



Youth
and AIDS
in the
21st
Century

I CARE...



DO YOU?



WORLD AIDS DAY
DEC. 1, 2001



Resource Booklet



American Association for World Health • 1825 K Street, NW
Suite 1208 • Washington, DC 20006 • Tel: (202) 466-5883
www.aawhworldhealth.org • email: staff@aawhworldhealth.org



*Young people in Columbia affected by HIV/AIDS support each other.
Photo: Armando Waak, PAHO*

I CARE...Do You? YOUTH & AIDS IN THE 21ST CENTURY

World AIDS Day 2001 in the United States focuses on youth and HIV/AIDS, with the theme *I Care...Do You? Youth and AIDS in the 21st Century*. While UNAIDS' international theme focuses on the role of men in the HIV/AIDS pandemic with the theme *I Care...Do You?*, the US World AIDS Day Advisory Committee chose to supplement the international theme to address issues of youth and HIV/AIDS.

The international theme focuses on men because generally it is men who decide with whom they have sex and whether condoms will be used. Men also comprise the majority of injection drug users. However, in the US, the Advisory Committee elected to address youth of both genders to reflect the growing importance of involving all young people in the fight against HIV/AIDS.

The US theme—*I Care...Do You? Youth and AIDS in the 21st Century*—emphasizes that every individual has a responsibility and an opportunity to make a constructive contribution to the prevention of HIV/AIDS. The goal of World AIDS Day 2001 is to underscore that youth are significantly infected and affected by HIV and to call for greater education and involvement of young people in diagnosing, treating, and preventing HIV/AIDS.

HIV/AIDS prevention and protection programs geared toward youth are needed now more than ever, as evidenced by these worldwide statistics:

- Young people under age 25 represent half of all new HIV infection cases.
- Ten million people ages 15-24 are living with HIV/AIDS.
- Every minute, five young people are infected with HIV.

These numbers are alarming not only because of their magnitude, but also because adequate information about HIV/AIDS has not fully reached youth around the world, including young people in the United States. Many young people with HIV today might not have become infected if they had learned more about the dangers of engaging in high-risk behaviors. As of 2000, 25% of teens surveyed in the US falsely believed that HIV testing was standard in routine exams, whereas fewer than one-third of sexually active teens in the US have been tested for HIV.

WHAT IS WORLD AIDS DAY?

World AIDS Day was first observed on December 1, 1988, after an international summit of health ministers called for a new spirit of social tolerance and a greater exchange of information on HIV/AIDS. Observed annually on December 1, World AIDS Day serves to strengthen global efforts to address the challenges of the AIDS pandemic, which continues to spread throughout every region of the world. In recognition of the growing complexities of the HIV/AIDS global epidemic, UNAIDS was created in 1996 to unite six global agencies in their response to HIV/AIDS. Each year, the American Association for World Health coordinates efforts for World AIDS Day in the United States.

AMERICAN ASSOCIATION FOR WORLD HEALTH

1825 K St, NW, Ste 1208 • Washington, DC 20006 • (202) 466-5883 • FAX: (202) 466-5896
web: www.aawhworldhealth.org • email: staff@aawhworldhealth.org

World leaders unite to address AIDS pandemic

This year marks the twentieth year that the world has been engaged in the war against AIDS. However, the fight is far from over. Instead, this devastating disease is spreading rapidly throughout the world. During this past year, political leaders from around the world have joined together to launch new global efforts against this deadly pandemic. In light of the continuing escalation of the pandemic, the United Nations selected HIV/AIDS as the focus of this year's Special Session, making the pandemic a central topic in the UN global agenda. Addressing HIV/AIDS in this context has increased global awareness of the disease on both social and political levels.

AIDS has claimed the lives of nearly 22 million people throughout the world. It is projected that the number of deaths caused by AIDS in the next ten years will be greater than the combined fatalities in all wars of the 20th century. In some countries today, the disease is spreading so rapidly and fiercely that more than one-third of their adult populations are infected with HIV.

While most developed countries like the US are not now experiencing such dramatic losses, it is crucial that all countries combine their resources to further combat this pandemic. Long ago, we realized that all people of every region, ethnicity, age, gender, and sexual orientation can be at risk for acquiring HIV/AIDS. Furthermore, it is increasingly evident that citizens in every nation are now affected by this disease, if not directly, then indirectly through the pandemic's influence on the social and economic well being of their global neighbors.

It will take concerted global efforts to provide the necessary resources, research, and educational programs to curb further spread of this disease. And yet, the world's best prevention and treatment techniques will not be fully effective until we first overcome the fear, denial, and stigma associated with HIV/AIDS.

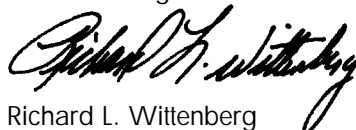
This year's theme for World AIDS Day—*I Care . . . Do You? Youth and AIDS in the 21st Century*—reflects the reality that HIV is reaching younger people, here in the US and around the world. Already youth under 25 represent half of all new HIV infections throughout the world, and five young people are newly infected with HIV every minute. New evidence indicates high rates of risky behavior and HIV infection in some groups of young people.

Admittedly, addressing the issues surrounding AIDS is difficult, because discussing risk behaviors with young people may be uncomfortable. However, providing persons of all ages with knowledge about protection from HIV/AIDS is absolutely crucial.

Because ideas about gender equity and self-esteem often develop during adolescence, focusing on HIV/AIDS education and prevention among youth is extremely important. Values instilled in young people at this stage of development will determine the types of decisions our youth will make and the kinds of behaviors they will choose.

We must ensure that youth today possess the values, skills, and knowledge needed to lead healthy lifestyles so that they can pass those healthy values on to future generations. Because adolescence is often a time of experimentation and curiosity about risky behaviors, it is essential to provide young people with information about how to protect themselves from the disease and to instill in them the desire to remain free from HIV/AIDS.

We at AAWH hope you will use this AIDS resource booklet to provide information about HIV/AIDS to as many people as you can reach with your prevention efforts. Only when we provide life-saving information to those who need it can we succeed in the war against AIDS.



Richard L. Wittenberg
President and Chief Executive Officer
American Association for World Health

THE WHITE HOUSE
WASHINGTON

I am writing this message to you on behalf of President Bush. Since the terrorist attacks on the World Trade Center and the Pentagon, the tragic nature of these events has rocked our nation--pulling us from grief and anger to a national commitment to the protection of liberties that make us uniquely American.

As many in the AIDS community know, a disease that we all fight each day has also rocked the lives of so many individuals both here and abroad. Like our recent tragedy, the HIV/AIDS pandemic has challenged many to have courage and hope in spite of grief, anger, and despair.

I bring you President Bush's sincerest wishes for a special and memorable World AIDS Day 2001. This event serves to focus on the AIDS pandemic as it affects our families, our country, and other nations around the globe. We must also remember those living with AIDS and those who have died from the disease.

Worldwide, the scope of the pandemic continues to outstrip the grim projections, particularly among poorer populations and in developing countries. Nearly 56 million people have been infected with HIV since the start of the epidemic 20 years ago, and current statistics of infection point to an even greater spread of the disease than anticipated. We have a duty to participate in global humanitarian efforts to help. The United States will contribute to a global, multilateral, public/private trust fund established to confront the worldwide challenges of HIV/AIDS. The Bush Administration has pledged \$200 million to this fund for fiscal year 2002, which represents the single largest one-year commitment from any nation or organization.

In the United States, research has shown that the number of AIDS cases among some populations has decreased. Unfortunately, we have not seen similar declines in new HIV cases among our Nation's youth, particularly in communities of color. Today, at least half of all new HIV infections in our country are among people under age 25.

Such statistics are alarming. However, we can take some encouragement from the results of our HIV prevention efforts in the United States. Statistics reveal a decrease in risk-taking behaviors among our youth and an increase in personal responsibility for preventing infection. Prevention efforts do work, and good communication between parents and young people is vital in helping adolescents avoid infection with HIV. At home, in schools and in our communities, clear messages about avoiding high-risk behaviors are effective in preventing HIV.

As we observe World AIDS Day 2001, we must reaffirm our commitment to work together to protect our young people, and the youth of the world, from the threat of HIV. By promoting awareness and risk avoidance, we can reach millions of youth that each day face life-changing decisions that can affect their health and the future of our Nation and the world.

Sincerely,



Scott H. Evertz
Director
Office of National AIDS Policy

WORLD AIDS DAY 2001

AMERICAN ASSOCIATION FOR WORLD HEALTH

President Jimmy Carter, Honorary Chairman
Herman Ellis, MD, MPH, Chairman of the Board
Richard L. Wittenberg, President/Chief Executive Officer
Jill Boezwinkle, Executive Assistant

Jaime Zuckerman, Project Officer
Grace Wang, Project Coordinator

Farrah Ahmad, Project Associate
Rachel Bier, Project Associate
Meredith De Meules, Project Associate
Ruby Hiramaneck, Project Associate

Karen Moran, Editing/Layout/Design
Ketchum, Inc., Cover/Poster Design



AAWH

2001 WORLD AIDS DAY ADVISORY COMMITTEE

AFL-CIO
AIDS Action Council
AIDS Alliance for Children, Youth, and Families
AIDS Nutrition Services Alliance
American Association for World Health
American Federation of Teachers
American Nurses Association
American Public Health Association
American Red Cross National Headquarters
Association of Schools of Public Health
Association of State and Territorial Health Officials
Balm in Gilead
Biotechnology Industry Organization
Cable Positive
Calypse Biomedical
Centers for Disease Control and Prevention
CDC National Prevention Information Network
Children's AIDS Fund
Congress of National Black Churches, Inc.
Council of Religious AIDS Networks
Department of Housing and Urban Development
Dignity/USA
Federal Bureau of Prisons
Food and Drug Administration
Fundors Concerned About AIDS
Gay Men's Health Crisis
Global Health Council
Health Resources and Services Administration
Joint United Nations Programme on HIV/AIDS
Mary Fisher CARE Fund
Mothers' Voices
The NAMES Project
National AIDS Fund
The National Alliance for Hispanic Health
National Alliance of State and Territorial AIDS Directors
National Association of Broadcasters
National Association of County and City Health Officials
National Association of People with AIDS
National Conference of State Legislatures
National Council of La Raza
National Education Association
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health
National Latina Health Network
National Minority AIDS Council
National Public Health Information Coalition
Pan American Health Organization
Presidential Advisory Council on HIV/AIDS
Substance Abuse and Mental Health Services Administration
United Nations Children's Fund
Universal Fellowship of Metropolitan Community Churches
US Agency for International Development
US Conference of Mayors
US Department of Health and Human Services
US Department of State
White House Office of National AIDS Policy
Whitman-Walker Clinic
The World Bank
World Health Organization

THANKS TO THE FOLLOWING FOR MAKING WORLD AIDS DAY 2001 POSSIBLE:

PRINCIPAL FUNDING:

Centers for Disease Control and Prevention, Atlanta, GA

ADDITIONAL SUPPORT:

Cable Positive, New York, NY
Calypse Biomedical, Alameda, CA
National Institute on Drug Abuse, Bethesda, MD
National Institute of Mental Health, Center for Mental Health Research on AIDS, Bethesda, MD
US Agency for International Development, HIV/AIDS Division, Washington, DC

AAWH SUPPORTING MEMBERS:

Automated Health Systems, Inc., Pittsburgh, PA
Cedars-Sinai Medical Center, Los Angeles, CA
ORC Macro International, Calverton, MD
St. George's University School of Medicine, Grenada, West Indies
Wyeth-Ayerst Laboratories, St. Davids, PA

WORLD AIDS DAY 2001

Theme	1
Foreword	2
Letter from The White House	3
Acknowledgments	4
Table of Contents	5
HIV/AIDS Quiz	6
WHY WE SHOULD CARE	
Twenty Years of AIDS—1981 to 2001	7
Trends Around the World	8-9
Economic Implications of AIDS	9
HIV in the United States	10
People Affected by AIDS	11-15
FACT SHEETS	
Talking to Youth about HIV/AIDS	16
Myth versus Reality	17
Preventing HIV Infection	18
HIV Counseling and Testing	19
Confidentiality and HIV Testing	20
Treating HIV/AIDS	21
The Law and HIV/AIDS	22
Faith Communities and HIV/AIDS	23
An Interfaith Declaration	24
WHAT WE CAN DO	
Putting Research to Work	25
Planning for World AIDS Day	26
Tips for Fundraising	27
Grants	27
Media Outreach	28-31
Media Outreach Guide	28-29
Sample Press Release	30
Sample Public Service Announcement (PSA)	30
Media Advisory Outline	31
Sample Proclamation	31
Innovative World AIDS Day Activities	32-33
Motivate and Educate! (Sample Activities)	34-36
RESOURCES	
HIV/AIDS Education Videos	37
National Hotlines	38
State & Territorial AIDS Hotlines	38
AIDS Service Organizations and National Organizations	39-42
State & Territorial Contacts	43-44
WORLD AIDS DAY 2001 EVENT FOLLOW-UP REPORT	45
WORLD AIDS DAY 2001 ITEMS ORDER FORM & MEMBERSHIP FORM	46
SOURCES	47
GLOSSARY	48

This book was developed by the American Association for World Health to provide HIV/AIDS awareness and education information and to assist anyone who wishes to observe World AIDS Day. Some materials, such as the Fact Sheets, are designed to be photocopied for use in education and awareness programs. Other materials, such as the planning and activities sections, are primarily written for community leaders, whose leadership and local programs play a crucial role in delivering vital messages of hope and prevention that must be heard if we are to defeat the global epidemic of HIV/AIDS.



AAWH

PLEASE NOTE: Except for the poster and cover art, the 2001 World AIDS Day Resource Booklet may be reproduced in part or in whole without permission, provided credit is given to AAWH. For HIV/AIDS information for the visually-impaired, call the CDC National Prevention Information Network (800-458-5231) for a Braille brochure entitled "Understanding AIDS," which provides basic information on HIV. You can also contact Horizons for the Blind (847-836-1400), an organization that transcribes HIV/AIDS-related reading materials into Braille. For other special language needs, see the Resources section near the back of this book.

Test your knowledge...

How Much Do You Know About HIV/AIDS?

Keep reading for a discussion of the answers to these questions and many other important issues about HIV/AIDS throughout this resource booklet.

Circle the correct answers. One answer per question.

1. Young people under 25 represent what percentage of all new HIV infections in the US?
A. 15%
B. 25%
C. 40%
D. 50%
2. T or F: AIDS is an incurable disease spread mainly by unprotected sex or by sharing needles with someone who has the virus called HIV.
3. T or F: Young Americans between the ages of 13 and 25 are contracting HIV at the rate of 2 per hour.
4. HIV is not present in...
A. semen and vaginal secretions
B. the air that you breathe
C. blood
D. breast milk
5. You can become infected with HIV by...
A. sharing utensils or drinking glasses with someone with HIV
B. using the same toilet seat as an HIV-positive person
C. hugging someone with HIV
D. being bitten by a mosquito
E. none of the above
6. Which does not help to reduce the risk of transmitting HIV?
A. using a latex condom or female condom
B. using the "Pill," diaphragm, or other birth control methods
C. abstinence
D. all of the above help to reduce transmission
7. If you are infected with HIV, you might show symptoms...
A. within a few months
B. within a year
C. in 10 or more years
D. any of the above
8. T or F: New HIV/AIDS drug treatments have lowered the number of AIDS-related deaths in the US and enabled people with HIV to live longer.
9. T or F: There are medicines for HIV-positive pregnant women that can greatly decrease the chances of transmitting HIV to their babies.
10. T or F: Only drug users and gay men need to worry about becoming infected with HIV.

ANSWERS: 1 D; 2 T; 3 T; 4 B; 5 E; 6 B; 7 D; 8 T; 9 T; 10 F

20 YEARS OF AIDS—1981 TO 2001

The figures in blue following each year's entry represent the cumulative number of AIDS-related deaths that had occurred in the US from the beginning of the pandemic to the end of that year.

- 1981:** The Centers for Disease Control and Prevention (CDC) diagnoses the first cases of AIDS-related diseases among young gay men. **159**
- 1982:** The CDC formally establishes the term "Acquired Immune Deficiency Syndrome (AIDS)" and identifies four risk factors associated with AIDS: male homosexuality, intravenous drug abuse, Haitian origin and hemophilia A. **625**
- 1983:** The CDC adds female sexual partners of men with AIDS as the fifth risk group. Human Immunodeficiency Virus (HIV) is identified as the cause of AIDS. **2,137**
- 1985:** Actor Rock Hudson openly states that he has AIDS and dies later in the year. After being prohibited from attending school because he has AIDS, Indiana teenager Ryan White advocates against discrimination or stigma associated with AIDS. The Food and Drug Administration approves the first HIV antibody test. HIV screening of blood donations begins in US. **12,652**
- 1987:** The FDA approves the first antiretroviral medication, zidovudine (AZT), as an AIDS treatment. The AIDS Memorial Quilt is displayed on the National Mall in Washington, DC. The World Health Organization (WHO) establishes the Special Programme on AIDS, which later becomes the Global Programme on AIDS and then UNAIDS. **41,262**
- 1988:** WHO declares the first World AIDS Day on December 1. National Institutes of Health (NIH) establishes the Office of AIDS Research (OAR), restructures its AIDS research program, and establishes the AIDS Clinical Trials Group (ACTG). **62,451**
- 1989:** Ryan White dies. Congress creates the National Commission on AIDS. **90,218**
- 1990:** Domestic and international non-governmental groups boycott the 6th International AIDS Conference in San Francisco in protest of the US immigration policy regarding HIV/AIDS status. Ryan White CARE Act is authorized. **121,952**
- 1991:** Star Basketball player, Earvin "Magic" Johnson, announces that he is HIV-positive. **158,911**
- 1992:** AIDS becomes the leading cause of death among men between the ages of 25 and 44. Tennis star Arthur Ashe announces that he has AIDS. **200,391**
- 1993:** The FDA approves the female condom for sale in the US. **245,662**
- 1994:** AIDS becomes the number one cause of death for all Americans between the ages of 25 to 44. The Public Health Service recommends that HIV-positive pregnant women use AZT to reduce mother-to-child transmission. Pedro Zamora, a young gay man living with AIDS, appears in the cast of MTV's popular show, *The Real World*; he dies later this year at age 22. **295,339**
- 1995:** The Joint United Nations Programme on HIV/AIDS (UNAIDS), an organization that oversees the efforts of seven UN programs focusing on AIDS, is established. **345,331**
- 1996:** The FDA approves the viral load test, which measures the amount of HIV in blood. The number of new AIDS diagnoses declines for the first time in the history of the pandemic. Evidence of the efficacy of Highly Active Antiretroviral Therapy (HAART) is presented. **382,261**
- 1997:** AIDS-related deaths in the US decline by more than 40% compared to 1996 rates, largely as a result of antiretroviral therapies. **403,206**
- 1998:** The Congressional Black Caucus calls on the US Department of Health and Human Services Secretary Donna Shalala to declare HIV/AIDS a public health emergency. Congress approves \$156 million for the Minority HIV/AIDS Initiative to address the disproportionate rate of HIV infection in certain racial and ethnic groups. **419,638**
- 1999:** US announces \$100 million in funding to sub-Saharan Africa and India through the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. **430,246**
- 2000:** US and UN Security Councils declare HIV/AIDS a security threat. President Clinton implements the Millennium Vaccine Initiative to develop vaccines for HIV, TB and malaria. UNAIDS, WHO and other health groups join with pharmaceutical manufacturers to discuss price decreases for AIDS drugs in developing countries. **438,795**
- 2001:** The UN General Assembly, under the leadership of UN Secretary-General Kofi Annan, convenes a special session to discuss HIV/AIDS. Goals that were set include—
2002-2010: Establishing a global AIDS fund with a target of \$10 billion per year.
2003: Increasing the availability of medicines for HIV.
2004: Promoting youth's access to HIV/AIDS education and involving adolescents in the planning of HIV/AIDS prevention programs.

TRENDS AROUND THE WORLD

In **North America, Western Europe, Australia,** and **some Latin American countries** like Brazil, availability of antiretroviral therapies and health care have slowed the progression from HIV to AIDS. In the US alone, the number of deaths from AIDS between 1996 to 1999 decreased by more than 40%, largely because of antiretroviral therapies.

Countries where good education, prevention, and care programs are available often experience lower rates of infection with HIV. In many **developing countries**, the lack of antiretroviral treatments and access to health care allows for the unrestrained progression of the disease. As a result, the number of AIDS cases in many developing nations has increased dramatically. If antiretroviral therapies are not provided for HIV-positive individuals, many more regions will experience devastating increases in the rates of AIDS-related mortality in the future. Treatment of HIV-positive pregnant women must also be addressed to decrease infection rates among newborn children.

Sub-Saharan Africa: Sub-Saharan Africa has witnessed the largest number of new infections, although regional infection rates have begun to increase less rapidly. For example, there were 3.8 million new infections in 2000, compared to 4 million new infections in 1999.

Prevention measures in sub-Saharan countries like **Uganda** have reduced the infection rates of individual

nations. The decreases in these nations balance the increasing infection rates in other areas of the continent. As a result, the overall regional infection rate appears to be more stable.

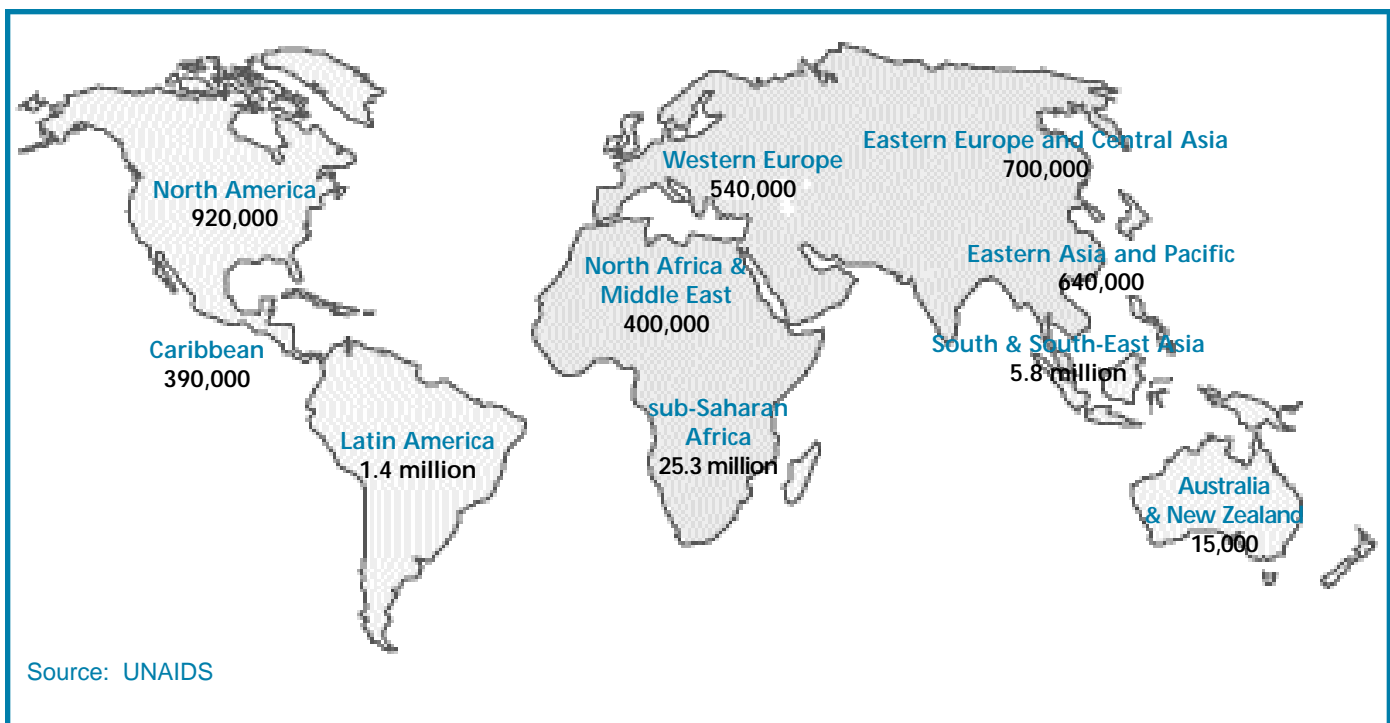
Infection rates may also be stabilizing because the pandemic has already affected many in the population. As a result, fewer people are at risk of becoming newly infected with HIV.

Asia: The pandemic in some Asian nations is growing as a result of the sex trade, illicit drug use, and extensive migration across borders. In addition, the safety of donated blood supplies and blood products is of increasing concern.

- Researchers estimate that the number of AIDS cases in **China** is growing by nearly 30% each year, and as many as 10 million Chinese will be living with HIV/AIDS by 2010.
- In **India**, the number of new infections is doubling every 14 months. As a result, India will soon overtake South Africa as the nation with the most people living with HIV/AIDS.

The Caribbean: The AIDS pandemic has hit the Caribbean harder than anywhere outside of sub-Saharan Africa. Two percent of the population has HIV or AIDS, and the number of AIDS cases is doubling every two to

AN ESTIMATED 36.1 MILLION ADULTS & CHILDREN WERE LIVING WITH HIV/AIDS BY END OF 2000





Columbian girls gather to learn more about HIV/AIDS.

Photo: Armando Waak, PAHO

three years. As a result, AIDS has become the leading cause of death in the Caribbean for those between the ages of 15 and 45.

HIV transmission often occurs through unprotected sexual contact. The percentage of young women whose first sexual experiences are with older men is of increasing concern. Females 15 to 24 years old have infection rates two to four times higher than females in other age groups and three to six times higher than males of the same age. Homophobia and stigma may have driven some homosexual men to adopt heterosexual lifestyles. As a result, HIV transmission between homosexual and heterosexual populations has increased.

Fear, denial, and misinformation have influenced the growth of the pandemic. People are reluctant to receive education, testing, or treatment because of the stigma surrounding AIDS. Acknowledging HIV infection may result in violence, rejection from family and friends, job loss, expulsion from school, loss of housing, and denial of medical care.

Eastern Europe and Central Asia: The dramatic increases in HIV infections in these regions are fueled by economic instability, which in turn has contributed to the growth of the commercial sex and drug industries. Evidence indicates that the pandemic is also beginning to spread through heterosexual populations as a result of sexual transmission.



Young boys in Puerto Cumarebo, Venezuela.

Photo: Armando Waak, PAHO

- In the **Russian Federation**, the number of reported HIV cases rose from 10,000 in January 1999 to approximately 130,000 in July 2001. Estimates indicate that as many as 620,000 HIV cases remain unreported.
- Improved documentation may help to account for the increase in reported HIV and AIDS cases in countries like the **Czech Republic, Slovenia, and Ukraine**.

ECONOMIC IMPLICATIONS OF HIV/AIDS

While AIDS is devastating to individuals and their loved ones, the pandemic also harms economies and societies throughout the world. Because HIV has spread extensively among mobile youths and young adults, the disease has long-term economic implications related to lost productivity.

The International Labour Organization reports that by 2020, AIDS will reduce the workforce in 15 countries by 24 million people. Workforce costs will increase because of health-related work absences, higher payments for insurance and medical care, and hiring and retraining costs.

National incomes and growth as measured by the gross domestic product (GDP) will decrease significantly as the number of people with HIV and AIDS increases. In South Africa alone, the economic growth rate is projected to decrease by 0.3 to 0.4% annually as a result of AIDS. As a result, by 2010 the GDP will be 17% lower than it would have been without AIDS. In the Caribbean, AIDS is projected to decrease the GDP 5% by 2005 as a result of shrinking work forces and declines in foreign investment and tourism.

AIDS is reversing decades of gains in developmental achievements and life expectancy in countries that have been the most significantly affected. With every five-year decrease in life expectancy, the annual economic growth of a country may be reduced by as much as .05%.

HIV and AIDS threaten to reduce the economic potential of developing and developed nations alike. If direct foreign investment decreases, developing countries will experience a decreased share of world trade. As a result, fewer developed and developing nations will benefit from integrated trade and the sharing of knowledge.

ADULTS & CHILDREN NEWLY INFECTED WITH HIV WORLDWIDE (12/00)

Region	Newly Infected with HIV
Sub-Saharan Africa	3.8 million
North Africa & Middle East	80,000
East Asia & Pacific	130,000
South & Southeast Asia	780,000
Latin America	150,000
North America	45,000
Caribbean	60,000
Eastern Europe & Central Asia	250,000
Western Europe	30,000
Australia & New Zealand	500
TOTAL	5.3 million

Source : UNAIDS

HIV IN THE UNITED STATES

800,000 to 900,000 people in the US are currently living with HIV or AIDS. Of these, an estimated 300,000 are unaware that they are infected. Since the beginning of the pandemic, approximately 775,000 people have been reported to have AIDS, and 450,000 people have died from AIDS. Even though in the US we have been successful in reducing the mortality rate of HIV, we have yet to reduce the number of new infections. New HIV infections were estimated at 40,000 per year in the early 1990's and have remained largely at this same level throughout the last decade.

Of great concern at present is the onset of "safe-sex fatigue." People may be taking fewer precautions to protect themselves from infection for several reasons: the belief that antiretroviral drugs make AIDS a manageable, chronic disease; the attitude that infection with HIV is inevitable; increasing weariness toward maintaining risk-reducing behaviors; and the generational phenomena that younger people did not experience the devastating early days of the pandemic.

Evidence suggests that HIV and AIDS have disproportionately affected women, people of color, and youth in the US.

Women: The number of new HIV infections and AIDS cases is increasing among women in the US. Of all HIV-positive women, 41% reported that they were exposed through heterosexual contact and 20% reported infection through injection drug use. Although the number of AIDS deaths among women declined 35% between 1993 and 1998, the number of AIDS deaths among men declined 64%. Studies indicate that women are less likely to receive or seek treatment when compared to men because of health care, social, and financial barriers.

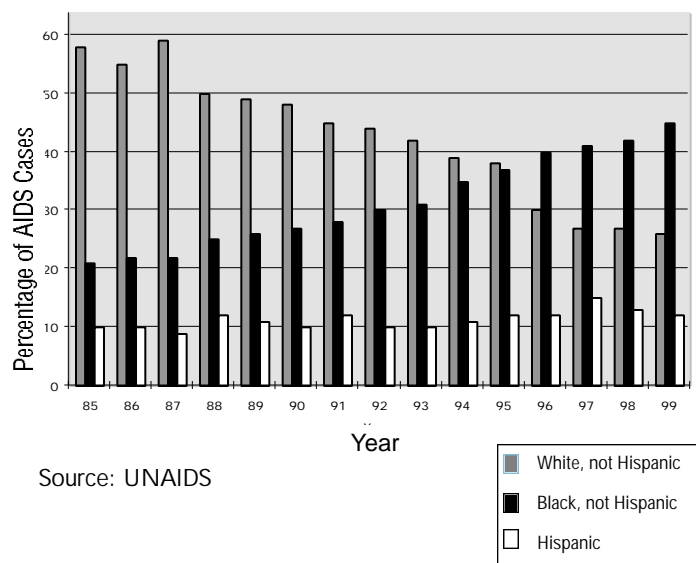
Minorities: HIV and AIDS have disproportionately affected minority populations, especially African Americans and Hispanics. As of 1999, while African Americans accounted for 37% of all AIDS cases, they represented only 12% of the US population. Furthermore, African American and Hispanic women represented 81% of all AIDS cases among American women, yet they accounted for only 25% of the female population in the US. Social and economic conditions, such as language barriers, poverty, substance abuse, and access to health care, contribute to the increasing risk of HIV among minority communities. Religious beliefs and mistrust of the medical community may also inhibit people from seeking health care.

Men Who Have Sex with Men: As of December 2000, 46% of all reported US AIDS cases were transmitted through male-male sex. Young African American men who have sex with men (MSM) are at higher risk of contracting HIV compared to other ethnicities. A recent CDC study of 23-29 year old MSM showed that the new infection rate among African American MSM is 14.7%, compared to 3.5% among Hispanic MSM and 2.5% among white MSM.

The percentage of individuals in the study that were already HIV-positive varied according to ethnicity as well. Among study participants, 32% of African American, 14% of Hispanic, and 7% of white MSM were HIV-positive.

Cultural and religious biases that fuel homophobia may act as significant barriers to treating and preventing HIV transmission among MSM.

PROPORTION OF NEWLY-REPORTED US AIDS CASES BY RACE/ETHNICITY, 1985-1999



PEOPLE AFFECTED BY AIDS

HIV/AIDS AFFECTS ALL YOUTH

Young people, who represent one-sixth of the world's population, are rapidly becoming infected with HIV. The poverty, racism, sexism, and homophobia that many young people face cause a significant increase in their risk for HIV/AIDS.

- 60% of new HIV infections in developing countries occur in people ages 15-24.
- Half of the world's new HIV infections occur in people under the age of 25.
- Every minute, five young people in the world are infected with HIV.
- Today, 10 million people ages 15-24 are living with HIV/AIDS worldwide.

The high rate of HIV infection among youth in the US requires significant attention. A recent White House report cited the following facts:

- Young Americans between the ages of 13 and 25 are contracting HIV at the rate of two every hour.
- Since the beginning of the pandemic, more than 123,000 young Americans have developed AIDS in their twenties, and most of those were infected with HIV as teenagers.
- An estimated 250,000 young Americans are unaware that they are infected with HIV.

By 12th grade, 65% of American youth are sexually active, and one in five has had four or more sexual partners, according to a 2000 CDC survey. Although overall condom use among high school students has increased in the last few years, studies indicate that many youth do not use protection at all of their sexual encounters. The use of alcohol and other drugs may also contribute to risky behaviors that can lead to HIV infection among young people.

Any young person who engages in HIV risk behaviors could become infected, but the pandemic has taken an especially heavy toll on the following:

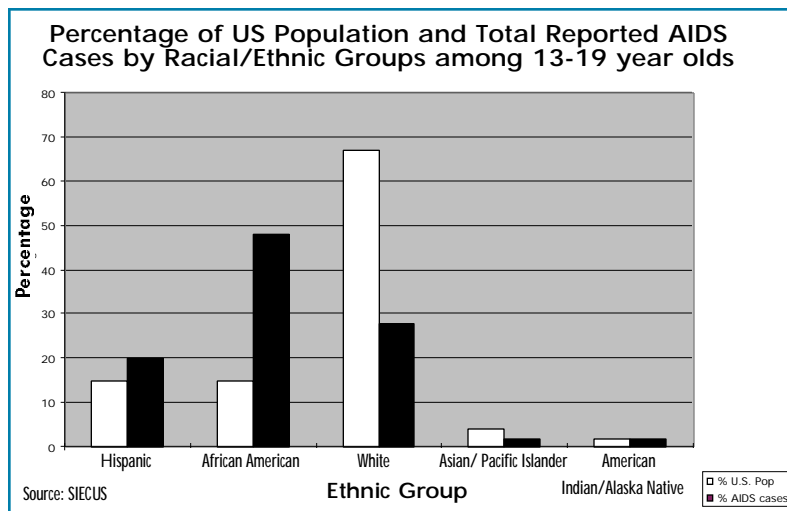
Young men who have sex with men (YMSM):

Over 50% of infections reported in the US last year among young men aged 13-24 occurred among YMSM. A recent CDC study indicates that minority YMSM are disproportionately affected by HIV. The study of YMSM aged 23 to 29 years old showed that 32% of African American, 14% of Hispanic, and 7% of white YMSM were HIV-positive. The ages of the study participants suggest that infection may have occurred during adolescence.



Youth gather to discuss the impact of HIV/AIDS. Columbia
Photo: Armando Waak, PAHO

Social and cultural biases that promote homophobia may hinder YMSM from seeking information about healthy sexual relationships. In addition, one in four YMSM is forced to leave his home because of his sexual orientation. Fifty percent of those YMSM who leave home turn to prostitution to support themselves, further increasing their risk for infection.



Young people of color:

HIV and AIDS have disproportionately affected African American and Hispanic youths. While African American and Hispanic youth between ages 13-19 represent 65% of AIDS cases, they comprise approximately 30% of the US population.

Cultural and language differences may hinder prevention efforts in communities of color. Religious and cultural opposition to birth control, including condoms, and the high rate of injection drug use in areas where youths of color may live contribute to the rise in HIV infections.

WHY WE SHOULD CARE

Young women: More females than males are diagnosed with HIV in the 13-19 year age group in the US. Young African American and Hispanic women have the highest infection rates in the US and account for 69% of AIDS cases in the 13-19 year age group.

An increasing number of young women, especially young women of color, also report that their first sexual experiences are with older men. Unequal power within relationships may prevent young women from asking about sexual history or requiring condom use and HIV testing.



*Columbian youth discuss HIV prevention.
Photo: Armando Waak, PAHO*

Out-of-school youth: Compared with youth in school, out-of-school youth or those in detention know less about HIV but are more likely to engage in high risk behaviors, such as having sex without a condom, having more than four sex partners, and using drugs. Young people who live on the street often exchange sex for shelter, security, drugs, or food, increasing their risk for HIV infection.

Prevention for Youth: Providing young people with the necessary information and skills to protect themselves against HIV is important as adolescents become increasingly independent and mature. Educators, community leaders, and public health officials need to provide comprehensive prevention programs that will accomplish the following:

- Encourage active youth participation in non-threatening environments. Youth involvement promotes the idea that young people are part of the solution rather than the focus of the problem. Young people may also be more receptive to receiving information from peers.
- Provide accurate information in a variety of settings, such as schools, clinics, community centers, faith centers, homeless shelters, and detention centers.
- Include skill-building exercises that develop communication, problem-solving, and decision-making abilities.
- Provide access to youth-oriented education, counseling, and health services, including reproductive and sexual health services.

- Address the diverse needs of both young men and young women. Youth can help to identify specific social, cultural, and gender equity issues relevant to teenagers.
- Consider gender roles, sexuality and the positive aspects of sexual health. WHO and the Surgeon General suggest that abstinence-based efforts that include information about safer sex practices and condom use are more effective in delaying sexual initiation among youths, compared to abstinence-only education.



*Volunteer with AIDS-infected baby. Haiti
Photo: Armando Waak, PAHO*

PREGNANT WOMEN AND THEIR BABIES

Perinatal transmission, or vertical transmission, occurs when a pregnant woman transmits HIV to her child. This can occur when the baby is in the uterus, during labor, or after birth through breastfeeding. Research suggests that 30-50% of infants with HIV were infected while in the uterus, and 50-70% of infants with HIV acquired the virus during delivery or after birth.

North America: 91% of the children in the US who have AIDS were infected through mother-to-child transmission.

Africa: 90% of the children in Africa who have AIDS were infected through mother-to-child transmission. In parts of sub-Saharan Africa, 35-45% of pregnant women are HIV-positive. Each day, 1,000 infants are born HIV-positive in sub-Saharan Africa.

Caribbean: In most Caribbean countries, fewer than 10% of pregnant women are HIV-positive. In some areas of Haiti, however, 13% of pregnant women are HIV-positive.

Reducing the risk

Early detection and treatment of HIV in pregnant women significantly reduce the risk of mother-to-child transmission. In the US, antiretroviral therapies such as zidovudine (ZDV, AZT) or nevirapine, taken during pregnancy, may decrease

the risk of HIV transmission to the newborn from 25% to below 5%.

Although complete therapies may not be affordable for all, an oral dose of nevirapine may be given to the mother at the time of birth and to the infant within 24 hours after birth in order to prevent transmission. Combining antiretroviral treatment with Cesarean section rather than vaginal delivery is another successful strategy to prevent transmission.



AIDS orphans, sub-Saharan Africa. Photo: J. Mohr, WHO

CHILDREN ORPHANED BY AIDS

The AIDS pandemic devastates family institutions as well as social structures worldwide. Children whose parents have been incapacitated or lost due to AIDS carry burdensome responsibilities. Orphans are often forced to leave school in order to find work to support their households. These children may lack the necessary skills and experience to maintain family farms. Because orphans carry the stigma associated with HIV/AIDS, they may also face greater challenges in finding jobs. Children without work may turn to prostitution, thereby increasing their risk for HIV infection.

Extended families who would customarily adopt orphans may also be struggling with AIDS. As a result, eldest children are often required to become the main caregivers for younger siblings. When children raise other children, traditional cultural, societal, and moral values that are usually passed from one generation to the next may be lost.

Health and social services providers in the US and in some African countries help HIV-positive guardians to develop plans for the future care of their children in the event of their own deaths. Parents may receive psychosocial services, education regarding their legal options, and financial assistance. In Zimbabwe, community volunteers are used to help children transition into new families or living situations.

ORPHANS AND CHILDREN ORPHANED BY AIDS IN THE YEAR 2000

REGIONS	ESTIMATED NO. OF ORPHANS ALL CAUSES	PERCENTAGE ORPHANED BY AIDS
ASIA	928,543	17.3
LATIN AMERICA & THE CARIBBEAN	1,009,644	49.2
SUB-SAHARAN AFRICA	13,665,000	47.2

Data based on a 34-country survey. Orphans are defined as HIV-negative children under age 15 who have lost either their mothers or both parents.

Despite such efforts, the emotional and physical needs of the world's growing number of orphans must become a greater political priority. According to USAID, the cumulative number of children who have lost either their mother or both parents to AIDS rose from approximately 3.5 million by 1995 to 7.1 million by 2000 and is projected to increase to 16.1 million by 2010.

GENDER AND HIV

The cultural roles of males and females profoundly influence attitudes toward sexuality and sexual risk-taking. Traditional expectations often cast men in the role of aggressive risk-takers who have frequent sexual encounters and multiple sexual partners. In turn, many cultures expect women to be subservient, faithful in relationships, and the sole caregiver of children.

Unequal economic and social power between genders may make women more vulnerable to unsafe sexual practices and sexual exploitation. Older men may coercively exploit young girls through the offering of gifts or financial security. Male sexual violence against women often prohibits women from controlling their exposure to the virus. Because men generally decide with whom to have sex and whether to use condoms, women are inhibited from protecting themselves from HIV.

Cultural norms that define masculinity often result in prejudice and discrimination against men who have sex with men. Homophobia and stigma have prevented many men from admitting that they are at risk of contracting HIV from sex with other men. Societies that repress and deny sex between men inhibit open discussion about sexuality, thereby thwarting HIV prevention efforts.

WHY WE SHOULD CARE

HETEROSEXUALS

Heterosexual contact is responsible for a growing proportion of AIDS cases worldwide. Rate increases are greater among women because sexual transmission of HIV occurs more easily from men to women than from women to men. A woman faces a higher risk of acquiring HIV because of fragility of vaginal tissue and because her partner may engage in high-risk behaviors. As of 2000, 47% of adult AIDS cases worldwide were among women.

WHO estimates that over 80% of adult HIV infections worldwide are due to sexual contact between men and women.

North America: In the US, 11% of all people reported with AIDS contracted HIV through heterosexual contact.

Sub-Saharan Africa: 90% of AIDS cases in the region are due to heterosexual contact, and women represent 50% of cases. One study in Rwanda found that 45% of women contracted HIV from their husbands.

Central and Latin America: 72.8% of all AIDS cases in Central America are due to heterosexual contact. Unprotected sex between men and women is responsible for 80% of HIV infections in Honduras.

Effective prevention programs address cultural differences and work to reduce risk through open discussions about negotiation, condom use skills, and health care access. The practice of including both men and women in education and prevention outreach helps to improve communication between partners and to promote gender equality. Group discussions and role-playing exercises are effective strategies to help build and practice new life skills.



Young boys in Campinas, Brazil.
Photo: Armando Waak, PAHO

MEN WHO HAVE SEX WITH MEN (MSM)

Cultural stereotypes of masculinity and homophobia may lead to denial of male-male sex by societies and individuals. When men who have sex with men (MSM) do not identify themselves as gay or bisexual, they may engage in unprotected sexual activity with both men and women, thereby increasing the chance that HIV will pass between homosexual and heterosexual populations.

North America: Male-male sex remains the biggest single cause of new HIV infections in the US and for 46% of all AIDS cases in the US.

Central and Latin America: 35.1% of the total AIDS cases in Mexico, 42.3% in the Andean Region, and 28.7% in Brazil were transmitted through male-male relations.

Some successful outreach and HIV prevention strategies for adult and young MSM in Asia and the US are centered around creating "safe spaces" where men have an opportunity to socialize and to access services openly as MSM. Because of the high rate of social isolation, depression, and assault that MSM experience, safe spaces offer guidance in coping with homophobia, provide support in the areas of self-esteem and companionship, and offer access to HIV information.



Countries where women are seen as a commodity that can be bought pay a heavy price in the spread of HIV. Philippines.
Photo: Zafar, PAHO/WHO

COMMERCIAL SEX WORKERS (CSW)

The growing commercial sex industry in many countries has contributed significantly to the spread of HIV. Several factors present difficult barriers to preventing and treating HIV among commercial sex workers, including a high rate of mobility among CSW and their clients; unstable financial situations that cause CSW to move in and out of the industry; the exclusion of those with illegal immigration status from many public services; fear of arrest and deportation; and clients who demand sex without condoms.

Outreach activities and condom promotion programs for commercial sex workers increase HIV awareness. For example, contacting male CSW, their clients, and their male and female casual sex partners in bars in Thailand has been highly effective.

Thailand's 100% condom campaign for commercial sex establishments also decreased the percentage of HIV-positive CSW by 12% from 1993 to 1995. In Vietnam, female CSW in a condom promotion program indicated their desire to continue using female condoms because they felt more proactive and safe.

In New York City, HIV infection rates among clients have decreased as a result of outreach efforts to provide CSW with food, condoms, HIV/STD testing, counseling, needle exchange, and drug treatment. A program in Seattle helps street youth acquire skills for living independently without turning to commercial sex work.

North America: One CDC study of female CSW in six US cities found that 12% were HIV-positive. A study of male CSW in Atlanta found that 29.4% were HIV-positive.

Africa: In one small South African community, almost 70% of CSW were HIV-positive, according to a UNAIDS study.

Asia: Of CSW in Cambodia, Thailand, and Vietnam, 40%, 19%, and 20%, respectively, were HIV infected. In Bombay, India, 71% of CSW were HIV-positive, according to the 1998 Harvard AIDS Review.

Caribbean: 10% of female CSW in Jamaica, Haiti, and Trinidad and Tobago were HIV-positive, as reported in a joint study reported by UNAIDS in 1998.

INJECTION DRUG USERS (IDU)

HIV can be spread rapidly through the sharing and use of contaminated needles. Injection drug users (IDU) are often involved in other high-risk activities, including unprotected sex and prostitution. In addition, IDU often place non-injecting sexual partners and their children at risk for HIV.

Recent economic instability has contributed to increased drug use in Latin America, Asia, and Europe.

North America: The CDC reports that 25% of the people reported with AIDS and newly infected with HIV in the US were exposed through injection drug use.

Latin America: Injection drug use is a major source of HIV infection in Argentina (40%) and Uruguay (26%).

Asia: High HIV infection rates occur in the "Golden Triangle" region in Southern Asia where 20% of the world's

heroin supply is grown. 80.4% of all reported HIV infections in China are found within the Golden Triangle (an area bordering Laos, Myanmar, northern Thailand, northeast India, and portions of southern China). The explosion of HIV in the Golden Triangle has also increased the spread of HIV in Malaysia and Vietnam, where IDU account for 60-70% of HIV cases.



For some poor families of Northern Thailand, the only way to survive is to send daughters to work in the cities; for these young women, this often means sex work. A family in a village in Northern Thailand. Photo: G. Diez, WHO and PAHO

Eastern Europe: Up to 65% of needle and syringe exchange clients in Ukraine are HIV-positive.

Prevention programs that are effective for both youth and adult IDU include AIDS education, counseling, and access to condoms and clean injection equipment. The United Nations and the US Department of Health and Human Services report that access to clean needles and needle exchange programs effectively reduce the transmission of HIV without increasing overall injection drug use. Other effective prevention strategies include enhancing skills in decision making and problem solving.

PRISON POPULATION

Many people entering the correctional system are HIV-positive as a result of unsafe sexual activity or needle sharing. HIV may also be contracted within the prison environment. Sexual activity within prisons may occur through coercion or rape and often results in unprotected sex because of failure to use condoms. Prisoners may also continue to inject or otherwise use drugs while in jail.

North America: As of 1999, a reported 25,757 inmates in state and federal prisons in the US were known to be infected with HIV. The rate of confirmed AIDS cases in state and federal prisons was five times higher than in the total US population.

Latin America: AIDS is responsible for half of all deaths in prisons in Brazil.

Western Europe: In France, inmates are 10 times more likely to be HIV-positive than the general population.

Many prisoners are tested and treated for the first time in prison. However, monitoring and encouraging a prisoner to adhere to treatment regimens remain a challenge in many prisons. UNAIDS reports that some HIV prison prevention programs distribute condoms and sterilized needles for inmates who inject drugs. However, such programs are often controversial, and many may be opposed to them.

TALKING TO YOUTH ABOUT HIV/AIDS

Young people need information, skills, and support to protect themselves from HIV. Positive communication about sexuality and risky behaviors can have a profound influence in helping young people to establish individual values and in making healthy decisions.

CONVERSATION STARTERS

Talking to youth about HIV/AIDS can often be difficult and uncomfortable because it requires talking about issues such as sex and drugs. To start a discussion, it may be helpful to try these strategies:

- Ask what the young people are learning about HIV/AIDS in health, science and other classes.
- Start a conversation about choices and consequences. Point out that every choice has consequences and that young people control and are responsible for their decisions. Begin by looking at choices such as watching television versus doing homework and discuss the positive and negative consequences for each decision. Move into more complicated choices, such as abstaining from or engaging in sexual activity.
- Reassure young people that starting a discussion about HIV/AIDS does not mean you assume that they are having sex or using drugs.
- Look to newspapers, magazines, radio and television for references to HIV/AIDS and ask what they think about it.
- Films, videos and local events such as AIDS walks or fairs can serve as important conversation starters.
- Provide resources such as a toll-free number in case there is a question you can't answer or a youth doesn't feel comfortable discussing these issues with you. (See page 38 for suggested hotlines.)



Costa Rican Youth. Photo: Armando Waak, PAHO

- Many different types of people are living with HIV/AIDS today—male and female, rich and poor, and people of all races.
- You can't get AIDS from a person who is sitting next to you at school or on the bus. You will not get AIDS from hugging or cheek-kissing someone with AIDS.
- You can play with a friend who has AIDS just as you can with a friend who doesn't have AIDS.
- HIV/AIDS is not spread by eating at the same table, using the same water fountains, shaking hands, or swimming with someone with HIV.
- You can't tell by looking at someone if he or she is infected with HIV.
- Treat people living with HIV/AIDS with respect.

To young adults:

- AIDS stands for Acquired Immunodeficiency Syndrome. It is a serious and fatal disease of the human immune system that is caused by a virus called Human Immunodeficiency Virus (HIV). A person will not develop AIDS unless he or she has first been infected with HIV.

- HIV can be spread through oral, anal, or vaginal sexual activity.

The sexual transmission can be from male to female, male to male, female to male, or female to female. HIV may be in an infected person's blood, semen, vaginal secretions, or breast milk. It can enter the body through cuts or sores on tissue in the vagina, penis, or rectum, and sometimes the mouth. The cuts may be so small that you don't know they're there.

- You can become infected with HIV from even one instance of unprotected sex. While complete abstinence is the surest way to prevent the sexual transmission of HIV, protecting yourself with a latex condom or barrier at every sexual encounter is very important.
- Most birth control methods like the "Pill" or diaphragms do not protect you from HIV.
- Whether you inject drugs or steroids or use needles for tattoos or body piercing, sharing needles places you at risk for becoming infected with HIV.
- Doing drugs of any kind, including alcohol or inhalants, can cloud your judgment. You could become less careful about having sex or injecting drugs—behaviors that place you at risk for HIV.

IDEAS FOR WHAT TO SAY...

To children:

- AIDS is a very serious disease caused by a virus. There is no cure for AIDS.
- The virus that causes AIDS can be spread by getting infected blood into your blood. Don't mix your blood with anyone else's to become "blood brothers or sisters."
- You cannot get AIDS from a mosquito or any other insect. The virus that causes AIDS can't live inside bugs.

MYTH VERSUS REALITY

MYTH: HIV or AIDS can be cured.

REALITY: To date, there is no cure for HIV or AIDS and there are no vaccines to prevent HIV infection.

MYTH: HIV/AIDS is a gay disease.

REALITY: Anyone can be susceptible to HIV/AIDS, regardless of their sexual orientation. Everyone is at risk of getting HIV from blood-to-blood contact, sharing needles or unsafe sex. Worldwide, HIV is spread most often through heterosexual contact.

MYTH: You can get HIV from breathing the air around an HIV-infected person or from hugging or holding hands with an HIV-infected person.

REALITY: HIV cannot be transmitted through...

- toilet seats or door-knob handles.
- touching, hugging, holding hands, or cheek kissing with an HIV-infected person.
- sharing eating utensils with an HIV-infected person.
- mosquito bites.

HIV is transmitted through contact with an HIV-positive person's infected body fluids, such as semen, pre-ejaculate fluid, vaginal fluids, blood, or breast milk. HIV can also be transmitted through needles contaminated with HIV-infected blood, including needles used for injecting drugs, tattooing or body piercing.

MYTH: I can get HIV by sharing exercise equipment or playing sports with an HIV-positive person.

REALITY: Contact with sweat or tears has never been shown to result in transmission of HIV.

MYTH: You can get HIV by kissing an HIV-infected person.

REALITY: Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the theoretical potential for contact with blood during "French" or open-mouthed kissing, the CDC recommends against engaging in this activity with an infected person. However, no cases of AIDS have been attributed to any kind of kissing.

MYTH: You cannot get HIV if you are using birth control methods like diaphragms, cervical caps, sponges, spermicides, DepoProvera, Norplant, or the Pill.

REALITY: These birth control methods do not prevent the transmission of sexually transmitted diseases (STD) such as HIV. They only aim to prevent pregnancy. The surest way to prevent both pregnancy and an STD infection is through abstinence. One way people who are sexually active may

prevent pregnancy and STD infection is to use a condom *in combination with* another form of birth control, such as a diaphragm, cervical cap, sponge, spermicide, DepoProvera, Norplant, or the Pill. Birth control products containing the spermicide nonoxynol-9 (found in most contraceptive creams, gels, suppositories, foams, films and sponges) help to prevent pregnancy but may increase the risk of HIV.

MYTH: I can't have more than one sexually transmitted disease (STD) at a time.

REALITY: A person can be infected with more than one STD. A person with an untreated STD may also be 6-10 times more likely to pass on or acquire HIV during sex. Risk for infection increases 10 to 300-fold in the presence of a genital ulcer, such as occurs in syphilis or genital herpes.

MYTH: There is no such thing as safer sex.

REALITY: Safer sex is sexual activity without penetration, or sex with a latex condom or a latex barrier (in the case of oral sex). Although safer sex can substantially reduce the sexual transmission of an STD like HIV, sexual abstinence is the surest way to prevent the sexual transmission of an STD, including HIV.

MYTH: Since I only have oral sex, I'm not at risk for HIV/AIDS.

REALITY: You can get HIV by having oral sex with a man or a woman. That is why it is important to use a latex barrier during oral, vaginal, or anal sex.

MYTH: I would know if a loved one or I had HIV.

REALITY: A person with HIV may not show any symptoms for up to 10 years. Since HIV affects each person differently, many people with HIV can look and feel healthy for years. The only sure way to know is to get tested.

MYTH: Getting tested for HIV is pointless.

REALITY: Knowing if you are HIV-positive will allow you to seek early treatment that can help you stay healthy longer and enable you not to pass on the virus to someone else. Regardless of your HIV status, you can learn how to prevent future infection from HIV or other STDs through counseling offered at many HIV testing centers.

MYTH: When you're on HIV therapy you can't transmit the virus to anyone else.

REALITY: Antiretroviral drugs don't keep you from passing the virus to others. Therapy can keep the viral load down to undetectable levels, but HIV is still present in the body and can still be transmitted to others.

PREVENTING HIV INFECTION

The goal of HIV prevention is to help people learn how to eliminate or reduce their risk of becoming infected with HIV or of transmitting HIV to others.

PREVENTING THE SEXUAL TRANSMISSION OF HIV

- Abstinence from sexual relations is the surest way to prevent the sexual spread of STDs like HIV.
- Get tested and share your STD status with your partner before having sex. Then practice safer sex techniques to prevent infection.
- Use a new latex barrier (a male condom, female condom, or dental dam) at each vaginal, anal, or oral sex encounter.
- Use a water-based lubricant with condoms. Do not use baby oil or other oil-based lubricants such as Vaseline. These may cause holes to form in the condom, causing it to break.
- Products containing the spermicide nonoxonyl-9 (found in most contraceptive creams, gels, suppositories, foams, films and sponges) help to prevent pregnancy but may increase the risk of HIV.
- Never share sex toys.
- Engaging in a committed, monogamous relationship with a person who is free from HIV or any other STD is safer if you both mutually agree to refrain from any high-risk behaviors.
- Be aware of cultural and social norms that may weaken your ability to negotiate with sex partners for safer sex.

PREVENTING THE TRANSMISSION OF HIV THROUGH NEEDLE AND BLOOD CONTACT

- Always use new sterile equipment and supplies. Don't share or reuse any piercing, tattooing, or injection needles.
- Using needles cleaned with bleach or that have been heated is not as safe as using new, sterile needles.
- Don't share drug supplies. Make sure cotton, water, and the drug itself are not contaminated.
- If you are an injection drug user, seek treatment as soon as possible for your substance abuse.

- Don't share toothbrushes, floss, or razors.
- If you are HIV-positive, don't donate blood, plasma or organs.
- Try not to come in contact with other people's blood.

PREVENTING THE TRANSMISSION OF HIV FROM MOTHER TO CHILD

- Get tested and seek treatment for HIV before becoming pregnant or as early as possible during the pregnancy.
- Take zidovudine (AZT or ZDV) or nevirapine during pregnancy and labor to reduce the chance of transmission to your baby.
- If you are HIV-positive, use baby formulas if they are available, since HIV can be transmitted through breast milk.
- Delivery by Cesarean section can reduce HIV transmission from a mother to her baby.

DID YOU KNOW?

Activities such as...

- Body piercing
- Tattooing
- Sharing razor blades
- Using performance enhancing injection drugs (i.e., steroids)

may increase your risk for contracting HIV if contaminated equipment is used. Reusing needles and razors introduces the potential for blood-to-blood contact.

HIV COUNSELING AND TESTING

WHAT YOU SHOULD KNOW ABOUT HIV COUNSELING AND TESTING

If you have engaged in any behavior that can transmit HIV, such as the ones detailed in this booklet, it is very important that you seek counseling and testing for HIV. Knowing your HIV status is the first step to seeking medical attention and gaining access to effective treatment that can prolong your life and delay the onset of AIDS.

WHY SHOULD I BE TESTED FOR HIV?

First, if you know you are HIV-infected, you can have the benefits of treatment well before symptoms emerge. The earlier the start of treatment, the greater the delay in the onset of the serious complications associated with HIV or AIDS. Second, being aware of your HIV status enables you to take the necessary precautions to prevent spreading HIV to others.

WHO SHOULD BE TESTED?

Testing and counseling is recommended for the following people:

- Those who consider themselves at risk for HIV infection
- Persons who have had multiple partners or have had unprotected anal, oral or vaginal sex
- Pregnant women and women who plan to become pregnant
- Partners of injection drug users (either spouses, sex partners, or needle-sharing partners)
- People who have sexually-transmitted infections or who have been sexually abused
- Tuberculosis and hepatitis B and C patients
- Patients who received transfusions of blood or blood components between early 1978 and mid-1985

The US government has mandated HIV screening for people in these groups:

- Immigrants entering the US and inmates of Federal prisons.

WHERE CAN I GET TESTED FOR HIV?

Many places offer HIV testing, including local health departments, private doctors' offices, university health services, hospitals, family planning or sexually-transmitted infection clinics, drug treatment facilities, and sites specifically for HIV testing. Choose a place that provides counseling about the meaning of the test results, advice on how to protect yourself and others, and referrals to the AIDS-

related resources in your area. See the Resources section of this book (pages 38-44) to locate help in your area.

HOW LONG DOES IT TAKE TO GET TEST RESULTS AND ARE THESE RESULTS ACCURATE?

Results are usually available within several days to several weeks depending on the testing site. Test results are more than 99.9% accurate.

WHAT DO THE TEST RESULTS MEAN?

A positive result

A positive result means antibodies to HIV were found in your blood. This means you have been infected with HIV and are HIV-positive. The onset of AIDS varies from person to person, but may take up to 10 years. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions.

A negative result

This means that no HIV antibodies were found in your blood. However, there is still a possibility of being infected, since it can take up to 6 months for your immune system to produce enough antibodies to show infection in a blood test. To be sure, you must be retested at least 6 months after you last engaged in behavior that can transmit HIV.

IF I TEST NEGATIVE, DOES THAT MEAN THAT MY PARTNER IS ALSO NEGATIVE?

Your negative test result does not indicate your partner's HIV status. Infection with HIV may not occur every time there is an exposure; therefore, it is vital that your partner also be tested.

REMEMBER...

Testing should never be used in place of protecting yourself from infection.
Always protect yourself when engaging in behavior that could put you at risk for HIV infection.

CONFIDENTIALITY AND HIV TESTING

Most counseling and testing centers follow one of two very different policies regarding the confidentiality of your test results:

Confidential HIV testing involves recording the name of the person who tests positive and reporting confidentially those names to public health authorities. Confidential testing is available in all states. Confidentiality laws and regulations protect against disclosure of the information. You should ask who will know your result and how it will be stored.

In most cases, laboratory staff and, in some states, state health department personnel will have access to test results. If you have an HIV antibody test done confidentially, you can sign a release form to have your test result sent to your doctor. If the results do become a part of your medical record, then the results can be seen by health care workers, insurers or employers. A person's HIV status may also become known if he or she makes a health insurance claim or applies for life or disability insurance.

Anonymous HIV testing is not available in all states. Anonymous HIV testing means that no name is provided to the particular testing center. Instead of a name, the person is allocated a unique identifier code. This means that you are the only one who can tell anyone else your result.

Another form of testing available to the public is the **home collection kit**. These kits can be purchased over the counter at most drug stores. The only home test approved by the Food and Drug Administration is the *Home Access* test. The testing procedure involves pricking your finger, placing drops of blood on a specially treated card, then mailing the card in for testing at a licensed laboratory. Customers are given an identification number to use when phoning for the test results. Callers may also speak to a counselor before taking the test, while waiting for the test result, and when getting the result.

WHAT SHOULD I DO IF I TEST POSITIVE FOR HIV?

Testing positive for HIV changes your life dramatically. Early medical attention and treatment can be the first step to a longer life and delaying the onset of AIDS. Leading a healthy lifestyle can help prevent life-threatening conditions.

- Practice safer sex with partners and don't share needles.
- See a doctor, even if you don't feel sick. Monitoring and appropriate medical action are the ways to slow the growth of HIV and delay the onset of AIDS.

- Seek counseling to help deal with the consequences of your result. Meeting with other HIV-infected people by joining a support group can help to build confidence in your ability to lead a healthy and fulfilling life.
- Take a tuberculosis and hepatitis C test. You could become seriously ill if you allow these conditions to go undetected.
- Stop smoking, drinking too much alcohol, and using drugs. These substances can weaken your immune system and allow the virus to duplicate more rapidly.

TESTING FOR YOUTH

All 50 states and the District of Columbia allow minors to receive testing for STDs without the consent of an adult. However, some states categorize HIV separately from STDs and may require minors to have the consent of a guardian to receive testing and treatment for HIV. Also, some states require that treatments for STDs and HIV be reported. It is advised that you contact your local public health authority for your state's specific policies on testing and treating youth for HIV.

COUNSELING FOR YOUTH

Peer counseling is an effective approach to HIV/AIDS education. Since the social and cultural issues that teenagers face may differ from the experiences of adults, young people may be more receptive to receiving information about HIV/AIDS from peers.

SCHOOLS AND YOUTH HIV STATUS

Students, parents and guardians are not obligated to report HIV status to schools. The decision to disclose a student's HIV status to schools is personal and often based on the age of the minor. If the family chooses to inform school authorities, the child's right to privacy must be assured.

TREATING HIV/AIDS

TREATMENT INFORMATION

Although advances have been made in treatments for HIV/AIDS, that does not mean AIDS is a manageable disease. **There is no cure.**

HIV/AIDS drugs can only prolong the onset of AIDS, not prevent it. The antiretroviral therapies that are available can be challenging to maintain, since many of the drugs have strict requirements that must be followed carefully to be effective. In addition, some drugs may cause negative side-effects.

VIRAL LOAD TESTS

Physicians use viral load testing to monitor the progress of HIV levels in the blood and to help decide if or when to change medications.

The goal of treatment is to keep the blood level of HIV at an undetectable level. However, an undetectable level does not mean that someone is no longer infected with HIV. HIV still remains in the body.

DRUG COMBINATION THERAPY

What it can do

- HAART (highly active antiretroviral therapy) is a combination of several drugs taken to decrease the amount of HIV in a person's blood.
- Antiretroviral drugs can increase the number of years between contracting HIV and developing AIDS, even though they are not able to prevent the onset of AIDS.
- Antiretroviral drugs can also make an HIV-positive person feel healthier.

What it cannot do

- No drug has been discovered that cures HIV/AIDS.
- Current drug therapies do not prevent the transmission of HIV. Even if an HIV-positive person feels free of HIV, he/she should still engage in healthy behaviors, such as the use of condoms and clean needles, to prevent transmitting the disease.
- In some cases, drug therapies for HIV will not always make a person feel better. An HIV-infected person might experience side-effects, such as nausea, headaches, weakness and diarrhea, while on the drug treatment.

Importance of adhering to drug therapy routines

Even though drug therapies can be inconvenient (many pills must be taken at precise times throughout the day), it is crucial to stick to the drug regimen. Skipping a dose of the drugs may enable HIV to mutate into a drug-resistant strain, resulting in a worsening of the disease.

OPPORTUNISTIC INFECTIONS

Opportunistic infections are conditions that often affect people with compromised immune systems but that are usually fought off by normal immune systems.

Tuberculosis (TB) is the most common cause of death for people with HIV/AIDS throughout the world. A skin test or a chest X-ray help to identify TB in the body. TB infection may develop into active TB disease, whose symptoms include severe coughing, fever, fatigue and weight loss. TB drugs are available but must be taken routinely to prevent drug-resistant strains.

Hepatitis C Virus (HCV) is transmitted through the same means as HIV, especially through injection drug use. Therefore, many HIV-positive people are also infected with HCV. HIV accelerates the progression of this liver-damaging virus.

Anal and cervical cancers, which may be caused by the human papillomavirus (HPV), progress at a greater rate in HIV-positive people. It is imperative that HIV-positive people are examined frequently for these cancers.

WAYS TO PREVENT OPPORTUNISTIC INFECTIONS

Keeping track of the CD4 level in an HIV-positive person's blood helps determine whether or not to start certain prophylaxes (preventive medications) for diseases. Although HAART reduces the rate of opportunistic infections, it is still important for HIV-positive people to use prevention techniques when infection is possible.

Although HIV/AIDS drug therapy is very demanding and can be inconvenient, it is vital that the drugs be taken exactly as ordered, with precise dosages taken at specific times throughout the day. Failure to do so can cause the HIV virus to mutate and the disease to worsen.

THE LAW AND HIV/AIDS

HIV raises many legal, financial, and health insurance-related questions for both HIV-positive individuals and their employers. Laws differ in each state. It is important that you consult an attorney in your state or get advice from your local or state AIDS organization. (See Resources section at the back of this book.)

HEALTH INSURANCE

If your employer offers health insurance to all employees, you will qualify regardless of your HIV status. However, most health insurance policies have a pre-existing condition exclusion for the first 12 months of coverage.

PRE-EXISTING CONDITIONS AND PORTABILITY

If you were HIV-positive before your employment began, you must have “insurance portability” to use your benefits right away for HIV-related treatment. The Health Insurance Portability and Accountability Act (HIPPA) covers this policy.

- You qualify for portability if you had health insurance for at least 12 continuous months before your new employer’s policy took effect and if there was no gap in coverage of over 63 days between your old and new policies.
- With portability, your new insurance must cover your pre-existing condition expense.

COBRA PROTECTION

If you must leave your job for any reason, and if your company has more than 20 employees, the federal law COBRA allows you to keep your health insurance for 18 months after your job ends. This time period is longer if you become disabled.

- If you don’t qualify for full portability, keep your COBRA insurance until the new insurance will start paying for pre-existing conditions.
- Some state programs will help cover the cost of your COBRA payments.

FAMILY MEDICAL LEAVE ACT

If you become ill, you are entitled to 12 weeks of protected, unpaid leave under the Family Medical Leave Act (FMLA), provided you have worked for 12 months (and 1250 hours).

- The Family Medical Leave Act applies to employers with more than 50 employees. FMLA leave need not be taken at once and can be used as intermittent days once your sick days are exhausted.

DISCRIMINATION IN EMPLOYMENT—AMERICANS WITH DISABILITIES ACT

Under the Americans With Disabilities Act (ADA), an employer cannot discriminate against an HIV-positive employee. Also under this act and under applicable state laws, your prospective employer cannot ask if you are HIV-positive and cannot disclose your HIV status.

- Your employer can ask only if you are taking medications that affect your ability to perform the job. Taking HIV medications generally does not interfere and therefore need not be disclosed.
- Once a job offer is made, an employer can request a complete physical, drug test or even an HIV test *only* if it is required of all employees; you cannot be singled out. If you are taking HIV medications, check with your doctor because some medications cause a positive drug reaction on a urine test.
- It is illegal under ADA to refuse to hire a person because of his/her HIV status or because of fear of absenteeism, higher insurance costs or the need for accommodations.

Once hired, if the employee requests, an employer must provide “reasonable accommodation” to assist the HIV-positive employee on performing his or her job.

- A reasonable accommodation is any modification in the work schedule that will enable the employee to perform the essential functions of the job, as long as it does not cause undue burden on the employer. An employee may request a reasonable accommodation if medically necessary.
- Accommodations could include time off for doctor visits, later mornings due to medication schedules, shortened work days or even work-at-home days if medically necessary.

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

ADAP is administered by all 50 states; Washington, DC; Puerto Rico; the Virgin Islands; and Guam. It provides medications to HIV-positive individuals who have limited or no coverage from private insurance or Medicaid. For more detailed information on ADAP, go to the ADAP website at www.hab.hrsa.gov:80/getting.html

For more information on all of these federal programs, call the US Department of Health and Human Services Press Office at (202) 690-6343 or visit their website at www.dhhs.gov; or visit the Gay Men’s Health Crisis website at www.gmhc.org

FAITH COMMUNITIES AND HIV/AIDS

American faith communities have made major contributions to the US response to the HIV/AIDS pandemic, with programs organized by at least 5,000 formal and informal faith-based HIV/AIDS organizations. Their actions are creating new models for cooperation among diverse groups, including the forging of new partnerships among religious, secular, and philanthropic organizations. Faith groups are playing critical roles in HIV/AIDS prevention, education and support.

Increasingly, more faith communities are speaking out and embracing AIDS issues. However, some are still silent about the pandemic or paralyzed by the issues that AIDS presents.

WHAT IS A FAITH COMMUNITY?

According to the Council of Religious AIDS Networks, the term “communities of faith” is defined broadly to encompass groups organized around any set of beliefs or practices that involve a belief in a higher power or order, a larger organizing principle for life and the universe, or a system or code that links our values and actions to the idea that there is reason and purpose to our existence on Earth.

Faith-based responses to AIDS take diverse forms and exist at all levels. Some involve single denominations or communities, while others are interfaith programs. Many programs were originated in individual congregations and have evolved into separate agencies, incorporating multiple groups.

Faith-based programs provide members with a way to express their faith and give of their energy and talents. Interfaith programs provide opportunities to link personal values to those of others.

(See *An Interfaith Declaration* on the next page.)

LOCAL FAITH COMMUNITIES RESPOND

Most faith-based services at the community level focus on primary care or support services. Some congregations have included HIV prevention and education programs.

There are numerous examples of highly successful community-level services organized and funded by faith communities or interfaith coalitions. Ministries include meal services, food banks, pastoral care/counseling, shelters for homeless HIV-positive women and their children, drop-in day care centers, hospices, housing, support services, training of care providers, support groups, and substance abuse and AIDS education programs.

NATIONAL RESPONSES

In the spirit of social justice, many faith-based organizations have established national networks to coordinate AIDS services among their members.

Following are some examples of national faith-based responses to the HIV/AIDS pandemic in the United States:

- The Balm in Gilead is endorsed by the seven historic African-American denominations. It provides leadership for the black church's response to HIV/AIDS in the US.
- The National Catholic AIDS Network hosts an annual national Catholic HIV/AIDS Ministry Conference and has developed an HIV/AIDS resource entitled *Many Threads, One Weave*.
- Dignity/USA is an organization of gay, lesbian, bisexual and transgendered Catholics and their families and friends. Through its chapters, they assist those living with HIV/AIDS in their spiritual and social needs.
- The Joint Committee on AIDS of the Union of American Hebrew Congregations and the Central Conference of American Rabbis produced the video, *Jewish Responses to AIDS*.
- The National Episcopal AIDS Coalition distributed a federal report on AIDS to 100,000 parishes, diocese and schools. They designed HIV/AIDS prevention materials through their “Teens for AIDS” peer education program.
- The Buddhist AIDS project provides free information and referrals to local, national and international HIV/AIDS resources, complementary/alternative medicine services, and information on Buddhist practices. Their affiliate, Buddhist Peace Fellowship, serves anyone living with HIV/AIDS.
- United Church of Christ has written a full curriculum on HIV/AIDS prevention, graded for all age levels, from preschool through senior citizens. It is entitled *Affirming Ourselves, Saving Lives*.
- The Universal Fellowship of Metropolitan Community Churches HIV/AIDS Ministry Program focuses on issues such as HIV education, care, prevention and public policy issues.

For more information on faith-based responses to HIV/AIDS, contact The Council of Religious AIDS Networks at www.aidsfaith.com

AN INTERFAITH DECLARATION

To develop an appropriate response to HIV/AIDS from the faith community, the Council of Religious AIDS Networks, an inter-religious coalition, was established.

The Council of Religious AIDS Networks works to raise the awareness of the American people and the US government about the urgent need for a comprehensive and inclusive response to the HIV/AIDS pandemic. They call for full and accurate HIV prevention programs, access to services by all those infected, and fair enforcement of policies on non-discrimination and fairness.

The Council developed the following "Council Call" for the 21st century.

All faith traditions are called upon to continue their ministries of caring and support, and to continue to speak out whenever...

- those who need prevention resources are left at risk
- those who need medication and treatment remain excluded
- those who are dying do so without comfort
- those affected by the pandemic feel they must suffer in silence
- any individual is persecuted or isolated
- the resources of the United States government are not directed to HIV/AIDS programs and solutions that are inclusive, non-coercive and based on the best available science

As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic:

1. **WE ARE CALLED TO LOVE:** God does not punish with sickness or disease but is present together with us as the source of our strength, courage and hope. The God of our understanding is, in fact, greater than AIDS.
2. **WE ARE CALLED TO COMPASSIONATE CARE:** We must assure that all who are affected by the pandemic [regardless of religion, race, class, age, nationality, physical ability, gender or sexual orientation] will have access to compassionate, non-judgmental care, respect, support and assistance.
3. **WE ARE CALLED TO WITNESS AND DO JUSTICE:** We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS and other disabilities. We further commit to speak publicly about AIDS prevention and compassion for all people.
4. **WE PROMOTE PREVENTION:** Within the context of our respective faiths, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention. We vow to develop comprehensive AIDS prevention programs for our youth and adults.
5. **WE ACKNOWLEDGE THAT WE ARE A GLOBAL COMMUNITY:** While the scourge of AIDS is devastating to the United States, it is much greater in magnitude in other parts of the world community. We recognize our responsibility to encourage AIDS education and prevention policies, especially in the global religious programs we support.
6. **WE DEPLORE THE SINS OF INTOLERANCE AND BIGOTRY:** AIDS is not a 'gay' disease. It affects men, women and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected, and become preoccupied with issues of sexuality, worthiness, class status, or chemical dependency.
7. **WE CHALLENGE OUR SOCIETY:** Because economic disparity and poverty are major contributing factors in the AIDS pandemic and barriers to prevention and treatment, we call upon all sectors of society to seek ways of eliminating poverty in a commitment to a future of hope and security.
8. **WE ARE COMMITTED TO ACTION:** We will seek ways, individually and within our faith communities, to respond to the needs around us.

PUTTING RESEARCH TO WORK

Research into human behavior has proven that culturally relevant interventions based on behavioral theories can work to change the behaviors, attitudes and beliefs not only of individuals but also of communities and whole societies. Behavioral research in the field of HIV/AIDS is based on evidence that strategies addressing behavior and policies effectively reduce the spread of AIDS. The Center for Mental Health Research on AIDS at the National Institute of Mental Health supports research into HIV/AIDS prevention. They can be contacted at <http://www.nimh.nih.gov/oa/index.htm>. This center focuses on a broad range of interventions addressing the following groups:

- **Individuals:** Interventions designed to influence individuals often address a person's knowledge, attitudes and beliefs about a disease, including a disease's severity and his or her susceptibility to that disease.
- **Small Groups:** Interventions designed to influence small groups may focus on group behaviors, since HIV risk behaviors often occur in group settings.
- **Organizations:** Interventions designed to influence organizations focus on the idea that a person's immediate environment, such as school, prison or the workplace, largely influences his or her decision making.
- **Communities:** Interventions designed to influence communities attempt to change existing social norms by encouraging the community to accept and expect healthy behaviors and attitudes.
- **Societal/Policy:** Interventions designed to influence societies focus on promoting wellness in the society by implementing effective public policies.

The following chart details interventions that researchers have found to be effective in changing behaviors among various populations:

Level of Intervention	Examples of Intended Outcomes	Strategies/Methods	Populations with whom the Interventions were Effective
Individual	Increase knowledge regarding vulnerability to AIDS Gain more positive attitudes towards safer sex, condom use, and abstinence Develop stress and coping skills Increase abstinence from sexual activity and consistent condom use Decrease the number of partners and the number of sexual encounters	Question and answer sessions Distribution of information brochures Peer-led small and large group discussions	Heterosexual Adolescents; Heterosexual African American Adolescents; Runaway Adolescents; Heterosexual African American Women; Heterosexual Mentally Ill Adults; Homeless Adults; Heterosexual Injection Drug Users
	Decrease needle risk behavior	Demonstrations of correct condom use; HIV testing and risk-reduction counseling Increased access to healthcare	
Small Group	Overcome social and cultural pressures to engage in risk behaviors Increase acceptance of condom use and consistent condom use Increase negotiation, management and communication skills Address gender roles Encourage self-pride, personal responsibility and the importance of protecting loved ones	Interactive group sessions and role playing HIV testing of couples	Heterosexual Hispanic Adults Heterosexual Couples
		Discussions about the importance of condoms in primary and non-primary relationships	
Organization	Create an environment conducive to reducing HIV-risk behavior and needle sharing	Condom distribution; Compulsory testing; Methadone treatment Needle exchange programs	Prison populations
	Increase employee knowledge and awareness about HIV/AIDS and HIV-related issues; Foster a respectful, non-discriminatory workplace	Seminar presentations on HIV/AIDS	Employees in the workplace
Community	Address and change community norms Increase condom use across the population Address perceptions of risk behaviors and safer sexual activity	Publicity and media campaigns Widespread social marketing of condoms Distribution of educational materials in community; Risk-reduction workshops;	San Francisco Zaire and Switzerland
	Mobilize and empower community members	Community social events	Young men who have sex with men
Societal/Policy	Attain uncontaminated supply of blood Decrease needle sharing	Create policy to screen blood supplies Change state law to allow sales of non-prescription syringes in pharmacies	United States Connecticut
	Create more educational and economic opportunities to reduce the disparity between genders and social classes	Provide loans to women to establish small businesses	India

PLANNING FOR WORLD AIDS DAY

World AIDS Day is an opportunity to bring together existing HIV/AIDS projects and programs and to encourage the creation of new HIV/AIDS awareness and prevention programs. The goal is to motivate individuals, communities and states to become involved in the issues surrounding HIV/AIDS. World AIDS Day can be observed in many ways. To help coordinate events in your community, refer to the following checklist.

- 1 **RESEARCH HIV/AIDS STATISTICS.** Check with your state health department for HIV/AIDS statistics in your area to determine how HIV/AIDS affects you and your community. (See "State & Territorial Contacts," p. 43-44.)
- 2 **DEVELOP PARTNERSHIPS.** Establish or join into partnerships with individuals and organizations interested in planning World AIDS Day activities in your community. These might include Red Cross chapters, AIDS advocacy groups, places of worship, schools, libraries, civic associations, hospitals, clinics, or youth groups. Call your local and state health and education departments for leads.
- 3 **TARGET AN AUDIENCE.** Define your goals and decide which audiences you want to reach (for example, youth, families, elected officials, specific demographic groups, members of a particular faith community).
- 4 **SELECT AN ACTIVITY.** Choose an activity or program that will appeal to your target audience and one that will achieve your objectives. (See "Innovative World AIDS Day Activities," p. 32-33, and "Motivate & Educate," p. 34-36 for ideas.)
- 5 **CREATE A PLANNING CHECKLIST.** Create a timeline so you will remain organized and will not miss deadlines. Delegate specific activities and responsibilities when possible. Make a schedule, establish a budget, identify organizations who will help you or co-sponsor with you. Choose a location, estimate the number who will attend, plan and prepare materials you will distribute, and plan advertising strategies.
- 6 **SEEK FUNDING.** To secure the necessary funds and resources, establish partnerships to share expenses, plan fundraising events or seek grants to fund your project. (See "Tips for Fundraising" and "Grants," p. 27.)
- 7 **INVITE PARTICIPATION.** Invite members of your community, especially those groups you have targeted. Also consider inviting a wider audience to promote awareness of HIV/AIDS issues. Often, invitations themselves help raise awareness or encourage others to become involved. (See "Media Outreach Guide," p. 28-29.)
- 8 **PUBLICIZE YOUR EVENT.** Use the media to get the word out. Follow up with phone calls to targeted groups. (See "Media Outreach Guide," p. 28-29, "Sample Press Release" and "Public Service Announcement," p. 30.)
- 9 **NOTIFY THE MEDIA.** Getting your messages out through television, radio, and newspaper is a highly effective way of reaching your target audience. (See "Media Outreach Guide," "Media Advisory Outline," "Sample Press Release," etc. p. 28-31.)
- 10 **EVALUATE YOUR ACTIVITY.** Evaluate your activity during the planning stages as well as after the event so that next year you can remember how to improve the process. Use this planning checklist to evaluate how well you met your objectives. On the day of your activity, ask participants to fill out a short, anonymous evaluation form.

PLEASE HELP US HELP OTHERS! *We want to know how many people we reach with this Resource Booklet. You can help us by filling out our "Event Follow-Up Report" (page 45), so that we can track the effectiveness and reach of our efforts to promote HIV/AIDS awareness through the publication of this resource booklet and accompanying poster.*

TIPS FOR FUNDRAISING

A fundraising campaign involves making an appeal for donations to support a cause or fund an event. It can be accomplished through personal requests, telephone appeals or letters requesting donations.

- Ask for money. Saying things such as “We would value your support” does not convey your needs directly enough. State clearly what you want (the dollar amount, for example) in the letter or the phone call.
- Collect money from donors before spending or committing to spend it, where possible, to minimize any financial risk to your organization.

Another method of raising funds is to sponsor a charity/benefit event. Such events can build visibility and issue awareness in the community. However, planning fundraising events requires more money and the assistance of more people than a simple fundraising campaign. Also, there is no guarantee that your organization will make money on the event.

- To maximize your chances of raising funds and increasing local support, choose an event that appeals to a diverse audience. The target audience may include members of your organization, prospective members, donors, the business community, other organizations and various members of the local community.
- Attempt to have as much as possible donated for the event. Be patient and don't be afraid to ask for special discounts, deals or treatments.
- Ask local businesses or other organizations to display advertising or sell tickets to your event and consider offering to publicize their names as co-sponsors.

GRANTS

A grant is a gift of money, technical assistance, or equipment from one organization to another organization or individual. The organization awarding the grant is the grantor; the person or organization receiving the grant is the grantee. The purpose of giving money is to advance the initiatives or interests of the particular grantor.

- Identify the organizations or foundations that have money available for your area of interest (in this case, HIV/AIDS). A good place to begin your search is the Foundation Center (www.fdncenter.org). There are five Foundation Center libraries and more than 200 cooperating collections throughout the US. Access to their resources and services is free, but there is a charge to purchase copies of their publications and to attend some of their training sessions.
- Write or call for guidelines. Some want only a request letter; others may want a full proposal.
- Be sure the program you are interested in developing matches the interests of the grantor.
- Look at the range of previously funded programs. For example, if the organization gives grants ranging from \$1,500 to \$5,000, be sure to stay within that range—asking for too much or too little will disqualify your application.
- Follow grant guidelines exactly as written. Be sure to address everything they ask for and stay within the stated page limits. Some grantors will provide written examples of successful applications.

- Review the mission statement of your own organization. Be sure you have a good understanding of the goals and direction of your organization before you begin looking for funding.
- Make sure your organization is eligible for the grant for which you are applying.
- Many grantors give to their local areas. If you find grantors that have a preference for your geographical area, put them at the top of your list.

Visit the following websites:

Fund-raising.com—Provides free information for non-profits. This site includes ideas on generating contributions, products for fundraising initiatives and ideas/suggestions from other visitors to this site: www.fund-raising.com

The Grantsmanship Center—Lists publications on fundraising, grant announcements, directories and information from federal and state government agencies. It also has an on-line magazine: www.tgci.com

The Foundation Center—This is a non-profit clearinghouse that helps individuals and organizations obtain funding by providing information on foundations, corporate giving, and other funding-related subjects. The on-line publications catalogue contains a list of all Foundation Center CD-ROMS and print publications. They also conduct instructional sessions on proposal writing: www.fdncenter.org

MEDIA OUTREACH GUIDE

This guide provides information on how to understand and work with the three primary mass media venues—television, radio and print.

I. UNDERSTANDING THE NEWS MEDIA

The three most important elements in a good story from the media’s point of view are action, people and substance. Match the media’s need with your message and ensure that the information is provided to them in a timely manner. In order to develop appropriate media activities and messages, ask yourself:

- What goal(s) do you want to accomplish in your World AIDS Day event?
- Who is your target population?
- What messages must be developed and conveyed to influence our target audience to make the desired changes?
- What role do you want the community to have?
- What types of media outreach would be efficient and cost effective for accomplishing the above?

II. TIPS FOR SUCCESS

- Look for ways to tie in with national World AIDS Day observances and HIV/AIDS awareness campaigns.
- Take the event on the road by co-sponsoring a series of similar events in different communities.
- Consider having a radio or TV station co-sponsor the event, which would highlight the station’s commitment to the community and generate free publicity for your event.
- Use the World AIDS Day theme to attract both media and public attention. Use it on all publicity-related materials, from invitations to media kits, buttons and banners.

Allow plenty of planning time when selecting your date and time. Select a time when your most important audiences will be available and when conflicting events are not taking place.

III. TYPES OF NEWS MEDIA

	CHARACTERISTICS	DEADLINES
Television	<ul style="list-style-type: none"> • A highly visible medium; visually portrays the importance of your message. • Graphics often used in segments. • Stories are brief (30- to 60-second segments). 	<ul style="list-style-type: none"> • Day before for breaking news (contact the assignment editor) • By 10AM for the 6PM news • 3 to 8 wks in advance for public announcements
Radio	<ul style="list-style-type: none"> • 10- to 15-second sound bytes. • Be aware of tone and firmness of voice when responding to questions. 	<ul style="list-style-type: none"> • Allow several days notice for public events
Newspaper	<ul style="list-style-type: none"> • More in-depth treatment of a subject. • May use direct quotes from press statements or news releases. 	<ul style="list-style-type: none"> • Daily AM: 2-3 PM the afternoon before • Daily PM: early AM the day of issue • Weekly issues: 3-5 days before the issue
Magazine	<ul style="list-style-type: none"> • Targets specific segments of the public. • Explains more complex health/behavior issues. 	<ul style="list-style-type: none"> • 6-8 weeks before publication goes to press

PROGRAM IN ACTION: CABLE POSITIVE’S WORLD AIDS DAY INITIATIVES

For World AIDS Day 2001, cable networks and systems across the country will deliver a message of HIV/AIDS awareness and prevention to the more than 70 million cable television households across the United States. United through Cable Positive, the cable industry’s AIDS action organization, cable networks and systems will observe World AIDS Day by airing public service announcements (PSAs) and HIV/AIDS-related programming throughout the month of December. In observance of the day, on December 1 all participating cable systems and networks will air a HIV/AIDS-related PSA at 8pm ET in what’s known as a PSA “roadblock.”

For more information on Cable Positive’s World AIDS Day activities, contact Cable Positive at 212.459.1502 or via email at info@cablepositive.org or visit us at www.cablepositive.org.

MEDIA OUTREACH GUIDE (CONT.)

IV. EVENT CALENDAR

BEFORE THE EVENT

Track your media relations

Track your media contacts (i.e., phone conversations, press releases sent) by having all contact information (name of media person, organization, time, date and topics discussed) on a simple form.

Prepare news releases

News releases should include, in 1-2 pages, the five “W’s”: WHO is involved; WHAT happened; WHEN did it happen; WHERE did it happen; WHY or HOW did it happen? The lead paragraph should answer these questions, in one or two sentences, especially since most reporters decide whether or not to read the rest of the release based on the first paragraph, and print editors tend to cut the article from the bottom up. The second or third paragraph should include a “colorful” quote reporters can use in their article. (See “Sample Press Release,” p. 30.)

Feature press releases can be 3-4 pages in length; an attention-getting headline is important.

Your news release may target specific groups, such as people of different age groups, ethnicities or genders.

Some suggestions for releases:

- a profile on an active community member—what he or she has done and why
- fund-raisers and projects that local groups organize in support of HIV/AIDS
- personal stories of people living with HIV/AIDS
- targeted prevention programs for those at high risk for infection
- an exceptional HIV education program at a local business, church or school

Prepare media kits

The “media kit” is a collection of information prepared for the media to be released on the day of the event. Examples of materials that might be included in a media kit are—

- Statistics on the prevalence of HIV/AIDS in your state, county or city.
- Information on your organization and its HIV/AIDS prevention programs.
- “Myth versus Reality” (p.17), as well as other fact

sheets and the list of HIV/AIDS hotlines from this resource book.

- Business cards so the media can contact your agency about HIV/AIDS issues.
- Brief, one-page biographies of key agency officials, event participants and/or spokespersons.
- Photographs (most newspapers prefer black and white) and camera-ready graphics, such as charts and logos.

Other planning tips

- Write an Op-Ed piece or a Letter to the Editor for your local newspaper.
- Contact the reporters who cover community events and pitch the event as a future story.
- Call community calendar reporters at area newspapers and TV, cable and radio stations, asking them to place a calendar notice.
- Two weeks in advance, hand-deliver or mail invitations.
- 2-3 days in advance, call editors and reporters and ask if they plan to attend.
- The day before the event, call the media again to politely remind them.

DAY OF THE EVENT

- Set up a media sign-in table and distribute media kits to media who attend.
- When the reporters arrive, set up interviews with the key people, and escort media to the appropriate spokesperson.
- Issue name badges to promote better communication between media and individuals.
- Assign someone from your agency to take black-and-white photos to accompany articles in newsletters and other publications.

AFTER THE EVENT

- Send a news release immediately to any reporters who were unable to attend.
- Send follow-up letters to editors of local newspapers thanking the community and informing them of your success.
- Write a follow-up article for community publications. Illustrate with photos from the event.
- Ask media members for their photos of your event.
- Send a description of your event and a copy of photos to us for possible use in our AIDS report of activities across the US. (See “Follow Up Report,” p. 45.)

MEDIA OUTREACH

SAMPLE PRESS RELEASE

A press release should appear on your organization's letterhead and include the words "Press Release" on the top as well as a contact person's name and telephone number and the release date.

[YOUR COMMUNITY] TO OBSERVE WORLD AIDS DAY

The fourteenth annual World AIDS Day will be observed around the world and in [your town] on Dec. 1, 2001. Locally, the events for World AIDS Day will take place [location, time] as coordinated by [name of your organization]. [Insert description of your organization's event or activities.]

World AIDS Day aims to increase awareness of HIV/AIDS both globally and in the US. This year's World AIDS Day theme is "I Care...Do You? Youth and AIDS in the 21st Century." A focus on youth is vital, because half of the people newly infected with HIV in the US are under age 25. This year's theme encourages all young people to become more aware of the risks of HIV/AIDS for themselves, their partners, and their children. Empowering young people to use their influence on their families, friends, and communities taps a powerful force in helping to stem the tide of the HIV/AIDS pandemic.

Because of the magnitude of the pandemic, the US has declared AIDS a national security threat. As of 2000, 36.1 million men, women, and children worldwide are estimated to be living with HIV/AIDS, and 21.8 million have died from AIDS. Approximately 1 in every 100 adults worldwide is infected with HIV. In the US alone, 800,000 - 900,000 people are now living with HIV or AIDS, and 40,000 are newly infected each year. All communities are affected by the continuing spread of AIDS. Here, in [name of community], according to [source of statistics, such as local or state health department or the CDC or UNAIDS], as of [date], [number] people have been diagnosed and reported with AIDS, [number] of which have died. [Also include other local statistics such as gender, age or ethnicity-specific data.]

World AIDS Day will link communities throughout the United States in a unified observance when the White House dims its lights on the evening of December 1. This visual demonstration will signify the commitment to fight the AIDS global epidemic and will give tribute to people living with HIV/AIDS and to those who have died from AIDS. Here in [name of community], the memorial will be observed by [description of how the activity will be carried out].

One hundred ninety-one countries around the world are observing this day to draw attention to the AIDS pandemic. In the United States, World AIDS Day is coordinated by the American Association for World Health, in conjunction with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Pan American Health Organization, and the US Department of Health and Human Services.

[Insert descriptions of other World AIDS Day activities planned for your area, as well as the organizing groups.] For additional information on these World AIDS Day activities, contact [name of contact] at [telephone number].

SAMPLE PUBLIC SERVICE ANNOUNCEMENT (PSA)

This year World AIDS Day focuses on the importance of reaching youth with vital messages about the need to protect themselves from contracting HIV/AIDS. The theme of this year's World AIDS Day is *I Care...Do You? Youth and AIDS in the 21st Century*.

HIV/AIDS is an pandemic that affects us all. An estimated 900,000 people in the United States are currently living with HIV or AIDS, and half of all new HIV infections are among young Americans under the age of 25. Every hour two more young Americans contract HIV. Why? Because too many of our young people are engaging in high-risk behaviors, such as unprotected sexual activity and sharing needles for drug injecting. 65% of our US youth are sexually active by the 12th grade, many of those with multiple partners. Around the world, more than 36 million people are estimated to be living with HIV or AIDS today, and 9 out of 10 of them DO NOT KNOW they are infected!

We all have the power—and the responsibility—to make a difference. To stop the HIV/AIDS pandemic in our community, we must work together to promote safe sex, individual responsibility and tolerance toward those infected with HIV or AIDS. We appeal to our youth and those who influence them to educate themselves on how to prevent HIV infection and to help others learn how to prevent the spread of this devastating illness.

MEDIA OUTREACH

MEDIA ADVISORY OUTLINE

A media advisory is a document sent to the media (radio, television, newspapers, websites, etc.) in advance of an event. The goal is to give adequate notice to the media outlet so that they will plan to send a reporter and/or photographer to the event. Unlike a press release, which you hope will be quoted word-for-word, you do not need to give many details in a media advisory. Instead, you give just the facts and, perhaps, a sentence or two to spark the interest of media editors, producers or reporters. (See the "Media Outreach Guide" on pages 28-29 in this resource book for advice on how to appeal to the media.)

The media advisory should appear on your organization's letterhead.

Elements of a media advisory:

DATE:

CONTACT:

[Name, address, phone of contact person at your agency]

HEADLINE: (EX., *WORLD AIDS DAY TO BE OBSERVED*)

[include a secondary headline if you like]

WHAT:

Describe your activity or program in a brief paragraph.

WHO:

Host: [Name of your organization]

Keynote Speaker: [State, city, or community leader], [Title]

Master of Ceremonies: [Name and Title]

WHEN & WHERE:

[Date and time of event]

[Location, street address, city, state, zip]

SAMPLE PROCLAMATION

WORLD AIDS DAY • DECEMBER 1, 2001

WHEREAS the global epidemic of HIV infection and AIDS requires a worldwide effort to increase communication, education and united action to stop the spread of HIV/AIDS; and,

WHEREAS the Joint United Nations Programme on HIV/AIDS (UNAIDS) observes December 1 of each year as World AIDS Day, a day to expand and strengthen worldwide efforts to stop the spread of HIV/AIDS; and,

WHEREAS UNAIDS estimates that over 36 million people worldwide are currently living with HIV/AIDS, with young people under the age of 25 accounting for more than half of all new infections; and,

WHEREAS the American Association for World Health is encouraging a better understanding of the challenge of HIV/AIDS nationally as it recognizes that the number of people diagnosed with HIV and AIDS in the United States continues to increase, with up to 900,000 people in the US now infected; and,

WHEREAS World AIDS Day provides an opportunity to focus local, national and international attention on HIV infection and AIDS and to disseminate information on how to prevent the spread of HIV; and,

WHEREAS, an estimated 900,000 people in the United States are currently living with HIV or AIDS, and half of all new HIV infections in the US are among young Americans under the age of 25, the World AIDS Day 2001 theme, *I Care...Do You? Youth and AIDS in the 21st Century*, urges all youth and those who influence them to increase their awareness of the risk of HIV/AIDS for themselves and to use their influence in their families, among their friends and in their communities to help stem the tide of the HIV/AIDS pandemic.

NOW, THEREFORE, BE IT PROCLAIMED that I, _____, [title] do hereby declare that [your city] will observe World AIDS Day on December 1, 2001; I urge all citizens to take part in activities and observances designed to increase awareness and understanding of HIV/AIDS as a global challenge, to take part in HIV/AIDS prevention activities and programs, and to join the global effort to prevent the further spread of HIV/AIDS.

INNOVATIVE WORLD AIDS DAY ACTIVITIES

Música Against Drugs in Brooklyn, New York, constructed a 17-foot red AIDS ribbon that they displayed in People's Park. 500 people attended the unveiling, drawing together many members of the community, including children. (See photo at right.)

Students at **Pacific University in Forest Grove, Oregon**, drew over 400 people of all ages to their first annual AIDS education event. They handed out candy, condoms, and ribbons throughout the day and placed information packets on cafeteria tables in the Student Union Center. High school students, college students, and older adults all benefitted from their outreach efforts.

South Kingstown High School in Wakefield, Rhode Island, encouraged creativity for last year's World AIDS Day. Health and art classes created artwork that was displayed at the Courthouse Center for the Arts. Approximately 75 students created pieces for the exhibit, all depicting their feelings towards the AIDS crisis. (See photos below and at bottom right.)



school students, college students, and adults. They displayed a portion of the NAMES Project AIDS Memorial Quilt in **Kirksville, Missouri**. They also provided HIV education, as well as free oral HIV testing.

ESCAPE (Ebony Sisters Campaigning for AIDS Prevention Education) of Columbus, Ohio, organized a multi-generational and multi-cultural awareness program. They had people of all ages and from all parts of the community attend their program. The main goal of the forum was to address stigma and denial surrounding STDs. Speakers gave personal testimonies and corporations and organizations offered information about STDs. They also offered free hemoglobin testing.



Portsmouth Middle School of Portsmouth, New Hampshire, decided to educate themselves in order to better educate others. 7th grade students participated in the Red Cross's HIV/AIDS Education Program. The students completed the program and viewed the film *In Our Own Words*. In addition, they collected personal care items for a local AIDS service agency, AIDS Response Seacoast. The students also made snowflakes with their "Winter Wishes for HIV and AIDS" written on them, as well as other artwork about HIV/AIDS.

Tri-Rivers Planned Parenthood teamed up their resources with five other local organizations to plan a community-wide World AIDS Day event. Over 6,000 members of the community attended their program, including high





Owings Mill High School in Owings Mill, Maryland, had a week-long AIDS awareness campaign. The activities included a performance from the HIV-positive singing group, Positive Voices; a presentation of part of the AIDS Memorial Quilt; a lecture on testing and vaccines; and HIV-positive speakers teaching students about HIV/AIDS in the science classes. The students also began their "Adopt a Family" program. They collected food, toys, and clothing for 20 affected families and were able to meet all the wishes on the list of each family. (See above photo of the speakers in the science classes.)

The AIDS Emergency Fund of San Francisco teamed up with local schools to raise \$100,000 with the "Every Penny Counts" campaign. The pennies were gathered at 70 Bay Area schools and then brought to Union Square where kids and volunteers prepared the money before it was shipped away for counting. They provided free root beer and cotton candy for everyone, and a radio station handed out stickers. The proceeds were donated and used for medicine and other expenditures of AIDS patients. (See photo below.)



Jacksonville High School's Focus Group in Jacksonville, Alabama, organized a wide variety of events to expose their students to the issues of World AIDS Day. They decorated the school with red ribbons and also used posters of HIV-infected individuals to show students some faces of the disease. In a student assembly a young woman spoke about her daily life and her challenges with the disease. Two workers from area HIV/AIDS services also spoke about their experiences and how they care for their patients. The day was supported by the Mayor, who declared December 1 World AIDS Day for the city of Jacksonville.

In Wichita, Kansas, the Wichita-Sedgwick County Health Department organized a candlelight walk along the Arkansas River to the Mid-American All Indian Center, where they held their World AIDS Day program. At the event they displayed part of the NAMES quilt and also had a musical presentation. Free HIV tests were available all day as well.

The Shasta County Department of Public Health in Redding, California, started their World AIDS Day campaign early last year. Beginning on October 1st, they began collecting food, and by December 1st they had accumulated 900 lbs. of food. They also held a candlelight memorial service where World AIDS Day Art created by local students was on display. (See photo below.)



The DeKalb HIV Forum in Decatur, Georgia, is a successful model for training young people how to facilitate HIV/AIDS education and awareness programs. For the past four years, they have drawn together over 400 middle school and high school students from area schools for a one-day forum which trains students how to plan and program World AIDS Day events in their schools. They listened to speakers and learned facts about HIV/AIDS and stereotypes. The students were very enthusiastic about the program, and the results were displayed in the effective programs they planned for their schools on World AIDS Day.

MOTIVATE & EDUCATE! SAMPLE ACTIVITIES

The ideas listed below challenge everyone—members of the community, teachers, HIV/AIDS educators and members of the faith, business, and health communities—to use their creativity to inform themselves and their peers about the AIDS pandemic.

In addition, the Centers for Disease Control and Prevention (CDC) has identified numerous “*programs that work*”—HIV/AIDS-related programs that have been proven statistically to work. For information on HIV/AIDS-related programs, call CDC’s Division of Adolescent and School Health (DASH) at (770) 488-3168. Information on DASH can be found at www.cdc.gov/nccdphp/dash/

IN THE COMMUNITY

Work with state and local health departments to involve your community in HIV/AIDS awareness.

- Develop workshops for parents on the role they play in shaping their children’s behavior.
- Organize community panels about sensitive and taboo issues and develop materials to help facilitate discussions in these settings.
- Find out what social and cultural norms increase vulnerability to HIV in your community (e.g. social pressure for boys to have sex early).
- Use the sample proclamation and officially declare World AIDS Day in your community.
- Observe a “Day Without Art,” to signify the loss of artists to AIDS and to increase awareness of AIDS.
- Organize an HIV/AIDS fund-raising walk or run.
- Distribute HIV/AIDS Fact Sheets and red ribbons to the community to wear on World AIDS Day.
- Hold a toy or food drive to help children affected by HIV/AIDS.
- Contact a local book store to co-sponsor an event.
- Ask Congress to increase HIV/AIDS funds.
- Decorate Christmas trees with red ribbons and tags with the names of community residents who have died of AIDS.
- Organize musical performances and educational seminars for all age groups.
- Contact The NAMES Project and bring panels from The AIDS Memorial Quilt to your community [(404) 688-5500].
- Set up a special display of books and resource materials about HIV/AIDS at your local library.
- Volunteer or make a donation to an AIDS program.

IN THE CLASSROOM

- Place a question box in classrooms where students can ask anonymous questions that will be answered by teachers at appropriate times.
- Start a peer education program where students can educate other students about HIV/AIDS.
- Invite a young adult with HIV or a health practitioner who works with HIV-positive individuals as a guest speaker.
- Train young people as peer educators on life skills, sexual health, and AIDS education.
- Encourage teachers to assign homework for children to interview their parents and relatives on the topic of HIV/AIDS.
- Develop a pen-pal exchange for children and young people infected and affected by HIV/AIDS in different cities and countries.
- Show videos in which other teens talk about their personal experiences with HIV/AIDS. (See “HIV/AIDS Education Videos,” p. 37.)
- Distribute information on HIV testing and prevention. (See “Fact Sheets” section, p. 16-24.)
- Distribute “Myth versus Reality” (p. 17) and “HIV/AIDS Quiz” (p. 6) from this book.
- Create tabletop displays with World AIDS Day messages and place them in cafeterias and dining halls.
- Write an article or letter to the editor of the school paper; include statistics about the prevalence of HIV and AIDS in your school or community.
- Encourage students to work with younger students in local middle and elementary schools to challenge social norms that put them at risk for HIV.
- Organize discussions about sensitive and taboo issues; develop materials to facilitate discussions.
- Use cross-curriculum planning to incorporate HIV/AIDS materials into courses.

IN THE CLASSROOM (CONT.)

- Show films or hold a film festival/discussion about films dealing with HIV/AIDS, such as the following:

<i>Jeffrey (R)</i>	<i>The Cure (PG-13)</i>
<i>It's My Party (R)</i>	<i>Roommates (NR)</i>
<i>Fotos del Alma (NR)</i>	<i>Playing by Heart (R)</i>
<i>Longtime Companion (R)</i>	<i>Kids (R)</i>
<i>Boys on the Side (R)</i>	<i>Common Threads (NR)</i>
<i>Philadelphia (PG-13)</i>	<i>A Mother's Prayer (PG-13)</i>
<i>Love! Valour! Compassion! (R)</i>	
<i>Bloodbrothers, The Joey DiPaolo Story (NR)</i>	
<i>Silverlake Life: The View from Here (NR)</i>	

COLLEGES & UNIVERSITIES

There are many ways to be involved with HIV/AIDS programs on your college campus.

- Invite a local HIV testing center/clinic to your campus on December 1 or ask the campus student health center to test at no charge for the day. Contact the National Association of People with AIDS at (202) 898-0414.
- Coordinate with popular restaurants to give out free condoms; pass out literature focusing on the high correlation between HIV transmission and alcohol consumption.
- Have free condoms available in bathrooms.
- Organize HIV/AIDS workshops with student educators in an informal setting (student center, residence hall lounge). Distribute information on HIV testing and prevention. (See "Fact Sheets," p.16-24.)
- Co-host seminars with medical and/or law schools.

AT WORK

At work, launch a Business Responds to AIDS or Labor Responds to AIDS program. [Contact CDC's National Prevention Information Network, (800) 458-5231, or National AIDS Fund Workplace Resource Center, (202) 408-4848.]

- Establish December 1 as a day to address issues of HIV/AIDS at your workplace.
- Educate employees on the protection of people with HIV/AIDS and on non-discrimination laws.
- Insert World AIDS Day messages with bills or paychecks and print on packaging materials.
- Form a team to raise money for a local AIDS Walk.
- Plan a training session on HIV/AIDS discrimination.

IN FAITH COMMUNITIES

In your faith community, encourage a long-term commitment to HIV/AIDS.

- Present the "Interfaith Declaration" (p. 24) to your church council. Propose that your church community make a similar declaration.
- Participate in or establish a collaboration with interfaith observances of World AIDS Day in your community.
- Hold a candlelight service of remembrance for those affected by HIV/AIDS; contact your local AIDS ministry program and coordinate with them.
- Join with other congregations and ring your steeple bell 20 times at 2:00 pm on December 1 to signify the 20 years of the pandemic. Contact the Council of Religious AIDS Networks (COUNCILRAN@aol.com).
- Check the partial listing of national interfaith contacts in "Faith Communities & HIV/AIDS," p. 23, for materials and ideas for collaborations.
- Encourage your religious leaders to speak about HIV/AIDS in sermons, and invite an individual living with HIV/AIDS to share his or her story.
- Have your youth group volunteer at an HIV/AIDS program or clinic.
- Observe a moment of silence during services for those who have died of AIDS.
- Contact the national office of your religious affiliation or organization to ask for information regarding HIV/AIDS programs and policies.
- Start an AIDS ministry within your congregation or with others in your community.
- Start a service program: Members of your congregation can work with a local AIDS group to provide meals, transportation, shelter, companionship or other services to people living with HIV/AIDS.
- Ask associations of people living with HIV/AIDS to talk with young people about their experience with HIV.

**FOR MORE SUGGESTIONS, SEE
"HIV/AIDS EDUCATION VIDEOS,"
PAGE 37**

WHAT WE CAN DO

IN GOVERNMENT

Governments should participate in World AIDS Day. Effective HIV prevention programs can benefit from high-level political commitment.

- Provide your community with statistics on HIV infection rates in your area, and use these numbers as a call to action. (Contact your health department. See "State & Territorial Contacts," p. 43-44.)
- Hold meetings with district leaders to brief them on the World AIDS Day theme *I Care...Do You? Youth and AIDS in the 21st Century*.
- Sponsor a World AIDS Day information session to discuss HIV prevention, education and treatment needs in your community. Personally invite student groups and various community organizations.
- Develop policies that address unmet needs, especially those of traditionally underserved populations, including African Americans, Hispanic/Latinos, Native Americans, young people, men who have sex with men, injection drug users, rural communities, women, the homeless and the incarcerated.
- Adopt a proclamation (See "Sample Proclamation," p. 31) urging citizens to take part in World AIDS Day activities and observances.
- Encourage your communities to join the White House in dimming their lights as a visual demonstration expressing national and worldwide commitment to stop the spread of HIV/AIDS. For details, check the White House Office of National AIDS Policy's website www.whitehouse.gov/onap/index.html
- Prepare a press package describing World AIDS Day events locally and in your state.
- Invite speakers to your State Capitol or City Building to speak on HIV/AIDS.
- Advocate for local, state and national policies that promote the rights of all people who are living with, affected or orphaned by HIV/AIDS.

IN HEALTH CARE SETTINGS

In health care settings, the campaign against HIV/AIDS should continue not only on World AIDS Day, but throughout the entire year.

- Organize training sessions with employees and health professionals on such topics as dealing with AIDS issues and communicating with patients.
- Distribute free condoms to patients making office visits.
- Develop a questionnaire for an HIV risk history.
- Copy, display and distribute reading material and Fact Sheets about AIDS in the office regularly.
- Offer routine HIV prevention counseling and free testing services on World AIDS Day.
- Organize workshops and assemblies on HIV/AIDS at local schools to educate students and teachers.
- Contact AIDS service organizations serving various ethnic and racial groups and ask that they make a presentation to your staff regarding cultural competence and sensitivity about HIV.
- Mobilize the communication department in your institution to develop World AIDS Day messages to be distributed throughout the institution and surrounding communities.
- Encourage local health centers to set aside special times to provide health services to young people.
- Have trained peer counselors serve as links between young clients and health care personnel.
- Design a specific area where patients can confidentially obtain condoms and information about HIV and other STDs.
- Play an HIV/AIDS educational video in your waiting room.

HIV/AIDS EDUCATION VIDEOS

Most of the following video titles were obtained from CDC's National Prevention Information Network (NPIN), unless otherwise noted. Other sources include The NAMES Project, Cable Positive, The Michigan Education Materials Center, Balm in Gilead, The National Latina Health Network, and the National Minority AIDS Council. AAWH is not responsible for and does not necessarily endorse the content of these videos. NOTE: See list of films on pages 35.

CHILDREN & ADOLESCENTS

Come Sit by Me

1997. Teaching your young child about compassion in the face of AIDS; For primary ages; Comes with 25 coloring books. Channing L. Bete Company, Inc, (800) 628-7733.

Health Choices

1995. Teens inform others about HIV/AIDS. National Association for Affected Families (805) 496-5306.

Smart Sex: How to Protect Yourself in the Age of AIDS

1998. General information for adolescents about HIV. Center of Medical Multimedia Education Technology (310) 440-0767.

U need 2 Kno

1997. Informing teens about HIV. The Michigan Education Materials Center (800) 214-8961.

AIDS & Your World

Aimed at teen audiences, the moving and disturbing stories of several teens and young adults who never expected that AIDS could affect them. Fanlight Productions (800) 937-4113.

Alone Together

Profiles of young people--straight and gay, male and female, from a variety of ethnic and economic backgrounds--who were affected by AIDS in their teens. Fanlight Productions (800) 937-4113.

The Andre Show

The filmmaker and her adopted son, who was born with HIV, share the story of their extraordinary friendship, and of the challenges of Andre's short yet intense life. Fanlight Productions (800) 937-4113.

Soft Smoke: AIDS in the Rural West

Explores the possible reasons for the fact that while AIDS is declining a bit in major cities, it is actually on the rise in smaller towns and less populated areas. Fanlight Productions (800) 937-4113.

Straight Up Life

Exploring the growing problem of "dual diagnosis," this video follows several young people in a program for drug/alcohol abusers diagnosed with HIV/AIDS. Fanlight Productions (800) 937-4113.

STUDENTS & TEACHERS

Beginnings: You Won't Get AIDS

1997. Dispelling misconceptions about how AIDS is contracted. For grades 3-6; Comes with 25 activity books. Channing L. Bete Company, Inc, (800) 628-7733.

AIDS: Facts for Kids

1996. Recommended for grades 4-6. Marsh Media (800) 821-3303.

The Choice Is Yours: Avoiding HIV/STDs

1995. For high school students. Pyramid Media (310) 828-7577.

The Science of HIV

1997. For use in the science classroom about HIV biological principles. National Science Teachers Association (703) 243-7100.

AIDS: Everything You Should Know

1997. Hosted by Whoopi Goldberg presenting basic facts about how to avoid HIV infection. Comes in either an abstinence version with 25 booklets or a condom-use version with 25 booklets. For high school students. Channing L. Bete Company, Inc, (800) 628-7733.

ALL COMMUNITIES

A Roll of the Dice: What Men Need to Know about STDs & AIDS

1991. Informing men of the dangers of unprotected sex. New York Department of Health (518) 474-5370.

HIV/AIDS: It Can Happen to Me

1996. The impact of HIV/AIDS on the elderly. Grandparent Information Center (202) 434-2299.

Health Shots: A Wayward Glance

1995. Emphasizes health and social issues such as AIDS. Harris County Health Department (713) 439-6291.

Lest We Forget

1996. The AIDS Memorial Quilt on the National Mall. The NAMES

Project (202) 29-NAMES.

RELIGIOUS

Rude Awakenings: Spiritual Support in the Time of AIDS

1996. Illustrates the role spirituality can play in the lives of those affected by HIV/AIDS. Fanlight Productions (617) 469-4999.

The Heart of the Matter Video and Training Guide

1994. Training guide for black congregants about AIDS. Balm In Gilead (212) 730-7381.

AFRICAN AMERICANS

Blood Sisters, Breaking the Silence about HIV/AIDS

1998. Features a support group for African American women of all ages. AIDS Research Project (510) 874-7850.

Cable Positive NAACP Series: House on Fire, Sister's Keeper, Coming to Life

1999. African Americans talk about HIV/AIDS in the black community. Cable Positive (212) 852-5190.

HIV/AIDS and African Americans

1999. Concerns the impact of HIV on the African American Community. National Minority AIDS Council (202) 483-6622.

LATINOS/HISPANICS

In Our Own Words: Teens and AIDS (En Nuestras Propias Palabras: Los Jovenes y el SIDA)

1995. Young people with AIDS informing adolescents about HIV. Media Works (978) 282-9970.

La Tardeada (The Afternoon Party)

1998. Designed for migrant Hispanic young adults. Community HIV/AIDS Technical Assistance Network (202) 387-5000.

Life is What You Make It: Live Life!

1999. Encourages informed decision-making for treatment. Motivational Educational Entertainment Productions (215) 829-0558.

ASIANS AND PACIFIC ISLANDERS

Not a Simple Story/Out in Silence: AIDS in the Asian Pacific American Community

1994. Stories of two Asian Americans who have been infected with HIV. Filmmakers Library (212) 808-4980.

WOMEN

HIV and Pregnancy: What Every Woman Should Know

1998. Informs women about pregnancy and HIV. American College of Obstetricians and Gynecologists (202) 638-5577.

Living Positive: Women and AIDS

2000. A4 year documentary on the lives of 5 racially diverse every day women with AIDS. Filmmakers Library (212) 808-4980.

Second Opinion

1995. Addresses the role that women must play in their own health. Fanlight Productions (617) 524-0980.

She Didn't Know

1997. Stories of three women living with HIV. California AIDS Clearinghouse (323) 845-4180.

HOMOSEXUALS/BISEXUALS

A Decade of AIDS

1996. Discusses the impact of HIV/AIDS on the gay community. AIMS Media (800) 367-2467.

Positive Men

1995. Interviews with HIV-positive men. VTape (416) 351-1317.

In Our Own Words: Dispelling the Stereotypes

1995. Dispels myths about gay men and lesbians and tackles homosexual issues. Dallas Gay/Lesbian Alliance (214) 528-4233.

HEALTH CARE WORKERS/CLINICIANS

Taking a Sexual History: Clinical Strategies for Assessing HIV Risk

1997. Clinicians interviewing patients about their sexual history. Fanlight Productions (617) 469-4999.

Both Ends Burning

1994. Interviews and dramatizations for healthcare workers, social workers, and clinicians. Fanlight Productions (617) 469-4999.

Healers of 400 Parnassus

1997. Documents a Healthcare clinic and the HIV/AIDS patient-healthcare worker relationships. Fanlight Productions (800) 937-4113.

NATIONAL HOTLINES

AIDS Clinical Trials Information Service800-TRIALS-A
 CDC Hearing Impaired AIDS Hotline (TTY) . .800-243-7889
 CDC National HIV/AIDS Hotline800-342-AIDS
 CDC Spanish HIV/AIDS Hotline800-344-7432
 CDC Nat'l Prevention Information Network . .800-458-5231
 CDC National STD Hotline800-227-8922
 CDC—Recorded Information:
 Fax Information Service Line888-232-3299
 Center for Substance Abuse Prevention (CSAP) Nat'l
 Clearinghouse for Alcohol & Drug Info . .800-729-6686
 Children of the Night
 (help hotline for people of all ages) . . .800-551-1300
 Hepatitis and Liver Disease Hotline800-223-0179
 HIV/AIDS Treatment Information Service . . .800-HIV-0440
 National Child Abuse Hotline800-422-4453

Nat'l Drug & Alcohol Treatment Routing Service 800-662-HELP
 National Herpes Hotline919-653-4325
 Recorded Information on Cervical Cancer . .800-653-4325
 Project Inform (HIV Treatment Hotline)800-822-7422
 Rape Abuse & Incest Nat'l Network800-656-HOPE

HOTLINES FOR YOUNG PEOPLE

Girls and Boys Town National Hotline800-448-3000
 Covenant Hse Nineline/Crisis Intervention Cntr 800-999-9999
 HIPS Hotline (for adolescent prostitutes)800-676-4477
 National Gay & Lesbian Youth Hotline800-347-TEEN
~~National Pediatric HIV Resource Cntr (NPHRC) 800-362-0071~~
 Nat'l Runaway Switchboard (adolescent crisis line) 800-621-4000
 TEENS TAP (Teens Teaching AIDS Prevention) . .800-234-TEEN
 The Teen AIDS Hotline800-440-TEEN

STATE & TERRITORIAL AIDS HOTLINES

Alabama (AL only)	800-592-AIDS	Maine (ME only)	800-851-AIDS	Oregon (OR only)	800-777-AIDS
Alaska (AK only)	800-478-AIDS	Maryland (MD only)	800-638-6252	Pennsylvania (PA only)	800-662-6080
Arizona	800-342-AIDS	National	800-342-2437	Puerto Rico	800-981-5721
Arkansas	800-342-AIDS	Spanish	800-344-7432	Rhode Island	800-726-3010
California	800-367-AIDS	Massachusetts (Eng/Sp)	800-235-2331	South Carolina	800-322-AIDS
(TTY/TDD)	888-225-AIDS	(TTY/TDD)	617-437-1672	South Dakota	800-342-AIDS
(TTY)	800-243-7012	Youth only	800-788-1234	Tennessee	800-525-AIDS
Colorado	303-436-9553	Michigan	800-872-AIDS	Texas	800-299-AIDS
Connecticut	860-247-2437	(TTY/TDD) (MI only)	800-332-0849	(TTY/TDD)	800-252-8012
Delaware	800-422-0429	Minnesota (MN only)	800-248-AIDS	(Spanish)	800-333-SIDA
District of Columbia	202-332-AIDS	Mississippi	228-385-2437	Utah	800-366-AIDS
(TTY/TDD)	202-797-3575	Missouri	800-533-2437	Vermont (VT only)	800-882-AIDS
Florida	800-352-AIDS	Montana	800-233-6668	Virgin Islands	809-773-AIDS
Georgia (also TTY)	404-876-9944	Nebraska	800-782-AIDS	Virginia	800-533-4148
Hawaii	808-922-1313	New Hampshire	800-752-AIDS	Washington (WA only)	800-272-AIDS
Idaho (Eng/Span.)	800-677-AIDS	New Jersey (NJ only)	800-624-2377	W Virginia (WV only)	800-642-8244
Illinois (IL only)	800-243-AIDS	New Mexico	800-545-AIDS	Wisconsin	800-334-AIDS
Indiana	317-251-7955	New York	212-768-0221	Wyoming	800-327-3577
Iowa (IA only)	800-445-AIDS	North Carolina	800-289-AIDS		
Kansas (KS only)	800-445-AIDS	North Dakota	701-328-2378		
Kentucky (KY only)	800-840-2865	Ohio (OH only)	800-332-AIDS		
Louisiana	800-992-4379	Oklahoma (OK only)	800-535-AIDS		

For additional information call CDC's 24-hour National HIV/AIDS Hotline at 1-800-342-AIDS

AIDS SERVICE ORGANIZATIONS

In the United States and around the world, community-based AIDS Service Organizations (ASOs) are primary sources of help for people with AIDS. ASOs exist not only in the metropolitan cities but also in more remote settings, providing thousands of hours of care and prevention.

The ASO is often the primary caregiver to persons living with AIDS. It may be the place that a person is first diagnosed with HIV, and it may provide every type of service a person with AIDS may need for the rest of his/her life, including funeral arrangements. From the first one-on-one caregiver situations to the current multi-million dol-

lar budgeted agencies, ASOs have been helping persons living with AIDS maintain a sense of dignity in their lives by providing assistance in dealing with the HIV/AIDS pandemic on a personal, daily level.

For more information on AIDS Service Organizations in your area, please contact:

- Your local or state health department
- CDC National Prevention Information Network, (800) 458-5231, (800) 243-7012 (deaf access/TDD)

NATIONAL ORGANIZATIONS

The following is a description of organizations that you might want to contact for more information on HIV/AIDS. For a comprehensive listing of national, state and local organizations involved with HIV/AIDS issues, please contact the CDC National Prevention Information Network at (800) 458-5231 or <www.cdc.gov>.

Advocates for Youth creates programs and promotes policies that help young people make informed and responsible decisions about their sexual and reproductive health. Its HIV/STD prevention program provides technical assistance, workshops, and materials to encourage and help youth-serving organizations develop and implement programs for youth in high-risk situations, domestically and internationally. Contact: 1025 Vermont Ave, NW, Ste 200, Washington, DC 20005; (202) 347-5700; www.advocatesforyouth.org or www.youthresource.com

AIDS Action is dedicated to shaping federal policy for people living with HIV/AIDS. AIDS Action also convenes NORA (National Organizations Responding to AIDS), the Washington consortium of 180 national advocacy organizations concerned about AIDS. Contact: AIDS Action, 1906 Sunderland Place NW, Washington, DC 20036; (202) 530-8030; www.aidsaction.org

AIDS Alliance for Children, Youth, and Families is dedicated to addressing the unique needs of children, youth, women, and families living with, affected by, or at risk for HIV and AIDS. As a membership organization, AIDS Alliance provides education and leadership support to youth and individuals infected with and affected by HIV, supports service providers on the frontlines of the pandemic, and speaks out on Capitol Hill. Contact: 1600 K Street NW, Suite 300, Washington, DC 20006; (202) 785-3564; www.aids-alliance.org

American Bar Association AIDS Coordination Project develops the ABA's response to the HIV/AIDS pandemic through policy recommendations and ABA-sponsored programs. The project provides assistance to individuals seeking information on legal referral programs and sources of legal information related to HIV/AIDS. Contact: 740 15th St, NW, Washington, DC 20005; (202) 662-1025

AIDS Memorial Quilt (See The NAMES Project Foundation)

AIDS Nutrition Services Alliance is a nonprofit organization of HIV/AIDS food and nutrition service providers assisting members through: administering grants for meal programs, serving people living with HIV/AIDS, providing technical assistance, advocating for and promoting efforts to integrate food security into HIV/AIDS policies, coordinating the national ANSA conference and regional trainings, and referring individuals seeking local and international resources. Contact: ANSA, 1030 15th Street, NW, Suite 860, Washington, DC 20005-1511; (202) 289-5650 (phone); (202) 408-1818 (fax); ANSA@AIDSnutrition.org (e-mail); www.AIDSnutrition.org

American Civil Liberties Union undertakes impact litigation, monitors legislation and engages in educational efforts affecting the rights of persons with HIV/AIDS through its AIDS Project. Contact: ACLU AIDS Project, 125 Broad St, 18th Floor, New York, NY 10004; (212) 549-2500; www.aclu.org; Project e-mail: lgbtiv@aclu.org

American Public Health Association identifies challenges for public health through its HIV/AIDS Section. APHA is also a member of the World Federation of Public Health Associations (WFPHA) for which it provides the Secretariat office. Contact: APHA, 800 I Street, NW, Washington, DC 20001-3710; (202) 777-2742; www.apha.org

American Red Cross prepares individuals and certifies instructors to deliver effective HIV/AIDS prevention education. Various materials are available, including manuals, videos and posters; materials are avail-

able in Spanish. 8111 Gatehouse Rd., 6th Fl., Falls Church, VA 22042; (206) 206-6707. Contact: Your local American Red Cross unit. www.redcross.org

American Social Health Association (ASHA) operates the CDC National STD and AIDS Hotlines with service available in English, Spanish, and via TTY for the Deaf and Hard of Hearing. In addition to helping individual callers, the hotlines offer a useful teaching tool in the Group/Classroom Calls Program, which is designed to enhance classroom and group discussion about HIV/AIDS and STDs. ASHA also operates the National Herpes Hotline and has an interactive Web site for teens (www.iwannaknow.org). Education, information, and referrals are available at no cost through ASHA's hotlines (See National Hotlines). Contact: ASHA, PO Box 13827, Research Triangle Park, NC 27709; (919) 361-8400; www.ashastd.org

Ark of Refuge, Inc., is a nationally recognized AIDS service organization which provides and/or coordinates a blend of HIV/AIDS education, referrals, housing, substance abuse recovery programs, counseling services, case management, technical assistance and capacity building, community education and job readiness, volunteer training, and policy formation locally, statewide, and nationally. Contact: 1025 Howard Street, San Francisco, CA 94103; (415) 861-6130; e-mail: info@arkofrefuge.org; www.arkofrefuge.org

Asian and Pacific Islander American Health Forum (APIAHF) A national advocacy organization dedicated to promoting policy, program and research efforts for the improvement of health status of all Asian American and Pacific Islander communities. Contact: 942 Market Street, Suite 200, San Francisco, CA 94102; (415) 954-9988; FAX: (415) 954-9999; e-mail: hforum@apiahf.org. Washington DC area: 440 1st St. NW, Suite 430, Washington, DC 20001; (202) 624-0007; FAX: (202) 624-9488.

Association of Maternal and Child Health Programs (AMCHP) is a national non-profit organization principally made up of the directors and staff of state public health agency programs for maternal and child health (MCH) and children with special health care needs (CSHCN). Under an agreement with the CDC for HIV, STD and TB prevention they assist state Title V programs in reducing perinatal HIV transmission. Contact: AMCHP, 1220 19th Street, NW, Suite 801, Washington, DC 20007; (202) 775-0436; www.amchp.org

Association of State and Territorial Health Officials (ASTHO) the national, non-profit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice. Under a cooperative agreement with CDC's National Center for HIV, STD, and TB Prevention, Division of HIV Prevention, ASTHO's AIDS project strives to ensure that state health officials are aware of important AIDS-related legislative and policy issues and that they have the information to make informed decisions pertaining to HIV/AIDS. Contact: ASTHO, 1275 K St, NW, Ste 800, Washington, DC 20005; (202) 371-9090; www.astho.org

Balm in Gilead works through Black churches to stop the spread of HIV/AIDS in the African American community and to support those infected with, and affected by, HIV/AIDS. The Balm In Gilead pro-

vides churches, public agencies and community organizations with training, networking and education. It organizes the Black Church Week of Prayer for the Healing of AIDS, the largest AIDS awareness program aimed at Black Americans. Through a cooperative agreement with the CDC, The Balm operates the Black Church HIV/AIDS National Technical Assistance Center. Contact: 130 W 42nd Street, Ste. 450, NY, NY 10036; (212) 730-7381; www.balmingilead.org

Cable Positive organizes cable television's participation in National HIV Testing Day and World AIDS Day, provides free "AIDS in the Workplace" seminars to cable companies, offers confidential financial assistance and social services to industry employees living with HIV/AIDS, creates and distributes public service announcements, and awards grants to local AIDS organizations. Contact: 250 West 54th Street, Suite 903; New York, NY 10019; (212) 459-1502 (phone); www.cablepositive.org

Centers for Disease Control and Prevention (CDC) aims to prevent HIV infection and reduce associated morbidity and mortality, in collaboration with community, state, national, and international partners. CDC National Prevention Information Network (NPIN) is the nation's reference, referral, and distribution service for information about HIV/AIDS, STDs, and TB. NPIN services facilitate the sharing of information and resources among people working in HIV, STD, and TB prevention, treatment, and support services. CDC Business Responds to AIDS/Labor Responds to AIDS Program, a comprehensive workplace HIV education program, provides a central resource and referral service for business and labor. The Business and Labor Resource Service (BLRS) links business and labor with community resources and technical assistance. AIDS Clinical Trials Information Service provides up-to-date information about federally and privately funded clinical trials that evaluate experimental drugs and other therapies for adults and children with HIV infection. The HIV/AIDS Treatment Information Service provides information about federally approved HIV/AIDS treatments and guidelines to healthcare providers and persons with HIV infection and AIDS. CDC's HIV Prevention Marketing Initiative is a social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other STDs. Contact NPIN and BLRS at (800) 458-5231; (800) 243-7012 (TTY); (301) 562-1098 (Int'l); (301) 562-1050 (Int'l Fax). Or write to NPIN or BLRS at PO Box 6003, Rockville, MD 20849-6003; e-mail: info@cdcnpin.org; <http://www.cdcnpin.org> or <http://www.brta-lrta.org>

Children's AIDS Fund is dedicated to helping limit the suffering of HIV-impacted children through direct assistance and resources, as well as through technical assistance for their parents and caregivers. PO Box 16433, Washington, DC 20041; Phone: (703) 433-1560; Fax: (703) 471-8409; info@childrensaidsfund.org

Commission on the Mental and Physical Disability Law serves people who have been discriminated against because of a disability, including people with AIDS, and offers several legal publications. Conducts research and provides training on legal issues regarding disability issues. Contact: 740 15th St, NW, 9th Floor, Washington, DC 20005-1009; (202) 662-1570; www.abanet.org

Congress of National Black Churches, Inc., (CNBC) works to reduce the disproportionate burden of ill health and premature death in the African American community through its Health and Wholeness Program. Among the health areas addressed by CNBC are HIV/AIDS, diabetes, immunization, organ/tissue donor transplantation and substance abuse and seat belts and child safety prevention in the United States and abroad. Contact: Health and Wholeness Program, 1225 Eye Street, NW, Ste. 750, Washington, DC 20005; (202) 371-1091; www.cnbc.org

Council of Chief State School Officers Resource Center on Educational Equity HIV Education Project assists chief state school officers and state education agencies in: (1) providing effective education about HIV/AIDS within comprehensive school health programs and (2) building interagency and cross-sector collaborative efforts to improve health and educational outcomes for students, through its HIV/School Health Project. Contact: Public Information, One Massachusetts Ave, NW, Suite 700, Washington, DC 20001; (202) 408-5505; www.ccsso.org

Council of Religious AIDS Networks is a coalition of faith based networks dedicated to providing a voice for faith-based issues in fighting the global HIV/AIDS pandemic. Its mission is to be an open and respectful forum that empowers and mobilizes faith communities in re-

sponse to the global HIV/AIDS pandemic. Faith communities and Networks represented include Baptist, Balm in Gilead, Buddhism, Catholicism, Disciples of Christ, Dignity USA, Episcopalian, Lutheran, United Fellowship of Metropolitan Community Churches, Presbyterian, Unitarian, United Church of Christ, Methodist, and The River Fund. Contact: Rev. Dr. Jon A. Lacey, Council Co-chair at (517) 355-9324 or CRAN, P.O. Box 30, Garrison, NY 10524; COUNCILRAN@aol.com; Website: www.aidsfaith.com

Dignity/USA is an organization of gay, lesbian, bisexual and transgendered Catholics and their families and friends, which works to promote spiritual development, educational outreach, social reform and the advocacy of feminist issues. Contact: Dignity/USA, 1500 Massachusetts Ave, NW, Ste 11, Washington, DC 20005; (202) 861-0017; (800) 877-8797; www.dignityusa.org

Disability Rights Education and Defense Fund is a national law and policy center dedicated to furthering the civil rights of people with disabilities such as HIV/AIDS. Managed and directed by people with disabilities and parents of children with disabilities, it is a unique advocate for the rights of all people with disabilities. Contact: 2212 6th St, Berkeley, CA 94710; (510) 644-2555; www.dredf.org

Gay and Lesbian Medical Association combats homophobia in the medical profession and in society and promotes the best possible health care for gay, lesbian, bisexual and transgendered people. GLMA offers support services for HIV-positive healthcare workers. Contact: GLMA, 459 Fulton St, Ste 107, San Francisco, CA 94102; (415) 255-4547; www.glma.org

Gay Men's Health Crisis, founded by volunteers in 1982, is the world's oldest and largest AIDS service, education and advocacy organization. GMHC serves thousands of men, women and children with HIV and AIDS, educates the public about HIV prevention and treatment, and fights for fair and effective AIDS policies at all levels of government. Visit GMHC's website at www.gmhc.org or call for more information, (800) AIDS-NYC

The Global Health Council is the world's largest membership alliance dedicated to global health, with a membership that includes health care professionals, non-governmental and governmental organizations, academic institutions, foundations and corporations. Our mission is to promote better health around the world by assisting all who work for improvement and equity in global health to secure the information and resources they need to work effectively. Contact: Global Health Council, 1701 K St. #600, NW, Washington, DC 20006; (202) 833-5900; www.globalhealth.org

Health Resources and Services Administration administers the Ryan White CARE Act, which provides primary health care and support services for people living with HIV/AIDS and supports the education and training of HIV/AIDS health professionals. Support services include case management, assistance in purchasing medications, outreach, education, counseling and testing, hospice care, and other services for low-income and medically underserved populations affected by HIV/AIDS. Contact: HRSA, HIV/AIDS Bureau, Parklawn Bldg, 5600 Fishers Lane, Room 11A-33, Rockville, MD 20857; (301) 443-6652; <http://hab.hrsa.gov>

Human Rights Campaign lobbies the federal government on lesbian and gay issues and works for sound HIV/AIDS federal policies. Contact: HRC, 919 18th St, NW, Ste 800, Washington, DC 20006; (202) 628-4160; www.hrc.org

Intercultural Family Services Inc. (IFS) Provides culturally competent HIV/AIDS education/prevention services for individuals in Philadelphia and Delaware Counties. IFS also offers Housing Opportunities for Person With AIDS (HOPWA). Other programs include pre/post-natal care for new mothers, case management for abused and neglected children, after-school and day camp programs, housing counseling, English classes, referrals to other organizations, translation of information into 22 languages and more. Contact: 4225 Chestnut Street, Philadelphia, PA 19104; (215) 386-1298; <http://www.ifsinc.org>

International Gay and Lesbian Human Rights Commission - IGLHRC's mission is to protect and advance the human rights of all people and communities subject to discrimination or abuse on the basis of sexual orientation, gender identity or HIV status. IGLHRC responds to human

rights violations around the world through documentation, advocacy, coalition building, public education, and technical assistance. Contact: 1360 Mission St, Ste. 200, San Francisco, CA 94103, USA; Tel: +1-(415) 255-8680; Fax +1-(415) 255-8662; www.iglhr.org

Join Together Online is a free resource on the Internet for communities working to reduce substance abuse and gun violence. The Web site offers information on current issues in the media, tools to make positive changes in your community, and support services for families and friends. Contact: 441 Stuart St, 7th Floor, Boston, MA 02116; (617) 437-1500; www.jointogether.org

Metro TeenAIDS (Youth HIV/AIDS Prevention Service Organization) offers HIV education and prevention services for adolescents and young adults. Metro TeenAIDS distributes free literature on HIV/AIDS, offers prevention counseling, and makes referrals to HIV testing sites and other HIV-related services for adolescents and young adults. Metro TeenAIDS also sponsors the Annual Ryan White National Youth Conference. Contact: 651 Pennsylvania Ave, SE, Washington, DC 20003; (202)543-9355; www.metroteenAIDS.org

Mothers' Voices is the only national, grassroots, non-profit organization that mobilizes parents as educators and advocates for HIV prevention—as well as for expanded research, better medical treatments, and ultimately, a cure for AIDS. Contact: Mothers' Voices, 165 West 46th Street, Suite 701, New York, NY 10036; (888) mvoices or (212) 730-2777; www.mvoices.org

The NAMES Project Foundation, caretaker of the AIDS Memorial Quilt, remembers those who have died of AIDS. It is a national AIDS awareness, education and prevention resource with over 50 U.S. chapters and 40 international affiliates. To display part of the Quilt for World AIDS Day, contact: The Names Project Foundation, 101 Krog Street, NE, Atlanta, GA 30307; (404) 688-5500; www.aidsquilt.org

National AIDS Fund is dedicated to eliminating HIV as a major health and social problem. It works in partnership with the public and private sectors to provide care and prevent new infections—through advocacy, grantmaking, research and education—in communities and in the workplace. Contact: National AIDS Fund, 1030 15th Street, NW Suite 860, Washington, DC 20005-2208; (202) 408-4848; website: www.aidsfund.org

National Alliance of State and Territorial AIDS Directors is an alliance of chief state HIV/AIDS program directors who administer HIV/AIDS health care, prevention, and support programs funded by states and the federal government. NASTAD provides counsel to policy makers and federal agencies to create a comprehensive AIDS agenda and provides technical assistance to improve programs nationwide. Contact: NASTAD, 444 North Capitol St, NW, Ste 339, Washington, DC 20001; (202) 434-8090; www.nastad.org

The National Alliance for Hispanic Health provides HIV/AIDS prevention and education to large populations of high-risk Hispanic youth using theater through the SHAPE and YTHP projects. These projects are based on the Alliances's Theater as a Tool for Prevention Model, which allows for a culturally proficient means of disseminating prevention messages and promotes flexibility among local sites to adapt outreach mechanisms to the particular circumstances of each community and the youth who live there. Contact: The National Alliance for Hispanic Health, 1501 16th St., NW, Washington, DC 20036; (202) 387-5000; www.hispanichealth.org

National Association of County and City Health Officials is the national voice of local health officials and provides education, information, research and technical assistance to local public health agencies. NACCHO's HIV/AIDS project advocates for progressive HIV policy and adequate resources to sustain and enhance prevention, research and care services. Contact: NACCHO, 1100 17th St, NW, 2nd Flr, Washington, DC 20036; (202) 783-5550; www.naccho.org

National Association of People with AIDS (NAPWA) has programs for health, treatment, public policy, prevention, information and referral. Its speakers bureau can arrange for HIV-positive and affected educators to speak at engagements nationwide. NAPWA also coordinates the National HIV Testing Day Campaign (June 27). Contact: NAPWA, 1413 K St, NW, 7th Floor, Washington, DC 20005-3442; (202) 898-0414; www.napwa.org

National Center for Youth Law strives to increase attention to youth issues and key legislation affecting youth in high risk situations—especially runaway/homeless/street youth, gay, lesbian, bisexual and transgender youth and those who have fewer opportunities to grow up

healthy, safe and productive. NNY provides information, training, and technical assistance as well as public education and legislative advocacy. Contact: 1319 F Street, NW, Suite 401, Washington, DC 20004; (202) 783-7949; www.youthlaw.org

National Conference of State Legislatures produces a variety of HIV/AIDS-related publications and provides research assistance to legislators and staff on HIV/AIDS topics. Contact: NCSL, HIV/AIDS Project, 1560 Broadway, Ste 700, Denver, CO 80202-5140; (303) 830-2200; or 444 N. Capitol St, NW, Ste. 515, Washington, DC 20001; (202) 624-5400; www.ncsl.org

National Council of La Raza AIDS Center provides national capacity-building technical assistance and training to reduce the spread of HIV in the Hispanic community. In addition, NCLR collects information from Latina infected with HIV or at risk for infection regarding the effectiveness of media messages and HIV prevention interventions targeting Latinas and conducts research on the risk factors related to HIV/AIDS. Contact: NCLR, 1111 19th St, NW, Ste 1000, Washington, DC 20036; (202) 785-1670; www.nclr.org

National Education Association Health Information Network provides school employees with information on health issues of concern to students and school personnel. Contact: NEA Health Information Network, 1201 16th St, NW, Ste 521, Washington, DC 20036; (202) 822-7570; www.neahin.org

National Gay and Lesbian Task Force and Policy Institute works with government officials and with non-governmental professional, religious and advocacy groups in lobbying for general gay and lesbian rights issues and AIDS rights issues. Contact: NGLTF, 1700 Kalorama Rd, Ste. 101, Washington, DC 20009; (202) 332-6483; www.nglft.org

National Hemophilia Foundation provides information on hemophilia and HIV/AIDS through its Hemophilia and AIDS/HIV Network for the Dissemination of Information (HANDI). Contact: 116 W. 32nd St, 11th Floor, New York, NY 10001; (800) 42-HANDI; www.hemophilia.org

National Latina Health Network (NLHN) addresses critical public health concerns affecting Latinas and their families. Organizational goals include to strengthen, support and involve networks of Latina leaders in developing leadership constituency in the field of public health and to build local/national community health partnerships to enhance the quality of life of Latinas and their families. NLHN currently receives funding from the CDC to address the HIV/AIDS prevention needs of youth 16-24 years of age. Contact: 1680 Wisconsin Ave 2nd Floor, Washington, DC 20007; (202) 965-9633; FAX: (202) 965-9637; E-Mail: nlhn@erols.com

National Minority AIDS Council lends visibility, leadership, comprehensive technical assistance and a powerful voice to frontline AIDS workers in communities of color. Its member community-based organizations offer outreach, care, education, housing and support services. Contact: NMAC, 1931 13th St, NW, Washington, DC 20009; (202) 483-6622; www.nmac.org

National Native American AIDS Prevention Center provides capacity building assistance to and collaborates with Native American organizations and communities to develop and implement HIV prevention and education programs. NNAAPC oversees a network of case management sites to help ensure access to services by HIV infected Native Americans. NNAAPC also has a Research and Evaluation division designed to enhance the delivery of services, and a public policy office ensures that Native needs are represented on Capitol Hill, and within agencies which administer Federal AIDS policy. Contact: 436-14th St, Suite 1020, Oakland, CA 94612; (510) 444-2051; FAX: (510) 444-1593; e-mail address: information@nnaapc.org; web address: www.nnaapc.org

National Network for Youth strives to increase attention to youth issues and key legislation affecting runaway, homeless, and street youth—through congressional testimony and working relationships with dozens of congressional offices and committees as well as national coalitions and its members. Contact: 1319 F St, NW, Ste 401, Washington, DC 20004; (202) 783-7949; www.NN4Youth.org

National Pediatric and Family HIV Resource Center UMDNJ provides consultation, technical assistance, and training for health care providers. It also explores public policy issues related to the care of HIV-positive children. Contact: NPHRC, 30 Bergen St, ADMC # 4, Newark, NJ 07103; ~~(973) 972-0410 or (800) 362-0071;~~ www.pedhivaid.org

National Women's Health Network provides individuals with information and perspectives not offered by their health care providers as

well as does advocacy work with federal government agencies. It also acts as a clearinghouse for information on women's health. Contact: NWHN, 514 10th St, NW, Ste 400, Washington, DC 20004; (202) 347-1140, or Clearinghouse (202) 628-7814; Website: www.womenshealthnetwork.org

New Conservatory Theatre Center provides age-appropriate HIV prevention education for children ages 5-19 through touring theatre presentations. Contact: 25 Van Ness Ave, Lower lobby, San Francisco, CA 94102; (415) 861-4914; www.nctcf.org

Pan American Health Organization (PAHO) works to improve health and living standards of the people of the Americas. It serves as the Regional Office for the Americas of the World Health Organization and as the health organization of the Inter-American System. The Organization's essential mission is to strengthen national and local health systems and improve the health of the peoples of the Americas. Contact: Office of Information and Public Affairs, 525 23rd Street, NW Washington, DC 20037; Tel: (202) 974-3458; Fax: (202)974-3143; E-mail: pubinfo@paho.org

Planned Parenthood® Federation of America provides nationwide maternal health services as well as testing and treatment for HIV/AIDS and other sexually transmitted infections and sexuality education. For the center nearest you, call 1-800-230-PLAN. Contact: 810 Seventh Ave, New York, NY 10019; (212) 541-7800; www.plannedparenthood.org

Presidential Advisory Council on HIV/AIDS was established by Executive Order in 1995. The Council advises the President on programs and policies which affect people living with HIV/AIDS. The Council interacts with the Secretary at the Department of Health and Human Services (HHS), the Director of the Office of National AIDS Policy (ONAP) at the White House, other Federal departments and agencies, state agencies, and private non-governmental community-based organizations. Contact: 200 Independence Avenue, SW, Room 733E, Washington, D.C. 20201; (202) 205-1839.

Project Inform, established in 1985, provides HIV/AIDS care, treatment and policy information, advocacy, outreach, education, and technical assistance for people living with HIV, their families, friends and care providers through Project Inform publications, community meetings, trainings and Project Inform's national HIV/AIDS hotline. Project Inform's publications report on HIV/AIDS treatment, research, policy, and regulatory issues, as well as women-specific HIV care, treatment and research issues. Project Inform's national HIV/AIDS treatment Hotline answers HIV care and treatment questions, refers people living with HIV to community-based organizations, and sends HIV treatment information to callers free of charge. Call: (800) 822-7422. Contact: Judy Leahy, Outreach and Education Manager, 205 13th Street, Suite 2001, San Francisco, CA 94103; Phone: (415) 558-8660 x213; website: www.projectinform.org

Sexuality Information and Education Council of the US (SIECUS) is a national, nonprofit organization which promotes comprehensive education about sexuality and affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes education about sexuality, and advocates for the right of individuals to make responsible sexual choices. The SIECUS International Program provides training, resources, and technical assistance to organizations and individuals around the world which work on sexuality issues and sexual health. Contact: SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: (212) 819-9770; Fax: (212) 819-9776; e-mail: siecus@siecus.org; www.siecus.org

Substance Abuse and Mental Health Services Administration (SAMHSA) improves the quality and availability of prevention, early intervention, treatment and rehabilitation services for substance abuse and mental health, providing national leadership in AIDS policy and services. SAMHSA offers mental health and alcohol/drug abuse prevention and treatment services nationally. Contact: SAMHSA Office on AIDS, Rm. 12C-15, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-5305; www.samhsa.gov

UNAIDS (Joint United Nations Programme on HIV/AIDS) serves as the leading advocate for global action against HIV/AIDS. Its mission is to guide, strengthen, and support worldwide efforts to turn the tide against the pandemic. These efforts are aimed at preventing the spread of AIDS, providing care and support for those infected and affected by the disease, reducing the vulnerability of individuals and communities, to HIV/AIDS, and easing the socioeconomic and human impact of the pandemic. UNAIDS is administered by a Secretariat, based in Geneva, and brings together the efforts and resources of seven cosponsoring organizations: UNDP, UNESCO, UNFPA,

UNDCP, UNICEF, WHO, and the World Bank. Contact: UNAIDS, 20 Ave Appia. CH-1211, Geneva 27, Switzerland; +011-41-22-791-3666; email: unaids@unaids.org; www.unaids.org

US Agency for International Development (USAID) is the U.S. government agency that administers the US. foreign development assistance program and has committed more than \$1.6 billion to HIV/AIDS prevention, care and treatment activities since 1986 in over 50 developing countries worldwide. Contact: HIV/AIDS Division, USAID, G/PHN/HN/HIV-AIDS, Ronald Reagan Building, 1300 Pennsylvania Ave, NW, Washington, DC 20523; (202) 712-1279; www.usaid.gov

US Conference of Mayors provides grants for HIV prevention activities and technical assistance to mayors, community-based organizations and local health departments and conducts research on the impact of HIV at the local level, with funding from CDC. Publications are free for community-based organizations and local health departments. Contact: USCM HIV/AIDS Program, 1620 Eye St, NW, Washington, DC 20006; (202) 293-7330; www.usmayors.org/uscm

US Department of Health and Human Services Office for Civil Rights works to end discrimination against qualified individuals with disabilities, including AIDS. Contact: Office for Civil Rights, 200 Independence Ave, SW, Rm. 509F, Washington, DC 20201; (202) 619-0403; www.hhs.gov/ocr

US Equal Employment Opportunity Commission enforces federal antidiscrimination laws such as Title 1 of the Americans with Disabilities Act through investigation, conciliation, litigation, education and technical assistance. Contact: EEOC, 1801 L St, NW, Washington, DC 20507; (202) 663-4900; www.eeoc.gov

Universal Fellowship of Metropolitan Community Churches (UFMCC) HIV/AIDS Ministry Program works to develop a proactive response to the changing faces of HIV/AIDS in the world by developing, implementing and focusing on issues such as education, care, prevention and influence upon public policies. Contact: UFMCC, HIV/AIDS Ministry Program, 8704 Santa Monica Blvd., 2nd Floor, West Hollywood, CA 90069; (310) 360-8640; www.ufmcc.com

Until There's A Cure Foundation fosters compassion for those affected by HIV/AIDS by raising funds for care services, youth education and advocates the development of a vaccine. Funds are raised through the sale of the Until There's A Cure AIDS Bracelet--an elegant band with a small raised AIDS awareness ribbon. Contact: UTAC, 520 So. El Camino Real, Suite 718, San Mateo, CA 94402; (800) 88UNTIL; www.until.org

Visual AIDS strives to increase public awareness of AIDS through the visual arts through programs including Day Without Art and the Red Ribbon Project. The Visual AIDS Archive Project documents the work of the artists with HIV/AIDS to ensure that their artistic legacy will be preserved. The Archive Project also facilitates the creation and presentation of new work and provides practical services to artists with HIV/AIDS, assisting in their pursuit of professional careers. Contact: Visual AIDS, 526 West 26th Street, #510, New York, NY 10001; Phone: (212) 627-9855; Fax: (212) 627-9815; E-mail: visAIDS@earthlink.net; <http://www.thebody.com/visualaids>

White House Office of National AIDS Policy, Executive Office of the White House Office of National AIDS Policy. The White House Office of National AIDS Policy was created by President Clinton and Vice President Gore in 1993 to provide broad policy guidance and leadership on the Federal government's response to the AIDS pandemic. ONAP is the White House liaison to community-based and national organizations involved in the discussion of the Federal response to the AIDS pandemic, and communicates their suggestions and concerns in the development of Administration policies. Among its responsibilities, ONAP works closely with the Presidential Advisory Council on HIV/AIDS, which provides essential input into our efforts. ONAP also created and facilitates an Interdepartmental Task Force on HIV/AIDS. This Task Force serves to foster communication and coordination among those Federal agencies involved in HIV/AIDS policy and initiatives. Contact: 736 Jackson Place NW, Washington, DC 20503; (202) 456-7320; <http://www.whitehouse.gov/onap>

STATE & TERRITORIAL CONTACTS FOR HIV/AIDS

ALABAMA

Martha S. Holloway,
Coordinated School Health
Education Specialist, Federal
Programs
Alabama Department of
Education
334-242-8199

Brenda Cummings,
Director, Communication and
Training, HIV/AIDS Division of
Prevention and Control
Alabama Department of Public
Health
334-206-5364

ALASKA

Beth N. Schlichting, MPH
Health Program Manager,
Public Health, HIV/STD
Program
State of Alaska
907-269-8027

Felicia M. Swanson,
Education Program Assistant,
Teaching and Learning
Support
Education and Early
Development
907-465-2841

AMERICAN SAMOA

Jeff Chun,
Coordinator,
Health/Physical/HIV Education
Department of Education
011-684-633-1246

Fara Utu,
AIDS Coordinator; AIDS
Program, Public Health
Division
Department of Health
011-684-633-4071

ARIZONA

R. J. Shannon,
Program/Project Specialist/
Capacity Builder, HIV/STD's
Arizona Department of Health
Services
602-230-5819

Mary McKeever,
Supervisor, HIV Counseling
and Testing
Maricopa County Public
Health Clinic
602-506-1423

ARKANSAS

Robert Miller, BS, ME
Health Education
Supervisor/Grant Coordinator,
Statewide Services AIDS/STD
Team
Arkansas Health Department
501-661-2488

Kathleen J. Courtney,
HIV/AIDS Education
Coordinator, Comprehensive
School Health
Arkansas Department of
Education
501-324-9740

CALIFORNIA

Christopher J. Borges,
Associate Health Program
Advisor, California Department
of Health Services
State Office of AIDS, Education
and Prevention Branch
916-323-4316

Paul R. Simpson-Jones,
HIV Program Assistant, School
Health Connections
California Department of
Education
916-654-5201

COLORADO

Linda Tamayo,
Program Director, Prevention
Initiatives—HIV/AIDS
Education
Colorado Department of
Education
303-866-6616

Thelma Craig,
Epidemiologist, Disease
Control, HIV/STD Division
Colorado Department of Public
Health and Environment
303-692-2748

CONNECTICUT

Gwendolyn H. Lewis, M. Ed
AIDS Education Program
Associate & Resource
Coordinator, AIDS Prevention
& Intervention Programs
State of Connecticut
Department of Public Health
860-509-7824

Bonnie J. Edmondson,
HIV Coordinator, Connecticut
State Department of Education
860-713-6578

DISTRICT OF COLUMBIA

Linda S. Wright,
Program Director, District of
Columbia Public Schools'
HIV/AIDS Education Program
Board of Education
202-889-4467

Clifton Roberson,
Chief, Communications and
Community Liaison
HIV/AIDS Administration
202-724-8901

DELAWARE

Barbara J. Siers,
Trainer/Educator III, Division of
Public Health
Delaware Health and Social
Services, HIV Program
302-739-4744

Janet Arns,
Education Associate,
Comprehensive School Health
Delaware Dept. of Education
302-739-4885

FLORIDA

Anne M. Knox,
HIV/AIDS Project Coordinator
of Public Schools

Florida Department of
Education
850-487-8770

Beth S. Swisher,
Prevention Program Advisor,
Bureau of HIV/AIDS
Florida Department of Health
850-245-4444 ext. 2591

GEORGIA

Connie L. Sumpter,
P.R. and Info Specialist,
Department of Human
Resources
Office of Communications
404-656-4937

Dave Henry,
AIDS Prevention Education,
Federal Programs
Georgia Department of
Education
404-651-7179

HAWAII

A. Ku'ulei Serna,
State Resource Teacher, School
Renewal Branch
Department of Education
808-394-1335

Rose Marie C. Vergara,
Public Health Educator,
STD/AIDS Prevention Branch
Department of Health
808-733-9281

IDAHO

Barbara Eisenbarth,
HIV/AIDS Ed. Coor.
Idaho Dept. of Ed
208-334-6950

Lisa A. Kramer,
HIV Prevention Specialist,
STD/AIDS Program
Idaho Department of Health
and Welfare
208-334-5937

ILLINOIS

June Myers,
Information Specialist,
Infectious Disease
IDPH
217-524-6807

Glenn W. Steinhausen,
Principal Education Consultant,
Secondary Education Division
Illinois State Board of
Education
217-782-2826

INDIANA

Sandy L. Gorsuch,
HIV Prevention/Counseling
and Testing Program Manager,
HIV/STD
Indiana State Department of
Health
317-233-7840

IOWA

Sharon Miller,
HIV/AIDS Education
Coordinator, Iowa State
HIV/AIDS

American Red Cross
515-243-7681

Sara A. Peterson, RN, MA
HIV/AIDS Project Director,
HIV/AIDS Program
Iowa Department of Education
515-281-4804

Patricia A. Young,
HIV/AIDS Program Director,
HIV/AIDS Program
Iowa Department of Public Health
515-242-5838

KANSAS

Karl Milhon,
Director of HIV/AIDS Program,
Department of Health
Bureau of Epidemiology and
Disease Prevention, HIV/STD
Section
785-296-6036

Darrel Lang,
Health and Physical Education
Program Consultant
785-296-6716

KENTUCKY

B. Janet English, CHES
Prog. Administ. HIV Continuing
Professional Education, Kentucky
Public Health
Division of Epidemiology and
Health Planning
502-654-6539

Julie A. Zlatos,
Federal Program Resource
Consultant, Federal Program
Resource
Department of Education
502-564-3791

LOUISIANA

Andrea L. Lee,
Public Relations Specialist,
HIV/AIDS Program
Louisiana Office of Public Health
504-568-5512

Lillie Burns, MA
HIV/AIDS Coordinator, Louisiana
Department of Education
School and Community Support
225-219-0489

MAINE

Joni Foster, B. Sc
HIV Education Coordinator,
Special Services Team
Maine Department of Education
207-624-6687

Jennifer Gunderman-King,
Health Educator, Maine Division of
Disease Control
Maine HIV/STD Program
207-287-3600

MARYLAND

Damiras Richardson, BSW
Chief, Division of Health
Communications, Center for
Education and Training
410-767-5328

Lynne A. Weise,

Educational Specialist, Division
of Student Services
Maryland State Department of
Education
410-767-0353

MASSACHUSETTS

Seana Munson,
Coor. HIV/AIDS Prog
Dept. of Ed.
Learning Support Services
781-338-6324

Jorge Sanchez,
Director, Health
Communications, HIV/AIDS
Bureau
Massachusetts Department of
Public Health
617-624-5327

MICHIGAN

Laurie Bechhofer, MPH
HIV/STD Prevention
Consultant, Michigan
Department of Education
Learning Support Unit
517-335-7252

Debra L. Szejda,
Manager, HIV/AIDS
Preventional Intervention
Section, HIV/AIDS/STD
Michigan Department of
Community Health
517-241-5900

MINNESOTA

Roy Nelson, M.S.
Information, Resource, and
Media Specialist, STD and HIV
Section
Minnesota Department of
Health
612-676-5760

Kathy Brothen,
Education Specialist,
Coordinated School Health
Minnesota Department of
Children, Families and
Learning
651-582-8842

MISSISSIPPI

Charles Orr,
Coordinator, HIV/AIDS
Education, Office of Innovative
Support
Department of Education
601-359-3499

Craig W. Thompson,
Director, Division of STD/HIV
Department of Health
601-576-7723

MISSOURI

Michael Herbert,
Assistant Chief, Section of
STD/HIV
Missouri Department of Health
573-751-6439

Kevin Miller,
Supervisor, HIV Prevention
Education
Department of Elementary and
Secondary Education
573-751-3805

MONTANA

Susan J. Court,
HIV/AIDS Education Specialist,
Health Enhancement Division
Montana Office of Public
Instruction
406-444-3178

Margaret Souza,
Health Education Specialist,
STD/HIV Prevention Program
Department of Public Health
and Human Services
406-444-2675

NEBRASKA

Charles E. Housman,
Communication Coordinator,
HIV Prevention
Nebraska Health and Human
Services
402-471-9098

Julane Hill,
HIV/AIDS Consultant,
Nebraska Department of
Education
Division of Curriculum and
Instruction
402-471-4359

NEVADA

Robinette Bacon,
Coordinator, HIV/AIDS
Comprehensive School Health
Education, School Health,
Safety and Nutrition Team
Nevada Department of
Education
775-687-9173

Jennifer J. Howell, CHES
HIV/STD Prevention Health
Educator, Washoe County
District Health Department
775-328-3647

NEW HAMPSHIRE

David Aytte,
Chief, STD/HIV Prevention
Bureau
Office of Community & Public
Health
603-271-4481

Joyce P. Johnson,
Administrator, Instructional
Services
New Hampshire Department of
Education
603-271-3582

NEW JERSEY

Sarah M. Kleinman, MPH
Coordinator, HIV Prevention,
Office of Educational Support
Services
New Jersey Department of
Education
609-292-9615

Evette Colon-Street,
Program Development
Specialist 1, Department of
Health and Senior Services
Division of AIDS
609-984-6050

NEW MEXICO

Jerry Cheney,
Public Health Educator,
HIV/AIDS Hepatitis Section
New Mexico Dept. of Health
505-827-2365

Dean M. Hopper,
HIV Education Program
Coordinator, School Health Unit
New Mexico State Department
of Education
505-827-1806

NEW YORK CITY

Bruce Gronewaldt,
Comp. Health Coordinator, NYC
Board of Education
718-935-3352

NEW YORK STATE

John M. Cahill,
Director, Bureau of Comm. Rel.
Health Department
518-474-5370

Trish A. Kocalski,
Assistant in School Health
Education, Comprehensive
Health and Pupil Services
(CHAPS) Team
New York State Education
Department
518-486-6090

NORTH CAROLINA

Sherry S. Lehman,
School HIV/AIDS Policies and
Programs Consultant, North
Carolina Department of Public
Instruction
Healthful Living
919-807-3860

Miss Emunda A. Reed, M.Ed.
Public Health Educator II,
Public Health
HIV/STD Prevention & Care
Branch
919-733-9577

NORTH DAKOTA

Linda L. Johnson,
Director, School Health
Programs
North Dakota Department of
Public Instruction
701-328-2753

Karin L. Mongeon,
HIV/AIDS Program Manager,
Disease Control
North Dakota Department of
Health
701-328-2377

OHIO

Juliet C. Dorris-Williams, MSW
Program Chief, Ohio
Department of Health
HIV/STD Prevention
614-728-9256

OKLAHOMA

Cecily Welter, M.B.A.
Director, HIV/AIDS Prevention
Education
Oklahoma State Department of
Education
405-521-6645

Michelle L. Green-Gilbert,
Director of Information and
Training, HIV/STD Service
Oklahoma and State
Department of Health
405-271-4636

OREGON

Susan E. Felman,
HIV Counseling and Testing
Coordinator,
Oregon Health Division/HST
Program
503-731-4029

Brad Victor,
HIV-STDs Coord/Health Spec,
Indian Education, Office of
Student Services
Oregon Department of
Education
503-378-3600

PENNSYLVANIA

Darlene Moore,
Public Health Program
Assistant Administrator,
HIV/AIDS
PA Department of Health,
Bureau of Communicable
Disease
717-783-0572

Shirley Black,
Health and Physical Education
Advisor, Office of HIV and AIDS
Department of Health
717-772-0067

PUERTO RICO

Orlando Lopez,
Executive Director of PASET,
Prom. and Prevention
Department of Health
787-274-3339

RHODE ISLAND

Jacqueline F. Harrington,
Sex and Family Life Education
Specialist, Integrated Social
Services
RI Department of Elementary
and Secondary Education
401-222-4600

Paula Lopes-Coleman,
HIV Prevention Programs
Project Officer, Disease
Prevention and Control
Rhode Island Department of
Health
401-461-5807

SOUTH CAROLINA

James M. Testor,
Public Information Officer,
STD/HIV Program
South Carolina DHEC
803-898-0452

SOUTH DAKOTA

Janet Ricketts,
Comprehensive School Health
Educator, Department of
Education and Cultural Affairs
Office of Comprehensive
Services for Children &
Families
605-773-6898

Chuck Kevghas,
HIV Prevention
Coordinator/Director of AIDS,
South Dakota Department of
Health
605-773-4785

TENNESSEE

Vickie Kegerise,
Administrator, CEDSS

Tennessee Department of
Health
615-532-8510

Jerry K. Swaim,
Director, Comprehensive Health
Education, Curriculum and
Instruction, Office of School
Health Programs
Tennessee Department of
Education
615-532-6260

TEXAS

Greg W. Beets,
Public Information Coordinator,
HIV/STD Health Resources
Division
Texas Department of Health
512-490-2535

Thomas Fleming,
Director of Health and Physical
Education, Texas Education
Agency
512-463-9581

UTAH

Jacqueline Morasco,
HIV/AIDS Education Specialist,
Curriculum
Utah State Office of Education
801-538-7606

Heather Bush,
Community Health Specialist,
Bureau of HIV/AIDS
Utah Department of Health
801-538-6194

VERMONT

Michael A. Bassett,
Health Services Resource
Coordinator, Health
Surveillance
HIV/AIDS Program
802-863-7217

Tracy Fisk,
HIV/AIDS Program Coordinator,
Vermont Department of
Education
802-828-5151

VIRGIN ISLANDS

Dale Garee,
Program Manager, Department
of Education
Comprehensive School Health
340-774-0100 ext.3048

VIRGIN ISLANDS (ST. CROIX)

Barbara Francis,
Program Administrator,
Department of Health
STD/HIV/TB Program
340-772-9501

VIRGIN ISLANDS (ST. THOMAS)

Jeffrey B. Moore,
HIV/AIDS Outreach Specialist,
American Red Cross
340-744-0375

VIRGINIA

Frances Meyer, CHES
Comprehensive School Health
Specialist, Office of Special
Education & Student Services
Virginia Department of
Education
804-225-4543

Barbara Lea-Kruger,
Public Relations Coordinator,
Division of HIV/STD
Department of Health
804-371-4122

WASHINGTON

Pam M. Tollefsen,
Program Supervisor HIV/STD
Education, Assessment,
Research and Curriculum
Office of Superintendent of
Public Institutions
360-586-0245

Laurie Barker James,
Clearinghouse Manager, HIV
Prevention and Education
Services
Department of Health
360-236-3487

WEST VIRGINIA

Martha D. Phillips,
Coordinator, HIV/AIDS
Prevention Education, Office
of Healthy Schools
West Virginia Department of
Education
304-558-8830

Chuck Anziulewicz,
Public Information Specialist,
West Virginia AIDS Program
304-558-0245

WISCONSIN

Brian J. Weaver,
Consultant, HIV/AIDS/STD
Prevention Program, Student
Services, Prevention and
Wellness
Wisconsin Department of
Public Instruction
608-266-7921

William Reiser,
Prevention Specialist,
Wisconsin HIV/AIDS Program
Wisconsin Division of Health
608-266-3073

WYOMING

Gerald M. Maas, Ph.D.
Director, Health and Safety
Unit
Wyoming Department of
Education
307-777-6282

Sharon G. Renter, MS
Program Manager, HIV/AIDS
Prevention Program
Wyoming Department of
Health
307-777-7529

WORLD AIDS DAY 2001 EVENT FOLLOW-UP REPORT

Please complete and return this form if you or your organization observed World AIDS Day 2001. Your ideas, comments, photos and clippings will be used to improve future resource booklets and may be included in AAWH's Report of Activities.

Name _____
Organization _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____
E-mail _____

*(Please evaluate any activity, no matter how small or large.) Please return your form by **January 15, 2002***

1. Describe the event or activity you attended, participated in or organized. Please attach copies of materials from your event (especially photographs and newspaper clippings).

2. In what city was your event held? In what setting?

3. How did you publicize the event?

4. Is this your organization's first World AIDS Day event or activity? If not, did participation change from previous events or activities? Why?

5. Estimate the number of people who participated and attended. Describe the participants (adults, children, adolescents, young adults, staff members of a club/organization, etc.).

6. Did you find the book helpful and easy to use? Please comment.

7. What was/were the most useful and least useful part(s) of this resource booklet?

8. What can we change in next year's booklet to better help you plan for World AIDS Day 2002?

9. Put an "X" in the blank that best describes your receipt of the resource booklet.

Its arrival was _____timely _____too early _____too late

I grant permission to AAWH to use the description of our activity and attached photographs in AAWH's AIDS Report and/or in the 2002 World AIDS Day Resource Booklet.

Name _____ Title _____ Date _____

Completed forms and attachments may be forwarded to

AMERICAN ASSOCIATION FOR WORLD HEALTH

1825 K Street, NW, Suite 1208 • Washington, DC 20006 • fax: (202) 466-5896

WORLD AIDS DAY 2001 ITEMS



GET T-SHIRT FREE!
with membership

T-SHIRT

Bold and colorful color-block graphic as shown at left. White, 100% preshrunk cotton with ribbed collar.
\$14 per T-shirt
(minimum order of 6; any combination of sizes)

WORLD AIDS DAY POSTER

Full-color poster depicting World AIDS Day 2001 theme. Suitable for framing—not folded; shipped in tube.
\$5 per poster
(minimum order of 6)



WORLD AIDS DAY 2001 RESOURCE BOOKLET

This 48-page resource guide provides the latest statistics on HIV/AIDS in the US and worldwide. Plus useful tips on organizing a World AIDS Day event and numerous resources.
\$4 per booklet
(no minimum order)

RED RIBBON PIN

This limited edition World AIDS Day pin is made of durable, high-gloss metal and is 1 1/2" in length with clasp.
\$5 per pin
(minimum order of 12)



AAWH MEMBERSHIP FORM

Please join us...in our fight against HIV/AIDS and other global health challenges!

...and get a free AIDS T-Shirt with your membership!

Join AAWH and receive—our quarterly newsletter, our “World” publications (World Health Day, World AIDS Day, World TB Day & World No Tobacco Day), periodic world health updates, and a membership certificate suitable for framing.

Yes! I want to become a member. Please send my free World AIDS Day T-Shirt and recent publications.

- Individual: \$75
 Friend: \$125
 Association: \$250
 Sponsor: \$1,000
 Patron: \$2,000
 Benefactor: \$5,000

ORDER FORM

To order, please use the form below and mail to:

American Association for World Health
1825 K Street, NW, Suite 1208
Washington, DC 20006

PAYMENT MUST ACCOMPANY ORDER

Make check/money order (in U.S. dollars) payable to “American Association for World Health.”

Orders will be filled in the order in which they are received and delivered no later than November 30 whenever possible. Orders received after October 22 will be filled based on availability only.

Shipping and handling charges:

Total order:	add:	
Under \$10	\$3.00	Add \$1.00 for each additional \$10.
\$11-\$15	\$4.00	
\$16-\$20	\$5.00	

ORDER & MEMBERSHIP INFORMATION

Name _____

Organization _____

Street (no box numbers) _____

City _____

State _____ Zip _____

Phone _____

Membership form & check enclosed in the amount of \$ _____

Description	Size	Qty	@ Price	Total
World AIDS Day Pins (min. 12)			\$5 ea.	
Booklets			\$4 ea.	
Posters (min. 6)			\$5 ea.	
T-Shirts (min. 6)				
ADULT	S		\$14 ea.	
(Sizes S-XL	M		\$14 ea.	
100% cotton)	L		\$14 ea.	
	XL		\$14 ea.	
<i>Add 5.75% sales tax only if delivery address is in District of Columbia.</i>				Subtotal
				Ship/Hand
				Tax
				TOTAL

- AIDS: Interventions to Prevent HIV Risk Behaviors. v. 14(S2). 9/00.
- Advocates for Youth. www.advocatesforyouth.org
 "Adolescents, HIV/AIDS and other STDs." 11/98.
 "Facts and Figures." 2001.
- Advocates for Youth. www.youthhiv.org
- American Foundation for AIDS Research. www.amfar.org
 "AIDS in Asia: Overview of the epidemic in Asia." 2001.
 "AIDS in Africa: Overview of the epidemic in Africa." 2001.
- Annals of Behavioral Medicine. v. 18(1). 1996.
- Avert. "AIDS and Young People." 7/29/99.
www.avert.org/young.htm
- Boonstra, H. et al. "Minors and the Right to Consent to Health Care." *The Guttmacher Report on Public Policy*. v. 3(4). 8/00.
- CDC. www.cdc.gov
 "HIV Prevention Strategic Plan Through 2005." 1/01.
 "HIV/AIDS Among African Americans." 11/14/00.
 "HIV/AIDS Among Hispanics in the United States." 1/31/01.
 "HIV/AIDS Among U.S. Women: Minority and Young Women at Continuing Risk." 1/31/01.
- CDC. "Compendium of HIV Prevention Interventions with Evidence of Effectiveness." HIV/AIDS Prevention Research Synthesis Project. 11/99.
- CDC. "Facts and Misconceptions about HIV." 2/94.
<http://www.thebody.com/cdc/factv.html>
- CDC. "HIV and AIDS cases reported through June 2000." HIV/AIDS Surveillance Report, U.S. Midyear edition. v. 12(1). 12/6/00.
- CDC. "HIV Counseling, Testing & Referral."
<http://www.hivtest.org/consumer/index.htm>
- CDC. MMWR. v. 48(RR10): 1-59. 8/20/99.
- CDC. MMWR. v. 50(21). 6/1/01.
- Center for AIDS Prevention Studies. "What Are Sex Workers' HIV Prevention Needs?" 1996.
<http://www.caps.ucsf.edu/prostext.html>
- Cohen, D. et al. *Public Health Reports*. v. 107:727-731. 1992.
- Epstein, D. "Confronting AIDS in the Caribbean: Major New Efforts Underway." *Perspectives in Health*. v. 6(1). 2001.
- Exner, T. et al. *AIDS Behavior*. v. 1:93-124. 1997.
- Harvard AIDS Review.
www.aids.harvard.edu/publications/har/
 Abrams, S. "HIV in Southeast Asia." Fall 1998.
 DeCarlo, P. "HIV Among Women in Developing Countries." Spring 1999.
 DeCarlo, P. "Young Gay Men at Risk." Fall 1998.
- Health for Teens. www.teenhealth.about.com
- The Henry J. Kaiser Family Foundation. www.kff.org
 "Timeline - The AIDS Epidemic at 20 Years." 5/25/01.
 "Women and HIV/AIDS." 5/01.
- Highleyman, L. "Opportunistic Infections: Is It Safe to Stop Prophylaxis?" 1/99.
<http://www.sfaf.org/treatment/beta/b39/b39oiprophy.html>
- The Hopkins HIV Report. www.hopkins-aids.edu/publications/report/report_toc.html
- Quinn, T. "The Global HIV Pandemic." 1/01.
- Sulkowski, M. "Hepatitis C Virus & HIV Co-Infection." 1/99.
- IMF. "Globalization: Threat or Opportunity?" 1/00.
www.imf.org
- Johns Hopkins University. "Hepatitis." 2001. http://hopkins-id.edu/diseases/hepatitis/hcv_faq.html
- Kegeles, S. et al. *American Journal of Public Health*. v. 86: 1129-1136. 1996.
- Kelly, J. *Clinical Psychology Review*. v. 17:293-310. 1997.
- Kirby, D. et al. *AIDS Education Prevention*. v. 9:44-61. 1997.
- Koetsawang, A. "Thai AIDS Orphans find solace before death." *Reuters' New Media*. 5/28/99.
- Magura, S. et al. *Journal of Adolescent Health*. v. 15(6): 457-463. 1994.
- Monitoring the AIDS Pandemic (MAP). "Heterosexual Transmission of HIV in Latin America and the Caribbean." http://www.aids.gov.br/udtv/map_hetero.htm
- National Institute of Allergy and Infectious Diseases. www.niaid.nih.gov
 "Mother-to-Infant HIV Transmission—Quick Facts." 1999.
 "HIV Infection in Women." 5/01.
 "HIV /AIDS Statistics." 7/31/01.
- National Institute of Dental Research. "An Update of HIV/AIDS." <http://www.nidr.nih.gov>
- National Institute of Mental Health HIV Prevention Trial Group. "HIV prevention with the seriously mentally ill." National Conference of HIV Prevention. 1999.
- National Library of Medicine. "AIDS." 3/12/01. <http://medlineplus.nlm.nih.gov/medlineplus/ency/article/000594.htm>
- National Pediatric & Family HIV Resource Center. "Perinatal and Postnatal Transmission of HIV infection: A Fact Sheet." 2/99. <http://www.pedhivaids.org>
- PAHO. "Confronting AIDS in the Caribbean: Major New Efforts Underway." *Perspective in Health*. v. 6(1). 2001.
- PAHO. "HIV and AIDS in the Americas: an epidemic with many faces." 11/00. www.paho.org
- PAHO. "Update on HIV/AIDS Surveillance in the Americas." *Epidemiological Bulletin*. v. 21(3). 9/00.
- Peer Education Network. <http://clubs.yahoo.com/clubs/peereducationnetwork?>
- Piot, P. et al. "The Global Impact of HIV/AIDS." *Nature*. v. 410. 4/19/01.
- "Preventing the Transmission of HIV among Drug Abusers: A position paper of the United Nations System." 9/28/00.
<http://www.ihra.net/framesets/framefiles/news/news19content.html>
- Rodriguez, W. "Co-Infection with HIV and Hepatitis C." 1/10/01. www.veritasmedicine.com
- Rotheran-Borus, M. *JAMA*. v. 266:1237-1241. 1991.
- STD Advisor: The Practical Guide For Managing and Preventing Sexually Transmitted Diseases. v. 4(1): 1-12. 1/01.
- San Doval, A. et al. *Hispanic Journal of Behavioral Science*. v. 17:385-397. 1995.
- St. Lawrence, J. et al. *Journal of Consulting and Clinical Psychology*. v. 63: 221-237. 1995.
- "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior." 7/9/01.
<http://www.surgeongeneral.gov/library/sexualhealth/call.htm>
- UN. "Threat of HIV/AIDS, employment, implications of globalization among issues raised in Commission for Social Development." 2/8/00.
<http://www.health.fgov.be/WHI3/krant/krantarch2000/krantekstfeb/000210m05un.htm>
- UNAIDS. www.unaids.org
 "AIDS Epidemic Update." 12/00.
 "Best Practice Digest." 2001.
 "Draft Declaration of Commitment on HIV/AIDS." 5/11/01.
 "HIV/AIDS in the Caribbean." 2/01.
 "Men and AIDS: a Gendered Approach." 2000.
 "The Status and Trends of the Global HIV/AIDS Pandemic." 7/96.
 "Together We Can: Leadership in a world of AIDS." 2001.
 "Twenty year of AIDS." 6/01.
- UNICEF. "Care and Support for Orphans made vulnerable by HIV/AIDS." <http://www.unicef.org/aids/children.htm>
- USAID. "Children on the Brink." 1997. www.usaid.gov
- WHO. "Global HIV/AIDS & STD Surveillance." 1997.
http://www.who.int/emc-hiv/global_report/index.html
www.websters.com
- The Washington Post. www.washingtonpost.com
 Baker, P. "HIV Cases in Russia Rise Sharply." 7/29/01.
 Brown, D. "HIV on Rise in Young Gay Men." 6/1/01.
 DeYoung, K. "A Deadly Stigma in Caribbean: As AIDS Rate Soars, Infected are Shunned." 6/19/01.
 Gray, S. et al. "Gay Blacks' HIV Denial Thwarting Outreach." 6/3/01.
- White House Press Office. "Youth and HIV/AIDS 2000: A New American Agenda." 10/00.
<http://www.thebody.com/whitehouse/youthreport/problem.html#problem>
- The World Bank Group. "Thailand's Response to AIDS: Building on Success, Confronting the Future." 11/00.
www.worldbank.org
- "Youth-to-Youth—Peer Workers in HIV/AIDS Youth Programs: A Peer Development Guide." 3/99.
www.themeasurementgroup.com

AAWH: American Association for World Health.

AIDS: Acquired Immunodeficiency Syndrome is a severe, incurable disease of the immune system caused by the virus HIV (see HIV below). A person is considered to have AIDS if he or she is HIV-positive and has a CD4 cell count lower than 200. The four stages in the development and progression of AIDS are—

1. **Seroconversion:** the point at which antibodies to HIV can be detected in the blood.
2. **Asymptomatic State:** when the infection is latent (dormant or hidden).
3. **Symptomatic Disease/AIDS:** the virus spreads throughout the blood. There is a weakening of the immune system that leaves a person vulnerable to fatal infections usually fought off by healthy immune systems.
4. **Endstage Disease:** the immune system collapses. An opportunistic infection is usually the cause of death.

Adherence: The extent to which a patient takes his/her medications according to the prescribed schedule (also called “compliance”).

Antibody: A molecule used by the immune system to fight invading organisms that cause infection.

Antiretrovirals: Drugs used to combat retroviruses like HIV.

AZT (Retrovir[®], zidovudine, ZDV): A licensed drug often used in combination with other anti-HIV drugs. These drugs treat, but do not cure, HIV or AIDS. Side effects include nausea, vomiting, and low red or white blood cell counts. These drugs can be used to help prevent transmission of HIV from mother to fetus.

Birth control: Methods used to prevent pregnancy; of all birth control methods, more effective methods include sexual abstinence, male and female latex condoms, the pill, diaphragms, cervical caps, sponges, injected or implanted methods (i.e. DepoProvera or Norplant); less effective methods include intrauterine devices (IUDs), the rhythm method, withdrawal, and spermicides.

CD4 cell count: Counting CD4 cells (cells that help the immune system fight infection) helps to determine the status of a person's immune system. The average CD4 count in a healthy adult is 1,150. The CD4 count for a person diagnosed with AIDS is less than 200. Cell counts are used to indicate the possibility of opportunistic infections and the type of treatment that should be used.

CDC: Centers for Disease Control and Prevention.

Cesarean section: Delivery of a baby through surgical incision in the abdominal wall and uterus.

Child: A young person between infancy and youth.

Commercial sex worker (CSW): A male or female who engages in sexual activity in exchange for goods or money.

Compliance: The extent to which a patient takes his/her medications according to the prescribed schedule (also called “adherence”)

Condom: A barrier that covers the penis (male condom) or goes inside the vagina (female condom) that is used during sexual activity in an attempt to prevent pregnancy and STDs like HIV/AIDS.

Contamination: The act of making something impure or infected.

Drug combination therapy: The use of two or more drugs together to treat HIV. HIV drug therapies inhibit HIV replication and may consist of protease inhibitors, nucleoside reverse transcriptase inhibitors (NRTIs), and non-nucleoside reverse transcriptase inhibitors (NNRTIs).

Epidemic: An outbreak of a contagious disease that affects a disproportionately large number of individuals within a population, community, or region at the same time.

HIV: Human Immunodeficiency Virus (HIV) is a virus that causes the disease AIDS. HIV weakens the immune system so that the body cannot fight infections. It is spread through blood, semen, vaginal fluids, and breast milk. A person who has contracted the virus cannot be cured of the infection.

Heterosexual: A person who is sexually attracted to people of the opposite sex.

Homosexual: A person who is sexually attracted to people of the same sex.

Immune system: The body's defense system against foreign substances and infections.

Infection: Invasion of an agent (i.e., HIV) in or on a suitable host.

Lymphocyte: A term for the broad category of white blood cells that help the immune system fight infections. HIV reproduces in and destroys helper T-lymphocytes (helper T-cells or CD4 cells).

MSM: Men who have sex with men.

Needle sharing: The reusing of needles for purposes such as injection-drug use, blood transfusions, medical procedures, tattooing, or body piercing.

Opportunistic infection: An infection that normally does not cause disease but does so when it affects a person with a weakened immune system.

Oral sex: Sexual activity with the mouth as a stimulus; excludes intercourse.

Orphan: Any child not infected with HIV who has lost at least his or her mother.

PAHO: Pan American Health Organization.

Pandemic: An epidemic of worldwide proportions.

Resistance: The ability of an organism, like a virus, to develop a tolerance to drugs.

STD: Sexually-transmitted disease (i.e., HIV/AIDS, syphilis, gonorrhea, chancroid, hepatitis A, hepatitis B, giardiasis, herpes, genital warts, chlamydia, etc.) are diseases transmitted by direct sexual contact. Some STDs can also be transmitted by other means, such as needle sharing or through transmission from mother to child.

Spermicide: A substance that kills sperm and reduces the chance of pregnancy. It does not kill HIV or prevent the spread of HIV.

Transmission: The spread of something from one person to another.

UN: United Nations.

Viral load: The amount of virus in a person's blood.

WHO: World Health Organization.

Youth: Young people between adolescence and maturity.



CDC



Special thanks to the following whose support helped make this publication possible:

US Department of Health and Human Services

Centers for Disease Control and Prevention

The 2001 World AIDS Day Advisory Committee