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## Alone in a City's AIDS Battle, Hoping for Backup

By [IAN URBINA](#)

[WASHINGTON](#), May 28 — The nation's capital is the only city in the country barred by federal law from using local tax money to finance needle exchange programs. It is also the city with the fastest-growing number of new [AIDS](#) cases.

These two facts keep Ron Daniels on the move, tirelessly driving his rickety Winnebago from drug corner to drug corner across the rougher parts of this city, counseling the addicted and swapping clean needles for dirty ones.

Faced with an AIDS problem growing here at a rate 10 times the national average, Mr. Daniels, the director of Prevention Works, the city's only needle exchange program, is armed with a shoestring budget of \$385,000 in private donations, a small fraction of what programs in other major cities receive in state and local money.

Since Washington is not part of a state, Congress controls the city's local system of government, and for nearly a decade members of the House, citing concerns about worsening drug abuse, have inserted language into the bill approving the city's budget to prohibit financing such programs.

That may soon change.

"This city's situation is totally improper," said Representative José E. Serrano, Democrat of New York and chairman of the subcommittee

responsible for the District of Columbia appropriations bill. “It’s politically obscene to have Congress tell the District of Columbia that it can’t use local funds for something like needle exchange programs, which have been proven to have a major effect on fighting a deadly disease.”

Calling the matter both a public health concern and a basic political right of home rule, Mr. Serrano said he planned to make it a priority to remove the language that prevents the city from financing such programs. The city’s mayor, Adrian M. Fenty, has said he will provide city money as soon as Congress takes such action.

Washington was among the first cities nationally to create an AIDS monitoring office after the virus first appeared in the United States more than 20 years ago. But it has slid backward in its fight against the disease, which is commonly spread by intravenous drug users sharing needles.

“For every person I help, there’re seven more I can’t reach,” said Mr. Daniels, 49, who describes his program as providing a thin wall between the city’s drug and AIDS epidemics. “But I’d be reaching a lot more if my hands weren’t tied.”

Critics of needle exchange programs argue that rather than reducing the suffering of drug users and preventing them from spreading diseases, the programs foster further drug use.

“We need to fight drugs, not show people that they can be used in a safe manner,” Representative Sam Graves, Republican of Missouri, said last year during House floor debate about drug policy.

Mr. Daniels said fighting drugs was exactly what his program did.

“The needle is just an enticement, really,” he said, looking through the screen door of his van at a line of about 10 people who gathered within minutes of his arrival at a corner on the city’s grittier Northeast side.

He said his program, which reaches about one third of Washington's estimated 9,700 intravenous drug users, relied on clean syringes to attract users so he and his staff of four could counsel them about drug rehabilitation and testing for H.I.V., the virus that causes AIDS.

"Want ointment? Alcohol pads?" asks Mr. Daniels, running down his checklist as he prepares supplies for a heroin addict who counts a week's worth of used needles, dropping them in a plastic bucket. "Need food? Condoms?" Mr. Daniels asks.

One by one, they file in: a security guard sick of hiding his addiction from his wife, a carpenter looking for methadone, a prostitute with a bad case of the shakes. Many are rail thin. Most have sores.

Teefari Mallory sits at the laptop entering data on each user. Three other staff members go into the neighborhood to talk about safe sex and AIDS prevention.

"Give me 5 apples, 10 blues and 2 groins," says a man named Bernard after dropping 17 used syringes, a week's supply, into the bucket.

"Apples" and "blues" are syringes used by addicts who have been taking drugs for shorter periods. "Groins are what you use when all your other veins collapse," said Mr. Daniels, who used to be known on the streets as Boo when he sold drugs and needed four hits of heroin a day to get by.

In Washington, with just over half a million residents, one in 20 are H.I.V. positive.

And the number of people with AIDS is growing. The city's rate of new AIDS cases was 128.4 per 100,000 people in 2005, compared with a national average of 13.7 per 100,000, according to the most recent data available from the federal [Centers for Disease Control and Prevention](#), which compares the district with states rather than other cities.

Intravenous drug use is the second-most-common way H.I.V. is spread among men in Washington, with unprotected sex being first, according

to city health officials. For women in the city, sharing needles is the most common mode of H.I.V. transmission, city officials say.

There are more than 200 needle exchange programs in at least 36 states, about half financed by city or state money, according to the North American Syringe Exchange Network. Needle exchange programs and support services in New York City, for example, receive more than \$3 million in state and local money, according to the Harm Reduction Coalition, which works with 12 programs in the city.

Back at the Winnebago, Yvonne Zywusko, a 39-year-old prostitute, climbed on board, shaking in withdrawal from not having used heroin in over a day.

“Look at me,” she said as she dropped two used needles in the bucket. “I wasn’t raised this way. I went to Catholic school. My family had a lot to offer me, and I missed out.”

Reaching out to prostitutes is an especially high priority of Mr. Daniels’s program, since they have great potential to spread H.I.V.

Seeming disgusted with herself, Ms. Zywusko described how she sold her body and slept in stairwells, but she began shaking her head as she added that she was still not ready or able to kick her addiction.

She added that the one line she was trying not to cross is sharing needles. “I got checked in January. It was negative,” she said about her last H.I.V. test. “I’m lucky.”

Financing for needle exchange programs is hardly Washington’s only problem in its fights against AIDS.

“D.C. is a city where a progressive local government wants to do the right thing, but a lot of factors work against it,” said A. Cornelius Baker, a policy adviser in Washington and the former executive director of the Whitman Walker Clinic, which ran its own needle exchange program in

the city until 1998, when Congress first blocked local money from going toward such programs.

The city's AIDS prevention office is currently on its 12th director in just over two decades, a turnover rate that has hampered its focus, Mr. Baker said. The city is also predominantly black, and it has a large gay population, and the infection rates for both communities have historically been high, he said. Shame and stigma have also hindered a willingness among blacks to confront the problem, he added.

There are also broader prohibitions.

In 1988, Congress banned federal money from being used on needle exchange programs, though it included an exception allowing the president to waive the federal ban if review by the surgeon general or secretary of Health and Human Services determined that syringe exchange programs were proven effective and did not increase drug use.

A number of federal studies found that such programs did not increase drug use, and in 1998 [Donna Shalala](#), then the secretary of Health and Human Services, concluded, "A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of H.I.V. and save lives without losing ground in the battle against illegal drugs."

However, President [Bill Clinton](#) did not remove the ban on syringe exchange financing, and in 1998 Congress reinforced the ban by removing the executive waiver.

The attention paid to the issue helped embolden critics in Congress, who decided not only to tighten the federal ban but also to block Washington's own financing of such programs. In recent years, Mr. Clinton has said he regrets not having done more to lift the ban.

Across the Anacostia River and worlds away from the wealth and power of Capitol Hill, Curtis Toney, 40, groans as he gently lowers himself into

the Winnebago's overstuffed chair. Mr. Toney unwraps a bandage on his leg. The smell makes Mr. Daniels step back.

"We have got to do something about that," Mr. Daniels said, reaching for gauze pads.

Mr. Daniels was infected with H.I.V. over 17 years ago after sharing a needle. He said he began using hard drugs when he was a teenager and became an addict in his early 20s while in the military. A Washington native, he now parks his Winnebago near many of the abandoned buildings and corners where he once bought and used his drugs.

A man arrives neatly dressed but with no needles to swap. He asks for a referral to an outpatient drug rehabilitation program. "I got a problem," he says, explaining that the city's in-patient drug programs last too long and his employer will not give him that much time off for "personal reasons" without asking questions. "I'd be fired if I tried to explain."

Mr. Daniels estimates that he makes 50 referrals to drug treatment programs per month.

"I got the guy you need to call," Mr. Daniels told the man. "But, look," he added, looking him squarely in the eyes, "I will see you next week, and I'm going to check up on what you're doing."

*Barclay Walsh contributed reporting.*