County and Prince George’s County. “They go out and talk about HIV to their peers on the street, bringing people in to get tested,” says Executive Director Candace Kattar. “It’s an incredible experience to see them learning together about HIV, to

“The Partnership has been an absolute supporter of The Women’s Collective from day one. They took a chance with us when many people weren’t willing to. It’s the reason we have grown.”

Patricia Nalls, Executive Director, The Women’s Collective
become comfortable about negotiating condom use, about substance abuse, and to also begin assessing their own personal risks.”

Identity is just one organization employing what the Partnership considers best practices in the field. And these efforts—peer-based, scientifically evaluated, and targeting underserved and marginalized populations—are increasingly being recognized by others. For example, the Partnership’s funding enabled the organization Us Helping Us (UHU) to demonstrate to other funders that “an idea can work.”

Founded in 1985 as the first nonprofit in Washington, D.C., specifically targeting gay and bisexual African American men, UHU has leveraged more than $14 for every one dollar granted by the Partnership. Several of UHU’s programs that were launched with start-up funding from the Partnership are now nationally recognized and supported by the CDC, U.S. Conference of Mayors, and others.

More recently, the Partnership, through its affiliation with the National AIDS Fund, has connected Johnson & Johnson to The Women’s Collective. The Women’s Collective works with women of color and their families, and has adapted another CDC-approved program, Healthy Relationships, for HIV-positive women of African descent. Renamed Prosper!, the program goes beyond proper condom use and ways to avoid infecting others to include self-esteem building, mother-to-child transmission issues, and other familial concerns. After participants graduate from the program, they are encouraged to create and facilitate their own support group—to continue Prospering, as the support groups are known.

Helping confirm the Partnership’s conviction that the program is a best practice in the field, Johnson & Johnson has supported the Collective to create a model of the program and to highlight it at national conferences and key meetings with the goal of replicating it across the country.

“The Partnership has allowed us to be innovative and client-driven as far as the services we provide. We can go to them and say ‘Hey, we have this idea, or we’ve got this thing that’s working but we need funds in order to keep it going.’”

Cyndee Clay, Executive Director, Helping Individual Prostitutes Survive
Mentoring new and emerging leaders in the fight against HIV/AIDS

Ron Simmons of Us Helping Us has become a recognized leader in HIV prevention work with African American men, especially those who have sex with men but don’t consider themselves gay or bisexual. The Washington AIDS Partnership provided UHU’s first grant—a grant that allowed Simmons to be its first paid, full-time director. Simmons is among a group of leaders—including Patricia Nalls at The Women’s Collective, Adam Tenner at Metro TeenAIDS, Cyndee Clay at Helping Individual Prostitutes Survive, and others—that the Partnership has nurtured and supported, largely by providing a platform to make their messages heard and an opportunity to see their visions and ideas carried out.

The Partnership also develops leaders by cultivating a commitment to fighting HIV/AIDS among youth. Since 1996, the Partnership has helped build leadership skills in more than 100 young people from diverse backgrounds through the National AIDS Fund AmeriCorps/Caring Counts Program. Every year, 12 dedicated young people commit to a year of direct community service at local HIV/AIDS and health centers.

“I sound like a commercial, but I would not be where I am today if it was not for AmeriCorps. The year was the most influential of my life, not only because it educated me about the disease, but also because it taught me how to really get to know people living with HIV/AIDS.”

Beth Felling Parker, a 1996 AmeriCorps volunteer at the HIV Community Coalition, who most recently served as a Treatment Adherence Specialist at Georgetown University Medical Center, working with patients following strict antiretroviral drug regimens.
service providers, conducting HIV testing, prevention education and outreach, and medical care in the community.

“There were so many things that I learned that year, in a professional capacity as well as personally,” says Jodie Marcowitz, a 2001 AmeriCorps volunteer with Northern Virginia AIDS Ministry (NOVAM). Marcowitz stayed on to become NOVAM’s manager of its Face-to-Face Program, coordinating educational presentations by persons living with HIV/AIDS in classrooms in Northern Virginia. “My AmeriCorps year was a year full of new experiences and challenges that I could not have gotten anywhere else,” she says. “Not a day passes that I don’t use what I learned that year.”

Marcowitz is only one of many AmeriCorps volunteers with the Partnership who, after completing the program, have gone on to become service providers, doctors, lawyers, advocates, and educators with expertise in HIV/AIDS issues. According to one independent evaluation of the program, the experience transformed these volunteers into vocal advocates and experts on the disease and its accompanying socioeconomic issues.

The development of leaders and experts is often a consequence of the Partnership’s work in general. For example, prior to its work with the Partnership, the DC Appleseed Center had not explicitly addressed HIV/AIDS issues, but several Center staffers are now experts on the topic. Executive Director Walter Smith serves on the Mayor’s Task Force on HIV/AIDS—created in response to the Center’s influential report.
“Being part of the Partnership’s Steering Committee has been a great learning experience—better than any graduate course. As I have brought home ideas to my foundation to refine our own processes, the time and money I’ve invested in the Partnership have earned a measurable dividend for our own work.”

_Linda Smith_, Executive Director, Mead Family Foundation

**ENGAGING PHILANTHROPIC PARTNERS**

At its core, the Washington AIDS Partnership is about collaboration: learning, investing, and leading together. Close to 100 individual, corporate, and foundation supporters have contributed to the Partnership throughout its 20-year history. More than 40 staff members from these foundations, as well as over 15 HIV/AIDS experts, community leaders, and people living with HIV/AIDS, have participated personally in its “roundtable” approach. For some, it’s a learning experience that they apply back at the office.

The Partnership’s public policy efforts, for example, have encouraged other funders to increase their support for public policy work. The Consumer Health Foundation offered additional support to the DC Appleseed Center as a direct result of the Partnership “having really taken the lead on the issue,” says Foundation President and CEO Margaret O’Bryon.

**Educating and collaborating with other funders on HIV/AIDS, and making connections across broader grantmaking areas**
The Partnership is spearheading for the philanthropic community what it means to fund public policy," according to Judy M. Ford, Vice President of the Washington Regional Association of Grantmakers. "For many funders, it’s hard to figure out where to start, what does public policy mean? Some people think it means lobbying, some people think it means community organizing. But there is so much more to public policy funding. So the Partnership, through its work, has been able to provide a really strong example of the positive impact that this type of funding can have."

The Partnership is a funding collaborative of Washington Grantmakers, a close association that allows it to work with even more funders than its own direct supporters. That process helps leverage its funding for greater impact. The Partnership is an active participant in several working groups of Washington Grantmakers, through which it informs as well as learns from other foundations focused more broadly on public education, health, or community development issues.

“The Partnership works with Washington Grantmakers and our members to spread information about HIV throughout the philanthropic community, keeping the issue at the forefront of people’s minds as a real issue that needs to be addressed,” says Washington Grantmakers President Tamara Lucas Copeland. “It also exemplifies what true collaboration is all about—greater impact.”

The Partnership also works with national funders, helping to increase their support and involvement with local organizations. At various times, the Partnership’s Director J. Channing Wickham has served on the board of the National AIDS Fund. Through its affiliation with the Fund, the Partnership has leveraged financial support from national funders such as Johnson & Johnson and the Elton John AIDS Foundation. And it is through the Fund that the Partnership takes part in the AmeriCorps program, which nurtures new leaders in the field and also helps local organizations boost their capacity through volunteer staffing.

Another important element of the Partnership’s work with funders is its own Steering Committee, which guides the Partnership’s grantmaking and other programmatic activities. One newer member of the Committee says she was surprised by the level of collaboration, given the number of members with diverse backgrounds, including government officials, medical professionals, community leaders, and people living with the disease, as well as foundation representatives.

“I’m very impressed by the grantmaking process,” says Lynthia Gibson-Price. “It’s very comprehensive in terms of how we go through each of the applicants, making sure that what these organizations are proposing is really what is needed in the Washington area.” Gibson-Price says her involvement informs her work with the Open Society Institute-Washington, D.C.
The Washington AIDS Partnership’s work will not be finished until HIV/AIDS is no longer threatening the futures of so many children and adults in our region.

Funding is not keeping pace with the severity of the epidemic and many leaders in the HIV/AIDS field face burnout. Multiple agencies have closed their doors due to a lack of funding, further straining the system of prevention and care.

As HIV spreads to new populations, new challenges in prevention and care have arisen. In the midst of the public debate over health and sexual education, young people often receive little or no education on HIV/AIDS, or they receive inaccurate information—all of which can result in new and preventable cases of HIV/AIDS and other sexually transmitted diseases as well as unplanned pregnancies.

Increasingly, HIV/AIDS is affecting those who lack access to quality health care, information, or support from family and friends. It has become a social justice issue as well as a public health crisis.

“Had the Partnership not been developed and thrived the way it has, I suspect that the HIV epidemic in D.C. would be far more devastating than it already is. The Partnership has been able to seed programs early on and has also been able to fund some of the most cutting-edge programs to address the changing and emerging epidemic in the District.”

Kandy Ferree, President and CEO, National AIDS Fund
The Partnership and its supporters believe this battle can be won, especially with your help in the following ways:

**Funding:** HIV/AIDS can only be solved through contributions from individuals, foundations, and corporate giving programs. The Partnership, along with the important organizations on the frontlines of this epidemic, needs your support.

**Advocacy:** You can change the course of the HIV/AIDS epidemic by pressing your elected officials for decisive action, increased funding, and support for effective prevention programs and comprehensive services.

**Volunteering:** Whether your expertise is accounting or you would like to connect with kids, there is a place for you at the many nonprofits serving those in need.

The Partnership is committed to continuing the fight, with a focus on the following policy goals:

- Increased local government funding for HIV/AIDS prevention and care services across the region.
- Access for every young person to age-appropriate, medically accurate, comprehensive sexuality education.
- Removal of the congressional prohibition on local public funding to support syringe exchange in the District, and increased D.C. government support for health services for injection drug users.
- Increased government resources for culturally and linguistically appropriate HIV/AIDS prevention, testing, and care services.
- Expanded drug treatment options, especially for injection drug users, a key vector of the epidemic.
- Increased involvement and commitment from both local and national funders.

The Partnership challenges you to become engaged in the fight to end HIV/AIDS. Everyone has a role to play.
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