G r e g J. m i l w a r d

May 5, 2008

Mr. Larry Palm, President
AIDS Network
600 Williamson Street
Madison, WI 53703

Dear Larry:

The purpose of this letter is to resign as a member of the AIDS Network Board of Directors effective immediately.

Approximately one year ago I was afforded the opportunity to serve as a member of the Board of Directors of AIDS Network. As a person living openly with AIDS combined with some twenty five years of professional experience in management of non-profit organizations, I had hoped to bring my talents to bear at AIDS Network. Sadly, I have come to the realization that the culture of AIDS Network is incompatible with two fundamental beliefs that I have in relationship to organization management vis-à-vis AIDS service organizations (ASO's). First, I believe that ASO's exist for the primary purpose of serving the needs of the HIV/AIDS community. Secondly, I believe that is our solemn role to effectively educate and inform the general public about HIV/AIDS in a manner that causes reduction of the stigma associated with AIDS as well as to increase awareness regarding HIV transmission and prevention.

Having come to the realization that I must resign not only as Secretary of the Board, but also as a member of the Board of Directors, I feel it necessary to share the reasons for my decision. At the base of my decision is the fact that in my role as a person living with AIDS and as an advocate for others living with HIV/AIDS continued service on the AIDS Network Board of Directors is counter-intuitive under the operating philosophy currently at play within AIDS Network.

Fundamental mismanagement of AIDS Network has negatively impacted the delivery of services to the clients of AIDS Network and the larger HIV/AIDS community. Additionally, we have failed in serving the general population in relationship to our efforts in the area of HIV prevention. Having reached the conclusions regarding the issues I will cover in this letter, my continued service on the board would serve as an implicit endorsement of what I feel is a level of organizational dysfunction that is totally unacceptable.

I recognize that there may be some who question why I am resigning from the board so early in the tenure of our newly hired Executive Director. The question may reasonably be asked as to why I didn't give her some time to make changes within our organization before making this decision. I considered

this option. In fact this was my motivation in deciding last week to originally resign as Secretary, but remain a Director. After thoughtful consideration, I realized that the magnitude of the issues we are confronting when combined with what I have discovered to be an organizational intolerance towards those who raise issues and concerns points to resignation as the most prudent course.

Please know that I fully understand that AIDS Network was formed with a noble cause; to assist those who were diagnosed with HIV/AIDS to prepare for an imminent death and to deal with the many issues confronted when living with a terminal illness. I also know that over the years AIDS Network has helped many individuals living with HIV/AIDS. Recognizing this fact, I have long held the belief that while the medical advances created a new reality for those of us living with HIV/AIDS, the culture of ASO's did not change. Sadly, AIDS Network is among those that did not adjust and still have not focused the energies of the organization on dealing with an HIV population that is not only living longer, but also dealing with issues of aging in the context of living with HIV/AIDS.

In making this observation, please recognize that I am not saying that AIDS Network is unique. We are among many ASO's around the country that are grappling with this issue; an issue that left unattended could lead to our demise. I do feel that AIDS Network is among the ranks of ASOs who have turned a blind eye to the changing nature of the epidemic and consequently feel that the threat of our becoming irrelevant as an organization grows every day due to what appears to be an unwillingness to confront this issue.

In addition to the above stated reasons for my resignation, I have concerns in the following areas in relationship to the current state of affairs at AIDS Network that I feel appropriate to share. These concerns contributed significantly to my decision to resign.

Agency staff and board dynamics

Having served in a staff leadership position of various non-profits for many years, I have come to the realization that the staff of AIDS Network has assumed "ownership" of AIDS Network to a level that is highly inappropriate and cause for grave concern.

In combination with the concerns expressed regarding staff, a culture exists (and is growing) within AIDS Network that imposes an "unspoken" rule that members of the Executive Committee are vested with power and control that is creating a sense of isolation and exclusion from the rest of the Board of Directors. The Executive Committee can be an excellent tool when used judiciously. In the case of AIDS Network, I feel that we have crossed the line and have set the stage for the creation of a "board within the board", with the full board sitting at the cusp of becoming nothing more than a rubber stamp for the decisions that have been made by the officers of the Board of Directors.

Prevention/Education

We have failed in efforts to raise awareness regarding HIV/AIDS due to our unwillingness to engage in community level educational efforts on a consistent and in an all encompassing manner. We have

bought into the mind set of providing prevention services and HIV related education to "at risk communities" at the exclusion of the bulk of the population within our thirteen county service area.

AIDS Network's Prevention Department counts among its staff a total of 6.45 FTE's (based on the 2008 budget document). Recognizing that we do needle exchange, outreach to gay bars, testing, etc., I feel that we have a prevention function with AIDS Network that is failing one of our core missions, despite a staffing level that would appear to be adequate to carry out our mission in the area of prevention services.

This fact is particularly concerning with the backdrop of reports from the State AIDS/HIV office for the year ending 12/31/2007. According to the report, 61 residents of Dane County seroconverted in the twelve month period ending 12/31/07. Further analysis shows that a total of 88 individuals seroconverted within our thirteen county region during the same period.

Our HIV testing message is not effective when we consider the fact that 38.6% of new infections in our region were AIDS defined at the time of diagnosis, most likely meaning that seroconversion had occurred at least five years earlier. (Earlier testing would have meant being HIV defined vs. AIDS defined at the time of initial testing.) Equally concerning is the fact that 20 percent of those individuals diagnosed in 2007 were under the age of 25. <u>We are seeing a new generation of infections and are doing little or nothing as an organization to address it.</u>

Additionally, we have failed to use appropriate means of educating the general public regarding HIV/AIDS. We have focused our efforts almost exclusively within the gay community at the exclusion of the wider community. Additionally, our prevention and education efforts have done little to address the re-emergence of AIDS related stigma. We have also failed to use the AIDS Network website effectively as a vehicle to educate and inform the public. A cursory review of the website reveals that we provide no information in relationship to the role that AIDS Network plays in doing HIV testing. We have failed to use the tools that are at our disposal to communicate with those we serve.

<u>Strategic Planning</u>

During the past year there has been no effort on the part of the Board in concert with the staff to do a thorough analysis of our strengths, weaknesses, opportunity and threats (SWOT Analysis). <u>This is a fundamental flaw in our planning process.</u>

The current plan has been ignored and many of the items have not been implemented. A cursory review of the 2004 – 2007 Strategic Plan leaves me embarrassed at the lack of implementation of many key components. We have failed our client community and the many funders of our agency by not effectively developing, managing and implementing a viable Strategic Plan.

I recognize and honor the work that the staff has done on the current draft plan, yet I feel that the plan has been drafted in a vacuum without involvement by the board or by the HIV/AIDS community. The fact that the 2004-2007 Strategic Plan has been static and has not been used as a working document to

build programs and services is an abdication of one of the primary fiduciary duties of directors. The 2004 – 2007 Strategic Plan has merely served as window dressing for an organization in crisis.

I further submit that our reluctance to utilize outside resources in the facilitation of the planning process is short sighted and does nothing but protect the status quo.

Client services and involvement (Life Care Services)

We do not talk to our client community or the larger HIV/AIDS community in a meaningful manner. We have no formalized needs assessment process. It is my belief that the client survey sent out last year was fatally flawed. The drafting of the questions was done in a manner in which the preferred answers were solicited. Only 250 of the 345 clients were surveyed and the response rate (in relationship to total client base) represented 21.7 percent of the total client census. The survey was tabulated internally, (primarily by a volunteer), instead of using a third party. Finally, all comments contained in the survey were not shared with the board. The document, while meeting the bare minimum requirements of our contract with the state AIDS/HIV Department, does not provide useful feedback. Sadly, it was used to confirm the status quo.

There has also been no effort to form a Client Advisory Board/Council despite repeated assurances that this was a priority. A quick review of the draft Strategic Plan provided by Karen Dotson does not address this issue other than to state that AIDS Network will consider client and board member representation on the UW HIV Clinic's Advisory Council and the State of Wisconsin's Statewide Action Planning Group as fulfilling the agency's obligation in this regard. This is unacceptable and does virtually nothing to insure that the client voice is heard at AIDS Network. The formation and utilization of a Client Advisory Board/Council should be a key component in the operations of AIDS Network.

Having one or two representatives from the client population or board of directors on the two outside advisory/planning groups is an abdication of a primary function of the board; namely, to solicit client and community input. We are setting the stage for continued isolation and exclusion of the very clients we purport to serve. We are encouraging a continuation of the feelings of disenchantment currently held by a large number of individuals living with HIV/AIDS in our 13 county region. We purport, as a board, to be making decisions that are in the best interests of those of us who are living with HIV/AIDS, yet we do next to nothing to solicit client feedback or to engage the wider HIV/AIDS community in a meaningful dialog. This fact is a serious indictment on AIDS Network and its view of the role clients play in the organization. The fact that we have functioned as an organization for years without a client advisory function is unconscionable. Sadly, the draft Strategic Plan maintains the status quo.

There are 1179 individuals presumed alive who are living with HIV/AIDS in our 13 county region as of 12/31/07. In the quarter ending 12/31/07 AIDS Network reported 348 clients. Of the total reported, 295 were classified as "low acuity", 43 as "medium acuity", 2 as "high acuity" and 8 "unknown". This is particularly important because the assigned acuity level indicates the level/intensity of case management services being provided.

High Acuity clients (of which AIDS Network reported two) requires Bi-weekly direct client contact, (telephone contact acceptable) and intensive collateral coordination with other agencies/providers. Biannual acuity review and annual reassessment is required.

Medium Acuity clients (of which AIDS Network reported 43) require monthly direct client contact (telephone contacts acceptable). An annual home visit is recommended. Significant amount of collateral contacts are expected. Biannual acuity review and annual reassessment required.

Low Acuity clients (of which AIDS Network reported 295) require Quarterly direct client contact. (Telephone contact is acceptable). An Annual home visit recommended. Biannual acuity review and annual reassessment required.

<u>To put this in perspective, we have 86% low acuity clients, 13% medium and less than 1% high acuity clients.</u>

Publicly available documents provide a very enlightening comparison of AIDS Network to the other ASO in the state of Wisconsin (ARCW). These documents reveal that ARCW currently reports the following acuity level for the close to 1600 clients they provide psychosocial case management services to:

ARCW Southeast:	46% low acuity, 35% medium acuity, 19% high acuity.
ARCW Western:	54% low acuity, 29% medium acuity, 17% high acuity.
ARCW Northern:	65% low acuity, 26% medium acuity, 9% high acuity.
ARCW Northeast:	70% low acuity, 24% medium acuity, 6% high acuity.

Additionally, it is interesting to note that in the quarter ending 12/31/07 the following was reported in the documents submitted to the Wisconsin AIDS/HIV program regarding various direct client services provided during the quarter:

Medical Transport	Total Clients served	--	3 (All Rock County)
(Does not include cabs which is a pass through expense to the county)			
Nutrition	Total Clients served	--	4 (All Dane County)
Dental	Total Clients served	--	20 (17 Dane, 2 Rock,1 Richland)
Mental Health	Total Clients served	--	9 (All Dane County)
EFA	Total Clients served	--	4 (All Dane County)

I raise these issues to point out the disparity that exists in the level of services provided within the thirteen county region we serve. I also raise these issues to show that the number of clients we are touching with direct client services (i.e., medical transport, nutrition counseling and assistance, dental, mental health and EFA) is miniscule in relationship to our total client census. I recognize that there are additional client services that may be funded by dollars not reportable in the Life Care Services report we provide to the State AIDS/HIV office (acupuncture, cabs, etc.) yet I feel the information gleaned from the report illustrates very clearly the magnitude of the challenges we face.

I am acutely aware of the fact that we operate under a psychosocial case management model and that a high level of funding goes to support the costs associated with case management. As I am sure the board understands, the model of case management calls for the following components:

1) client identification, outreach, and engagement;

2) medical and psychosocial assessment of need;

3) development of a service plan or care plan;

4) implementation of the care plan by linking with service delivery systems;

5) monitoring of service delivery and reassessment of needs; and

6) advocacy on behalf of the client (including creating, obtaining, or brokering needed client resources).

The psychosocial case management model emphasizes the coordination of client care and referral to outside resources. Recognizing the staff intensive nature of implementing a psychosocial model of case management, I question the dollars that are being allocated to case management when viewed in the context of the number of clients we serve who are classified as low acuity. This fact, when combined with the limited number of clients receiving direct services (as listed above) creates a very troubling scenario and points to a potential rationale for the agency's minimization of client feedback mechanisms.

A further review of our current operating budget reveals staffing levels in the Life Care Services Department that further illustrate my concern. Excluding the Director of Life Care Services, the Treatment Adherence position (1/2 time) and the portion of Jason Schneeberger's salary charged to LCS (under the assumption that they have minimal client contact and do not function in a case management capacity), we are left with 8 FTE's. Based on the 12/31/07 report submitted to the State of Wisconsin our client load is 348. This equals a client load of approximately 43.5 clients per FTE in Life Care Services. This is concerning to me since the vast majority (295) of clients are considered low acuity. Assuming that the number of case managers used in this illustration is high due to the fact that a position may have been vacant during a portion of the reporting period, and we assume that there were 7 FTE's serving as Case Managers, the client load increases to 49.7 clients per case manager.

Based on publicly available documents, a comparison of AIDS Network to the other ASO in the State of Wisconsin (ARCW) reveals that ARCW provides psychosocial case management services to 1583 clients and employs 19.5 FTE case managers, which creates a ratio of 81 clients per FTE case manager. When compared to AIDS Network and when acuity levels are factored in the mix, this brings up many questions regarding the allocation of precious resources.

It should be noted that the State AIDS/HIV program implemented an acuity system of case

management whereby low acuity clients would receive much less time and effort from case managers; thereby freeing them up to focus more on clients with significant needs (medium and high acuity clients). I point this out to bring focus to the fact that it appears that we have allowed our case management function at AIDS Network to use resources that could be better utilized in providing direct client support.

Based on the same report, we are told that there were 2575 "client contacts" during the fourth quarter of 2007. Based on a 37.5 hour work week and the 8 FTE's in Life Care Services, we can infer that case managers are making 4.95 client contacts per work day. Adjusting the number of FTE's downward by one in recognition that one position may have been vacant during this period, the number of client contacts increase to 5.66 per work day. (Client contacts include in person meetings, telephone calls, emails, etc.) I recognize that this is an over-simplification and that actual client contacts may be more or less on any particular day or week, yet I feel it illustrates a major issue that the board has not been allowed to discuss for fear of offending the staff.

Please understand that I recognize that the number of case managers may be more or less at any given point due to staff resignations or other shifting of staff responsibilities. Having said that I feel that this illustration (using AIDS Networks numbers) speaks directly to my concerns.

All of this begs the question of whether our life care services money (the bulk of which goes to case management) is being spent judiciously or if adjustments need to be made in staffing levels so as to free up additional resources that can be redirected to direct client service or to provide support to the medical providers that serve our client population.

Recognizing that it is an unpopular sentiment, I feel it essential to raise the possibility that we have overstaffed our organization to a point where our primary goal is to continue operations in our current manner of operations in order to maintain a place of employment for what appears to be a bloated staff. I pose the question: Have we allowed our staff to take ownership of the organization at a level that is so dysfunctional that we are losing sight of providing, improving and increasing the level of client services we could be providing with an appropriate allocation of financial resources?

Life Care Services funding

AIDS Network has been the beneficiary of increased funding levels from the Mike Johnson Life Care Services act for the past several years. It appears that the bulk of the increase in funding has gone to support the case management functions of AIDS Network.

I am at a loss to explain why we have not considered the possibility of contracting with the UW HIV Clinic to provide additional on site medical case management assistance or, potentially, the funding of treatment adherence positions, additional nursing support other assistance deemed necessary by our primary medical provider in the region. It is time that AIDS Network addresses the desirability of allocating a portion of the LCS resources to the medical providers in our region (on a pro-rata basis).

This would directly benefit the clients of AIDS Network through increased access to health care resources within the region.

The current state budget included a $400,000 increase in state fiscal year (SFY) 08 for the Mike Johnson Life Care and Early Intervention Services grant and an additional $600,000 in SFY 09, which will bring the 09 grant total up to $3,569,900. These grants are awarded to AIDS Network for the southern region and to the AIDS Resource Center of Wisconsin (ARCW) for the northeastern, northern, southeastern and western regions. Grant funds pay for case management, medical care, oral health care, mental health care and legal services.

Since 2006 AIDS Network has received approximately $300,000.00 in additional Life Care Services funding. In addition, in the second year of the current biennium, AIDS Network stands to receive an additional $120,000 in annual funding. Decisions regarding the allocation of these precious resources have been made with virtually no input from the Board of Directors and with even less input from the clients we serve or the larger HIV/AIDS community in our 13 county region.

Financial

We have been able to stabilize our financial situation during the past year and fortunately ended 2007 with a net profit. We have not, however, adequately addressed the underlying issues that create a level of uncertainty regarding the long term viability of the organization.

Several months ago I undertook an extensive financial analysis of AIDS Network wherein I compared our financial performance and status to that of other like-sized ASO's. I have shared this information with the board and have taken much "heat" from a few directors and from members of staff because they felt (and continue to feel) that I was manufacturing a doomsday scenario to embarrass our former Executive Director or to facilitate a merger with the AIDS Resource Center of Wisconsin. My intent in providing this information was to simply point to issues that I feel we need to address and to fulfill my obligation as a fiduciary to the agency. The gravity of this issue is being minimized. I would like to point out, once again, the following:

1. We rely heavily on two major fundraisers for unrestricted funds that are ESSENTIAL for us to keep our doors open. This reliance puts the long term viability of the agency at risk.
2. We have a development function that has failed us. We have an embarrassing track record for soliciting and receiving major grants or in growing our donor base in a meaningful manner.
3. We have not engaged in a meaningful analysis of expenses. Our budget process involves limited input of the Board of Directors. In recent years, our fiscal year has begun before a budget has been considered and voted on by the board of directors.
4. The board has taken a hands-off approach to policy decisions and the consequent expenditures that have a direct impact on agency overhead. (i.e., employee benefits, technology costs, etc.)

Coalition Building

The unwillingness of the staff and board leadership to sit at the table and discuss shared concerns, solutions and opportunities with the leaders of other ASO's or with the funders of AIDS Network is problematic. In addition, we have not engaged in any meaningful dialog with the University of Wisconsin HIV Clinic. I recognize that the staff of UWHC and AIDS Network has regular case consult meetings, yet the leadership of AIDS Network has failed in creating a dialog with the leadership of the UW HIV Clinic or, for that matter, with any other medical provider(s) in our region.

AIDS Network has also fostered institutional paranoia regarding the supposed ulterior motives of the AIDS Resource Center of Wisconsin (ARCW) to the point where we have been unwilling to engage ARCW President/CEO Doug Nelson in a simple conversation. Sadly, my encouragement of a dialog with ARCW has lead several current and former directors as well as our former interim Executive Director to allege that my motives were less than honorable and that I was working behind the scenes to cause a merger of our organizations. Scurrilous comments of this nature do not justify a response. Recognize, however, that some have used these comments to call into question my integrity as a fiduciary of AIDS Network. This is simply not acceptable.

Our failure to engage our fellow AIDS service organization in a dialog is a failure to serve our clients. We have a vested interest in working as a partner with ARCW (and any other like-minded organization) to the betterment of our clients. We have allowed the paranoia of past and present staff and volunteers regarding the possibility of "merger" to cloud our judgment. We have missed an opportunity to create a positive working relationship with ARCW out of fear that someone may raise the issue of merger.

Having said that, please recognize that if in the future the needs of the clients of AIDS Network or the larger HIV/AIDS community would be better served by ARCW, I will be among those in the HIV/AIDS community that will lead the charge to openly discuss the possibility.

Liability issues

We are assuming both as an organization and individually tremendous liability by not having a well thought out and fully implemented process for vetting agency volunteers, staff and members of the board of directors.

We are told that there is a volunteer "orientation" program, yet I am aware of several volunteers as well as members of the board of directors who never gone through the orientation program. I have been told repeatedly that, at best, there is a cursory review of volunteer applicants through CCAP (Wisconsin Court Access Consolidated Court Automation system); a system that is deficient in that it is limited to Wisconsin court records and does not address pending issues. When I have raised this issue, I have been confronted by Directors who express their opposition to any form of background checking based on concerns that we deal, in part, with a volunteer base who may have some past criminal or civil court history. The concern has been expressed that we would "lose volunteers" if they were told that a background check was going to be completed.

This is a time bomb waiting to go off. We place volunteers in the homes of clients and their families, yet we fail to check to see if the possible volunteer is a registered sex offender. We ask volunteers to drive clients to appointments, yet we do nothing to check to see if the volunteer has a history of DUI. We ask volunteers to help clients with household chores, yet we simply assume that motives are honorable and do not check to see if the potential volunteer has a history of committing theft or embezzlement.

I raise this issue (as I have in the past) not to be a doomsayer. I am in no way suggesting that any volunteer is not of the highest level of integrity. There is no acceptable excuse for not properly vetting all volunteers, directors and staff before they are allowed to become involved with the agency, particularly in situations where there is direct client contact. While we are covered by directors and officers liability insurance, I would submit that our failure to address this issue in a prudent manner could subject officers and directors to personal liability should we ever run into a situation where a simple background check could have averted a tragedy.

At the least, any volunteer who has any client contact should be subjected to a full background check, as well as any individual director who wishes to serve on the board. Additionally, all applicants for staff positions should be subjected to a full background check since they are entrusted with handling sensitive client data.

Leadership/Board Development

We have failed in the directives provided in the Strategic Plan regarding development of a board that represents both the community at large and the clients we serve. We have one director from outside of the greater Madison area (Ray Durr-Dodge County) yet we purport to serve a thirteen county region. Our board development committee has accomplished nothing in regards to training the current board of directors regarding roles and responsibilities. In the year that I have been on the board of directors there has been continual discussion about a possible "board retreat", yet nothing has been planned other than committing to a paid facilitator to conduct "cultural competency training" of the board of directors.

The current structure of the Board Development Committee makes for a committee that is stymied and unable to carry out development functions in an effective manner. In addition, we have not formalized the committee appointment process and have not allowed you, as President, the opportunity to appoint committee members and chairs of committees (with appropriate board input). This has created a committee structure that is non-functional.

Finally, in the area of board development we have done nothing to address the static nature of the Executive Committee. Our Executive Committee is comprised of individuals who, while well intentioned, have become married to their positions. When Jim Berger announced his decision that he was not running for another term as President, we confronted the reality that there were none among the officer cadre willing to assume the position of President. This created a situation where you came into the position as Chief Elected Officer having had no exposure to the organization as an officer.

Please recognize that this is not meant to discount your ability to serve as President. Instead, it's a simple recognition that we have nothing in place to nurture leadership at the highest elected levels of our agency.

AIDS Network needs to address the current organizational culture which allows for individuals to serve on the board or as officers for as long as they desire. This has created a tremendous vacuum in leadership. As an agency we need to consider the possibility/desirability of term limits, both for director positions and, more importantly, for the officer positions.

Public Relations

We do nothing of note to communicate with our funders or with the general public other than an annual report that comes out approximately six months after the end of the year. Despite repeated requests, the staff has done nothing to create a viable presence on the internet. Our website is outdated and contains minimal information. As an example, please note that our prevention section on the website has been "under construction" for over two years.

In the past, AIDS Network produced a newsletter that was sent two or three times a year to all donors, clients, etc. This was discontinued due to financial constraints. I question the validity of this decision, since we have now isolated the agency from the very audience we should be communicating with on a regular basis---our donors. When combined with an embarrassing presence on the internet we have sent the message that we are not able to communicate effectively with our various constituencies.

Public Policy

We are absent from major public policy discussions within the state of Wisconsin, region and at the federal level. An example of this can be seen in the most recent state budget. AIDS Network played no role in the lobbying efforts to get the support of the Governor and members from both political parties to support this initiative. This was the single largest funding increase in the history of the Life Care Services Act. When I inquired of the staff after the budget was adopted what impact it would have on AIDS Network funding, I was told that they "did not know". A simple call to the State AIDS/HIV office yielded the answer to my question. I have subsequently learned that the lobbying efforts were carried out by the staff of ARCW. Fortunately, our interests were protected and the bill was drafted so dollars would be shared proportionately. We have taken a backseat to advocacy issues on behalf of the HIV/AIDS community and the clients we serve. We have turned over our rightful role in the process to other organizations, who thankfully have protected our interests.

When I made the decision to step aside as Secretary, it was with the hope that I could continue to serve as a Director while remaining true to my fundamental beliefs regarding the role that an AIDS service organizational should play within our community. Upon reflection, it quickly became apparent that I am so diametrically opposed to the path that the organization is following that I could not, in good conscience, remain a Director. To remain a Director would have been an implicit endorsement of how we function as an organization. This was simply not acceptable.

I will instead focus my efforts as a vocal member of the Madison area HIV/AIDS community and work to create an increased level of dialog between those of us living with HIV AIDS, the various AIDS service organizations, the UW HIV clinic and the Wisconsin AIDS/HIV Program.

Thank you for the opportunity to serve as a member of the AIDS Network Board of Directors.

Sincerely,

Greg J. Milward

C: Jim Berger
Tim Lapp
Ellen Berz
Karen Dotson
Christina Ballard
Pamela Bean
Michael Bruno
Ray Durr
Gerry Haney
Tamim Sifri
Mary Vasquez